Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2023 calen	dar yea	r, or tax ye	ar begin	ıning		, 20)23, aı	nd endin	ıg		,	20			
В	Check if	applicable:	С									D Emplo	yer ident	ification num	ber		
	Add	lress change	Sacr	amento	Reaio	n Comm	unity Fo	undatio	on			94-	-2891	517			
	Nan	ne change					Suite A					E Teleph	none numl	per			
	\vdash	al return		amento,								(916) 921-7723					
	\vdash	return/terminated										()]	.0) 52	1 1123			
	\vdash	ended return										G Gross		\$ 66	072 20	7	
	\vdash	1	E Nom		of principo	l officer		_			H(a) Is this				973,38 _{Yes} X	Λ _{No}	
	App	lication pending	Cama		01 principa	Ke	erry Woo	d							Yes Yes	No	
	T			As C A			('t\	4047(-)(1	1)	527	H(b) Are all If "No,"	" attach a lis	st. See ins	tructions.] ies	7140	
<u> </u>		xempt status:	X 501(601(c) ()	(insert no.)	4947(a)(1	1) 01	527							
<u>J</u>	Web			cregcf.		ı	1 1				H(c) Group						
K		of organization:	X Corp	ooration T	rust	Association	Other		L Yea	ar of format	ion: 198	3 M	State of I	egal domicile	: CA		
Pa	rt I	Summar	y		-1			10 -010 -		0		ъ .	<u> </u>				
		Briefly descri															
ဗ္ပ		<u>Foundati</u>					ınspires	<u>endurı</u>	<u>ng</u> <u>1</u>	<u>onilar</u>	ntnropy	<u>y_for_</u>	<u>a</u> <u>ju</u> s	st and			
lan	_	<u>vibrant</u>	Sacra	amento 1	regio	<u></u>											
Activities & Governance	2 -	 Check this bo		if the era	onizotio	n disconti	 nued its ope	rotions or s				EQ of its					
GO		Number of vo												seis.		18	
∞		Number of in														18	
ies		Γotal number														20	
≅		Total number														50	
Act		Total unrelate												1,	459,75		
	b N	Net unrelated	d busine	ess taxable	income	from Form	n 990-T, Par	t I, line 11.					7b		097,15		
											P	rior Year	•	Curre	ent Year		
a)	8	Contributions	and gr	ants (Part \	√III, line	1h)				~10	22	2,811,	873.	62,	010,59	9 7.	
ű		Program serv							(7	115,	295.		125,55	<u>50.</u>	
Revenue		nvestment ir										5,927,	556.	3,	626,45	56.	
ď		Other revenu										1,	903.		29,09	94.	
		Total revenue									_	3,856,		65,	791,69) 7.	
		Grants and si				_						1,528,	949.	24,	487,13	<u> 36.</u>	
	14 E	Benefits paid	I to or fo	or members	(Part I)	X, column	(A), line 4).										
ø	15	Salaries, othe	er comp	pensation, e	employe	e benefits	(Part IX, co	lumn (A), li	nes 5	-10)	. 2	2,175,	277.	2,	023,60)3.	
Expenses	16a F	Professional	fundrais	sing fees (F	Part IX, o	column (A)), line 11e).										
per	b T	Total fundrais	sina exp	oenses (Par	rt IX, col	lumn (D),	line 25)		764	,204.							
Щ	17	Other expens		•			_					1,702,	230	1	629,89	35	
		Total expense										L,406,			140,63		
		Revenue less										2,549,			651,06		
- s		(CVCHUC 1033	з схрсп.	303. Oubila	Ct IIIC 1	0 110111 1111	C 12				_	ng of Curre			of Year	<u> </u>	
ts o		Total assets	(Part X	line 16)								L, 123,			642,43	3.8	
\sse		Total liabilitie	-									0,440,			685,29		
Net Assets Fund Balanc		Net assets or	`	,										•	•		
Dο	rt II	Signatur			ibtract ii	116 21 11011	11 11116 20				. 100),682 <u>,</u>	689.	213,	957,14	10.	
					1.01.1												
comp	r penaitie olete. Dec	es of perjury, I de claration of prepa	eciare that arer (other	t I nave examin than officer) is	ed this retu based on	arn, including all information	accompanying s n of which prepa	ichedules and s irer has any kn	stateme owledge	nts, and to e.	tne best of m	ny knowleag	e and beli	et, it is true,	correct, and	1	
Cia	ın	Signature of	officer								Date					-	
Sig He	jii re	Naomi	Wila	on							CFO						
110		Type or print									JF U					-	
		Print/Type p				Preparer's	signature		Ir	Date		Check	if	PTIN			
D - 1	I						-	CDV				1	ש"		070		
Pai				<u>lds CPA</u>			n J Olds	CPA				self-emplo	yeu	P01343	<i>913</i>		
	eparei e Onl	I	24242511 4 2002040, 01115							Firm's CIN	0.0	05245	cc				
U 3	- Jili	y Firm's addre	_					U5				Firm's EIN		-05345			
Mai	ا مطلا،	OC diaguas Ha		Carmicha		CA 9560	J8 Jove? See ir	atrustians				Phone no.	916-	-921-20		No.	

Part	III	Statement of Program Service Accomplishments	_
			X
1	_	y describe the organization's mission:	
	<u>The</u>	Sacramento Region Community Foundation leads, serves, and inspires enduring	_
	phi.	lanthropy for a just and vibrant Sacramento region.	_
		e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?	
		s," describe these new services on Schedule O.	
		ne organization cease conducting, or make significant changes in how it conducts, any program services?	
		s," describe these changes on Schedule O.	
4	Descr Sectio	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, evenue, if any, for each program service reported.	
	and re	evenue, if any, for each program service reported.	
4a	(Code)
		or Advised and Unrestricted Grantmaking: Since the Sacramento Region Community	
		ndation was founded in 1983 by local leaders, we have been a primary provider of	_
		lanthropic services. Like other place-based community foundations across the	_
		ted States and around the world, the Foundation promotes philanthropy that is	
		ionary, strategic, and inclusive, making it a catalyst for transforming the	
		ion. The Foundation manages hundreds of charitable funds for local families,	
		inesses, and nonprofits. Thanks to the generosity of its donors who are pivotal	
		tners in its work to transform and enrich California's capital region, the	
		ndation's annual grant awards to nonprofit organizations from its charitable funds	<u>;</u> _
		e grown from over \$272,000 in 1983 to nearly \$14 million in 2023.(Continued at	_
	<u>Sch</u>	edule 0.)	
4b	(Code)
		anding Philanthropy and the Social Economy: This Strategic Initiative leads to a	_
		e generous region by promoting individual philanthropy through such activities as	_
	<u>Big</u>	Day of Giving and the GivingEdge regional nonprofit database, creating stronger	_
	non	profits through leadership development, donor stewardship and fundraising, and	
	<u>adv</u>	ancing collaboration among nonprofit organizations. For example, Big Day of	_
	<u>Giv</u>	ing, the annual giving day that has generated more than \$91 million from generous	_
	don	ors for hundreds of local nonprofits since its inception in 2013, is a yearlong,	_
		munitywide movement to make philanthropy accessible to everyone in the capital	_
	reg.	ion.(Continued at Schedule O.)	_
			_
			_
4c	(Code	<u> </u>)
		Foundation manages over 50 scholarship funds, which were established by local	_
	<u>ind</u>	ividuals, families, businesses, and organizations. Our scholarships provide	_
		<u>tion assistance and recognition to local students as they strive to achieve a wide</u>	_ ڊ
	<u>ra</u> n	ge of goals through the pursuit of higher education.	_
			_
		h scholarship fund has its own unique criteria for selecting recipients, including	<u> </u>
		demic achievement, financial need, educational and career goals, community	_
		olvement and ethnic background. Annual scholarship awards range from \$500 to	_
	<u>\$10</u>	,000 and may be used for accredited academic and vocational training programs.	_
			_
	<u>In</u> _	2023, the Foundation awarded over \$1 million to more than 400 students.	_
		program services (Describe on Schedule O.) See Schedule O	
	(Expe	=======================================	
4e	Total	program service expenses 27.716.375	

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Χ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.0
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
ΒΛΛ	TFFA0104L 08/23/23	_	ΩΩΩ ((0000

Form 990 (2023) Sacramento Region Community Foundation

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

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-					
	ments, filed for the calendar year ending with or within the year covered by this return 2a 20					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х		
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		Λ		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring					
۵	organization have excess business holdings at any time during the year?	8				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would	17				
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year.... 18 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No **10a** Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. Q...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Sac Region Comm Fd 955 University Ave Sacto CA 95825 (916)921-7723

Form 990 (2023)	Sacramento	Region	Community	Founda	ation
01111 550 (2023)	Sacramento	VEATOII	COMMITTER	round	ווטבטג

94-2891517

Page 7

Form 990 (2023)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,			(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) Kerry Wood	40								_	
CEO	0			Χ				245,600.	0.	19,648.
_(2)_Edward_HarrisCFO	$-\frac{40}{0}$			Х				168,000.	0.	14,334.
(3) Nakisha Nesmith	40			Λ			,	100,000.	0.	14,334.
Chief Impact Offic	0.2	_1				X		164,296.	0.	13,144.
(4) Kelly Skiefkin Chief Philanthropy	$\frac{40}{0.2}$	D				Х		120,165.	0.	0.
	$-\frac{40}{0}$			Х				86,804.	0.	5,313.
	$-\frac{1}{0.1}$	Х						0.	0.	0.
(7) Kathy McKim Chair	2	Х		Х				0.	0.	0.
(8) Garry Maisel Vice Chair	10	Х		Х				0.	0.	0.
(9) Cassandra Walker Pye Secretary	1	Х		Х				0.	0.	0.
(10) Jonathan Lederer Treasurer	1	Х		Х				0.	0.	0.
(11) Karen Baker Board Director	1	Х						0.	0.	0.
(12) Elaine Abelaye-Mateo	11									
Board Director	0	Х						0.	0.	0.
(13) Bret Hewitt	1	17							_	0
Board Director	0	Х						0.	0.	0.
(14) Kwame Anku Board Director	1	Х						0.	0.	0.

TEEA0107L 08/23/23

		(C)									
(A)	(B)	Position (do not check more than one		(D)	(E)		(F)				
Name and title	Average hours	box,	unles	ss pe	rson	is both or/trust	an	Reportable compensation from	Reportable compensation from		ated amount f other
	per week (list any	Ind or o	Inst	Officer	Ke)	Hig em	For	the organization (W-2/1099-	related organizations (W-2/1099- MISC/1099-NEC)	the o	nsation from rganization
	hours for related	Individual trustee or director	Institutional trustee	icer	Key employee	hest ploy	Former	MISC/1099-NEC)	WII3C/1099-NEC)		d related anizations
	organiza- tions	tor to	onal		ploy	ee con					
	below dotted) Jen	tru:		ee	nper					
	line)	8	tee			Highest compensated employee					
(15) Gordon Fowler	1					۵					
Board Director	0	X						0.	0.		0.
(16) William Niemi	1							ÿ.	<u> </u>		<u></u>
Board Director	0	X						0.	0.		0.
(17) Renee Nunes Taylor	1										
Board Director	0	Х						0.	0.		0.
(18) Scott Syphax	1										
Board Director	0	Х						0.	0.		0.
(19) Steven Weiss	1										
Board Director	0	X						0.	0.		0.
(20) Kate Willcox	1										
Board Director	0	X						0.	0.		0.
(21) Angela DePaoli	1										
Board Director	0	X			<u> </u>			0.	0.		0.
(22) Matthew Jacobs	1										
Board Director	0	X						0.	0.		0.
(23) Vince Sales	1	37							0		0
Board Director (24)	0	X						0.	0.		0.
(24)		1					_ \				
(25)			T								
		n	1								
1b Subtotal								784,865.	0.		52,439.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.		0.
d Total (add lines 1b and 1c).								784,865.	0.		52,439.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,000	of reportable comp	ensation	1
from the organization 4											
											Yes No
3 Did the organization list any former officer, direct	tor, truste	e, ke	еу е	mpl	oye	e, or	high	nest compensated	employee	_	37
on line 1a? If "Yes,"complete Schedule J for suc										. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpe	ensa	ation	and	oth	er compensation f	rom		
such individual										. 4	Х
5 Did any person listed on line 1a receive or accru	e comper	satio	n fr	om	any	unre	late	ed organization or i	individual		
for services rendered to the organization? If "Yes	s," comple	ete S	che	dule	J f	or su	ch p	person		. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	enen	den	t coi	ntra	ctors	tha	it received more th	an \$100 000 of		
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the org	ganization's tax year		
(A) Name and business address (B) Description of services Compensation											
Crewcial Partners, LLC P.O. Box 2008 River Vale, NJ 07675 Investment consulting 137,099											
Halstead L.P. P.O. Box 255732 Sacramento,	CA 9586	95865 Rent						1	69,972.		
2 Total number of independent contractors (including b	out not lim	ited t	o tha	ose I	liste	d aho	ve)	who received more	than		
\$100,000 of compensation from the organization	2						-,				

Form 990 (2023) Sacramento Region Community Foundation 94-2891517 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue s, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1c Gifts, **d** Related organizations 1d 2,545,293 e Government grants (contributions) 242,349 Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f 59,222,955 Noncash contributions included in 1q h Total. Add lines 1a-1f 62,010,597 Business Code Program Service Revenue 2a Big Day of Giving 561000 125,550 125,550 All other program service revenue. . . g Total. Add lines 2a-2f 125,550 Investment income (including dividends, interest, and 2,785,716 1,459,755. 1,325,961 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents Cob 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities **7a** Gross amount from sales of assets other than inventory Less: cost or other basis 7a ,022,430 7b and sales expenses 181 ,690 c Gain or (loss)..... 7с 840,740 d Net gain or (loss)..... 840,740 840,740. 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b **9a** Gross income from gaming activities. See Part IV, line 19. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous l**1a** <u>Miscellaneous</u> 900099 29,094 29,094 Revenue All other revenue...

29,094

154,644

459,755

,166,701

65,791,697

Total. Add lines 11a-11d ...

12

Total revenue. See instructions.....

Form 990 (2023) Sacramento Region Community Foundation 94
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 r	esponse or note to any			
	not include amounts reported on lines 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	23,992,486.	23,992,486.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	494,650.	494,650.		
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	413,600.	161,930.	171,142.	80,528.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,256,496.	491,936.	519,922.	244,638.
-	Pension plan accruals and contributions	1,230,490.	491,930.	319,922.	244,030.
8	(include section 401(k) and 403(b) employer contributions)	105,075.	41,139.	43,478.	20,458.
9	Other employee benefits	128,811.	50,432.	53,300.	25,079.
10	Payroll taxes	119,621.	46,833.	49,498.	23,290.
11	Fees for services (nonemployees):	113,021.	10,000.	137 1301	20/250.
а	Management				
b	Legal	81,556.	50,856.	14,743.	15,957.
	Accounting	115,239.	71,860.	20,831.	22,548.
	Lobbying		.=,	,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,241,981.	1,769,020.	1,472,961.	
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	335,395.	209,145.	60,628.	65,622.
12	Advertising and promotion	120,592.	61,116.	19,538.	39,938.
13	Office expenses	24,936.	7,287.	10,938.	6,711.
14	Information technology	140,498.	49,602.	46,199.	44,697.
15	Royalties				
16	Occupancy	169,972.	52,561.	80,014.	37,397.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,311.	16,050.	14,223.	22,038.
20	Interest	,	,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,327.	7,213.	10,982.	5,132.
23	Insurance	24,425.	8,623.	10,769.	5,033.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Board Meeting Expenses	62,902.	19,299.	17,103.	26,500.
b	Sponsorships	42,223.	21,399.	6,841.	13,983.
С		38,071.	19,294.	6,168.	12,609.
d		34,549.	11,763.	3,117.	19,669.
e	All other expenses	121,918.	61,881.	27,660.	32,377.
25	Total functional expenses. Add lines 1 through 24e	31,140,634.	27,716,375.	2,660,055.	764,204.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	·	·	·	

		Check if Schedule O contains a response or note to	any line	e in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash — non-interest-bearing			624,629.	1	1,582,801.				
	2	Savings and temporary cash investments			442,055.	2	9,128.				
	3	Pledges and grants receivable, net			13,350.	3	11,951.				
	4	Accounts receivable, net			5,132,235.	4	3,307,323.				
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer I contribursons	director, tor, or 35%		5					
	6	Loans and other receivables from other disqualified p		i i							
		section 4958(f)(1)), and persons described in section				6					
	7	Notes and loans receivable, net				7					
S	8	Inventories for sale or use		L		8					
set	9	Prepaid expenses and deferred charges		-	168,891.	9	143,532.				
Assets	_		1 1		100,091.	,	143,332.				
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		314,061.							
	b	Less: accumulated depreciation		282,256.	48,903.	10c	31,805.				
	11	Investments — publicly traded securities		-	160,632,497.	11	213,495,316.				
	12	Investments — other securities. See Part IV, line 11				12					
	13	Investments — program-related. See Part IV, line 11.			13						
	14	Intangible assets	l l	54,744.	14	54,744.					
	15	Other assets. See Part IV, line 11		The state of the s	4,005,838.	15	4,005,838.				
	16	Total assets. Add lines 1 through 15 (must equal line	33)		171,123,142.	16	222,642,438.				
	17		counts payable and accrued expenses								
	18	Grants payable			546,704.	18	184,101.				
	19	Deferred revenue	596,350.	19	585,240.						
	20	Tax-exempt bond liabilities			P 3	20					
ies	21	Escrow or custodial account liability. Complete Part I				21					
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contrib controlled entity or family member of any of these per	ficer, dire utor, or 3 rsons	ctor, trustee, 5%		22					
	23	Secured mortgages and notes payable to unrelated th				23					
	24	Unsecured notes and loans payable to unrelated third	parties.			24					
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela iplete Pa	ted third parties, rt X of Schedule D.	8,950,515.	25	7,265,789.				
	26	Total liabilities. Add lines 17 through 25			10,440,453.	26	8,685,290.				
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X							
ılaı	27	Net assets without donor restrictions			153,989,726.	27	207,764,120.				
ä	28	Net assets with donor restrictions			6,692,963.	28	6,193,028.				
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here								
ō	29	Capital stock or trust principal, or current funds			29						
sts	30	Paid-in or capital surplus, or land, building, or equipm		L		30					
SS	31	Retained earnings, endowment, accumulated income,	, or other	funds		31					
t A	32	Total net assets or fund balances			160,682,689.	32	213,957,148.				
Se	33	Total liabilities and net assets/fund balances			171,123,142.	33	222,642,438.				
RΔ	^		TEEA0111L	08/23/23	, -,,		Form 990 (2023)				

Form **990** (2023)

Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	65,7	91,6	597.
2	Total expenses (must equal Part IX, column (A), line 25)	31,1		
3	Revenue less expenses. Subtract line 2 from line 1	34,6	51,0)63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	.60,6		
5	Net unrealized gains (losses) on investments	18,8		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O 9	-2	16,3	306.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1	4.0
Dav		213,9	5/,1	48.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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			
			v	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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 X Consolidated basis Both consolidated and separate basis			
С	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?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform			
Ja	Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
3AA	TEEA0112L 08/23/23	Form	990	(2023)

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

nedule of Contributors

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Sacramento Region Community Foundation 94-2891517											
Organiz	ation type (check one)										
Filers of	f:	Section:									
Form 99	0 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization									
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on								
		527 political organization									
Form 99	0-PF	501(c)(3) exempt private foundation									
		4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation									
	nly a section 501(c)(7)	red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.								
acriciai		- 1									
		riling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.									
Special	Rules	Public									
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lied from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa	ne 13, 16a, or of (1) \$5,000; or								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.										
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.											
		isn't covered by the General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9									

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Sacramento Region Community Foundation 94-2891517 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) No. Person Χ **Payroll** 20,000,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person 2_ **Payroll** 12,000,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 3_ **Payroll** ,<u>672,077.</u> Noncash tc Co (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (b) (c) Total contributions Name, address, and ZIP Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person

(Complete Part II for noncash contributions.)

Payroll Noncash

Employer identification number Name of organization

Sacramento Region Community Foundation

94-2891517

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Public	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
RΛΛ	TEEA0703L 08/09/23	Schodulo	B (Form 990) (2023

(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Purpose of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Use of gift (e) Use of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I)		the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the tota (Enter this information once. Se	al of exclusively religious, charitable, etc.,	rougn (e) and						
(a) No. Fart 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (d) Description of how gift is held (d) No. From Part 1 (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held						
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfere's name, address, and ZIP + 4 (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfered's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (from Part I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held		N/A									
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfere's name, address, and ZIP + 4 (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfered's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (from Part I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held											
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfere's name, address, and ZIP + 4 (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfered's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (from Part I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held			(a) Turn of an af with								
Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (from Part I) (from Part I) (g) No. from Part I (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (from Part I) (from Part I) (h) Purpose of gift (h) Purpose of gi		Transferee's name, addres			ısferee						
Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (from Part I) (from Part I) (g) No. from Part I (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (from Part I) (from Part I) (h) Purpose of gift (h) Purpose of gi				 							
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (for Use of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (for If the part I (d) Description of how gift is held (e) Transfer of gift (e) Use of gift (d) Description of how gift is held	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held						
(a) No. from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (e)											
(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held		(e) Transfer of gift									
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held		Transferee's name, addres	Relationship of transferor to transferee								
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift				<u>~0.}</u>							
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift			-StiG								
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held						
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift											
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift			(e) Transfer of gift	 it							
(e) Transfer of gift		Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to tran	ısferee						
(e) Transfer of gift				 							
	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held						
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of gift								
<u> </u>		Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to tran	ısferee						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Sac	ramento Region Community Found	dation		94-2891517				
Par		nor Advised Funds or Othe	r Similar Fu	unds or Accounts				
	Complete if the organization ar							
_		(a) Donor advised fund		(b) Funds and other acc				
1	Total number at end of year		315		292			
2	Aggregate value of contributions to (during year)		293,596.		,610,268. ,760,036.			
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year	ear						
5	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?							
6	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? X Yes No							
Par				_				
	Complete if the organization ar			ne 7.				
1	Purpose(s) of conservation easements held by	` `	<u> </u>					
	Preservation of land for public use (for examp	ole, recreation or education)		on of a historically important la				
	Protection of natural habitat	L	Preservation	on of a certified historic structu	re			
_	Preservation of open space				41			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contribu	tion in the form	of a conservation easement on	tne			
				Held at the End of t	he Tax Year			
a	Total number of conservation easements			. 2a				
b	Total acreage restricted by conservation easer	ments		2b				
(Number of conservation easements on a certif	ied historic structure included on I	ine 2a	2c				
c	Number of conservation easements included o	n line 2c acquired after July 25, 2	006, and not o	on				
_	a historic structure listed in the National Regis	ter		2d				
3	Number of conservation easements modified, trantax year	sterred, released, extinguished, or te	rminated by th	e organization during the				
4	Number of states where property subject to co	rearyation easement is located						
5	Does the organization have a written policy re		spection han	dling of violations				
,	and enforcement of the conservation easemer				No			
6	Staff and volunteer hours devoted to monitoring, i			——	year			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enf	orcing conserva	ation easements during the year				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2d above satisfy the requirer	ments of section	on 170(h)(4)(B)(i) Yes	No			
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote t	orts conservation easements in its	revenue and	expense statement and balan	ce sheet, and counting for			
D-	conservation easements.	lastions of Art Historical T	K00011400	or Other Cimiles Assets				
Par	Organizations Maintaining Col Complete if the organization ar	swered "Yes" on Form 990	, Part IV, Iir	ne 8.				
1a	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education,	or research in	atement and balance sheet won furtherance of public service,	rks of art, provide in			
b	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items.	r public exhibition, education, or res	earch in further	rance of public service, provide the	of art, he			
	(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, h amounts required to be reported under FASB	istorical treasures, or other similar at ASC 958 relating to these items.	ssets for financ	cial gain, provide the following	_			
	Revenue included on Form 990, Part VIII, line	1		\$				
h	Accete included in Form 990 Part Y			S				

Par	t III Organizations Main	taining Coil	ection	IS OT ART, HIS	toric	cai ireasures, o	or Otne	r Similar As	sets	contii	пиеа)
3	Using the organization's acquisition items (check all that apply).	, accession, an	d other	records, check a	ny of	the following that ma	ake signifi	cant use of its	collectio	n	
а	Public exhibition			d Loan	or exc	change program					
b	Scholarly research			e Other							
С	c Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	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?										
Par	t IV Escrow and Custod	ial Arrange	ments	; 		000 5 1 1 1 / 1:	_				
1-	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?					ontributions or othe	er assets	not included	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and	complete	e the following ta	ıble.				'		
								,	Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance							Ţ=	_		
	Did the organization include an a								Yes	L	No
b	If "Yes," explain the arrangemen	t in Part XIII.	Check h	ere if the expla	ınatioı	n has been provide	d in Part	XIII			
Par	t V Endowment Funds										
ı uı	Complete if the orga	nization an	swere	d "Yes" on F	orm	990, Part IV, li	ne 10.				
		(a) Current	/oar	(b) Prior yea	r	(c) Two years back	(d) T	hree years back	(0)	our years	s hack
12	Beginning of year balance	113,065,						-			
	Contributions		1	144,337,5		125,051,972	-	<u>,031,760.</u>			295.
		2,946,	494.	1,197,3	55.	5,122,827	3	<u>,313,002.</u>	<u> </u>	140,	340.
С	Net investment earnings, gains, and losses	17,746,	064	-22,258,1	89	20, 755, 238	15	,552,518.	17	193	249.
d	Grants or scholarships	3,428,		7,832,2		3,401,077		,352,510.			440.
	Other expenditures for facilities			MIL				, 333, 000.			
	and programs		801	5,9		2,283	3.	4,194.		166,	808.
f	Administrative expenses	2,310,	995.	2,372,6	84.	3,189,173	3. 1	,485,514.	1	, 471 ,	876.
	End of year balance			113,065,7		144,337,504		,051,972.	111	,031 ,	760.
	Provide the estimated percentage		-	· ·	ne 1g,	column (a)) held a	as:				
а	Board designated or quasi-endov		3	<u>.00</u> %							
b	Permanent endowment	97.00 %									
С	Term endowment	ું જ									
	The percentages on lines 2a, 2b, a	nd 2c should ed	ual 100	%.							
3a	Are there endowment funds not in t	he possession	of the or	ganization that a	are he	ld and administered	for the		г		1
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		X
	(ii) Related organizations?								3a(ii)		X
	If "Yes" on line 3a(ii), are the rel								3b		<u> </u>
	Describe in Part XIII the intended			ition's endowme	ent fu	^{nds.} See Part	XIII				
Par	, ,										
	Complete if the organizati	on answered "	Yes" on	Form 990, Part	IV, lir	ie 11a. See Form 99	90, Part X	, line 10.			
	Description of property	(or other basis vestment)		Cost or other basis (other)		cumulated eciation	(d) E	Book va	ılue
	Land	<u> </u>									
	Buildings	<u> </u>									
С	Leasehold improvements										
d	Equipment					314,061.		282,256.		31	,805.
	Other										
Tota	. Add lines 1a through 1e. (Colum	nn (d) must eq	ual Forr	n 990, Part X,	line 1	0c, column (B))					,805.
BAA							•	Schedu	ıle D (F	orm 990	2023

Part VII		- Other Securities	- 000 B . W !:	N/A	
				11b. See Form 990, Part X, line 12.	
		ory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	ot-year market value
` '					
(3) Other	neid equity interest	S			
(A)					
(B)					
(C)					
(D)		. – – – – – – – – – – – – – – – – – – –			
(E)					
(F)					
(G)					
(H)					
(l)					
		90, Part X, line 12, column (B))		NT / 7	
Part VIII	Complete if the or	 Program Related ganization answered "Yes" or 	Form 990. Part IV. line	N/A 11c. See Form 990, Part X, line 13.	
	(a) Description of i	investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
	n (b) must equal Form 9	90, Part X, line 13, column (B))		2001	
Part IX	Other Assets		N/A	,07	
	Complete if the or			11d. See Form 990, Part X, line 15.	400
<u></u>		(a) De	scription		(b) Book value
(1)			710		
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
Total. (Colu	ımn (b) must equal	Form 990, Part X, line 15, o	olumn (B))		
Part X	Other Liabiliti	es			
	Complete if the or			11e or 11f. See Form 990, Part X, line	
1. (1) Feder:	al income taxes	(a) Descr	iption of liability		(b) Book value
	ritable remai	nder trusts			1,177,268.
		rusteed assets			5,917,395.
	t interest a				171,126.
(5)					
(6)					
(7) (8)					
(9)					
(10)					
(11)					
	mn (b) must equal	Form 990, Part X, line 25, co	olumn (B))		7,265,789.
2. Liability for	uncertain tax positions. I	In Part XIII, provide the text of the fo	otnote to the organization's fir	nancial statements that reports the organization	s liability for uncertain
tax positions un	nder FASB ASC 740 Che	ck here if the text of the footnote has	s been provided in Part XIII	S	ee Part XIII 🛛

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	N/A
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total	revenue, gains, and other support per audited financial statements	1	
2 Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net u	nrealized gains (losses) on investments		
b Dona	ted services and use of facilities		
c Recov	veries of prior year grants		
d Other	(Describe in Part XIII.)		
e Add I	ines 2a through 2d.	2e	
3 Subtr	act line 2e from line 1	3	
4 Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b		
b Other	(Describe in Part XIII.)		
c Add I	ines 4a and 4b	4c	
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn N/A
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retu	rn N/A
		Retu 1	rn N/A
1 Total	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	m N/A
1 Total 2 Amou	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements	1	m N/A
1 Total 2 Amou a Dona	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25:	1	rn N/A
1 Total2 Amoua Donab Prior	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements	1	m N/A
1 Total 2 Amou a Dona b Prior c Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments 2a 2b	1	m N/A
1 Total 2 Amou a Dona b Prior c Other d Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. 2a 2b 1osses.	1	m N/A
1 Total 2 Amou a Dona b Prior c Other d Other e Add li	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. 2a year adjustments 2b Closseribe in Part XIII.)	1	m N/A
1 Total 2 Amou a Dona b Prior c Other d Other e Add Ii 3 Subtr	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d.	1 2e	m N/A
1 Total 2 Amou a Dona b Prior c Other d Other e Add Ii 3 Subtr 4 Amou a Inves	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. 4a	1 2e	m N/A
1 Total 2 Amou a Dona b Prior c Other d Other e Add li 3 Subtr 4 Amou a Inves b Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) 4a 4b	2e 3	m N/A
1 Total 2 Amou a Dona b Prior c Other d Other e Add Ii 3 Subtr 4 Amou a Inves b Other c Add Ii	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) ines 4a and 4b.	2e 3	m N/A
1 Total 2 Amou a Dona' b Prior c Other d Other e Add Ii 3 Subtr 4 Amou a Inves b Other c Add Ii 5 Total	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) 4a 4b	2e 3	m N/A

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

The Sacramento Library Foundation (SLF) held certain assets that benefited the Sacramento Public Library. These included three endowments and an art piece by Wayne Thiebaud titled River Views. In 2021, the Foundation entered into agreements with the SLF to transfer the endowments and ownership of the painting to the Foundation. Under the terms of the transfer of the painting, the Foundation agreed to abide by the terms of the original 2003 donation letter from the artist to the SLF. Under

this agreement, the painting was placed on permanent display in a public setting at

Schedule D (Form 990) 2023

TEEA3304L 07/06/22

Part XIII **Supplemental Information** (continued)

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose (continued)

the Sacramento Public Library's Sacramento Room. The transfer of ownership was submitted to and approved by the California Secretary of State. Additionally, the Foundation entered into a separate art loan agreement with the SPL. Under this agreement, SPL agreed to maintain insurance for the painting at an amount not less than its appraised value and SPL would be responsible for loss or damage. addition, the Foundation is named as an additional insured on the SPL policies and that any insurance proceeds received by SPL would be sent to the Foundation. painting was appraised in March of 2021 for \$4,000,000.

Part V, Line 4 - Intended Uses Of Endowment Fund

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 Public Copi 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 affect its tax-exempt status. The Foundation had no unrecognized tax benefits as of December 31, 2021 and 2020, respectively.

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 Part XIII Supplemental Information (continued)

Part V, Line 4 - Intended Uses Of Endowment Fund (continued)

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.

Part X - FASB ASC 740 Footnote

The Foundation is a nonprofit corporations 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, the Foundation's financial statements contain no provision for income taxes. Informational returns are filed annually with federal and state taxing authorities. The Foundation is not aware of any transactions that would affect its tax-exempt status. The Foundation had no unrecognized tax benefits as of December 31, 2021 and 2020.

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, 2021, there were no tax interest or penalties recorded in the statements of activities and changes in net assets.

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number Sacramento Region Community Foundation 94-2891517 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? . . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (a) Region (f) Total employees, agents, and offices in the the region (by type) (such (d) is a program expenditures for as, fundraising, program services, investments, region service, describe and investments independent specific type of in the region contractors grants to recipients service(s) in in the region located in the region) the region Pt V Central America & (1) Caribbean Investments 0. East Asia & The (2) Pacific 0. Investments (3) Europe 0. Investments (4) (5) holic Co (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)**3a** Subtotal..... **b** Total from continuation

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

0

sheets to Part I..... c Totals (add lines 3a and 3b).

Schedule F (Form 990) 2023

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)
					cop)				
			-	Pilde	Cob)				
			<u> </u>	O. ·					

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

BAA

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Sacramento Region Community Foundation 94-2891517

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)				Vac			
(9)			Islic C	947			
(10)		P	ublic C				
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA		1				Schedule F	(Form 990) 2023

Pa	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 the Instructions for Form 926)	Yes	X No
2	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.]Yes	X No
3	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain	Yes	X 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 the Instructions for Form 8621).]Yes	X No
5	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign	Yes	X 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 the Instructions for Form 5713; don't file with Form 990).	Yes	X No

Public Copy

BAA TEEA3505L 11/01/23 Schedule F (Form 990) 2023

Part V Supplemental Information

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

Part I, Line 3f - Method of Accounting

Accrual Method



BAA TEEA3504L 11/01/23 Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Employer identification number 94-2891517 Sacramento Region Community Foundation Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... X 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. (c) IRC section (d) Amount of cash grant (e) Amount of noncash (f) Method of valuation (b) EIN (a) Description of 1 (a) Name and address of organization

or government		(if applicable)	(,)	assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) See Attachment							
See Attachment Sacramento, CA 95825			23,992,486.	0.			See Attachment
(2)							
(3)			oublic (opy			
<u>(4)</u>		1	uplic				
(5)							
<u>(6)</u>							
<u>(7)</u>							
(8) 							
2 Enter total number of section 501(c)((3) and government o	rganizations listed	in the line 1 table	<u> </u>	<u> </u>	<u> </u>	822

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	183	494,650.			
2					
3					
4					
5					
6					
7					

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 - Procedures for Monitoring Use of Grants Funds in U.S.

Schedule I (Form 990) 2023

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) organization go through an expenditure responsibility process if it is from a donor advised fund. After an initial check of the organization's charitable status, 1) an inquiry is made regarding legal organization/major programs. If the organization's information falls within the grant's parameters, the grantee 2) must sign a grant agreement covering use of funds, expenditure reporting and responsibilities. The grant is issued after successful completion of the documentation. Reporting is reviewed when received as

2023

Schedule I, Part IV - Supplemental Information

Page 3

Sacramento Region Community Foundation

94-2891517

11/13/24

05:58PM

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

detailed in the grant agreement. Any issues with expenses, use, purpose, etc., would be addressed with the grantee. If funding is not from a donor advised fund, the Foundation obtains documentation that the grant will be used for charitable purposes.



SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Sacramento Region Community Foundation

Employer identification number 94-2891517

Par	t I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relev	the following to or for a person listed on Form 990, Part ant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described		1b		
2	Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director,		2		
3	Indicate which, if any, of the following the organization used to es Executive Director. Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but ex	tablish the compensation of the organization's CEO/ oxes for methods used by a related organization to oxplain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:	Section A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment?		4a		X
	Participate in or receive payment from a supplemental nonqu		4b		X
С	Participate in or receive payment from an equity-based comp	-	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the appl	cable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	he organization pay or accrue any compensation			
	The organization?		5a		X
b	Any related organization?		5b		Χ
	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 to contingent on the net earnings of:	he organization pay or accrue any compensation			
	The organization?		6a		Χ
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If "Yes," describe	did the organization provide any nonfixed in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or ac	ccrued pursuant to a contract that was subject			<u>_</u>
	to the initial contract exception described in Regulations sect If "Yes," describe in Part III.	ion 53 4958-4(a)(3)?	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable p section 53.4958-6(c)?	resumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Edward Harris	(i)	168,000.	0.	0.	14,334.	0.	182,334.	0.
1 CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
Kerry Wood	(i)	<u>245,600.</u>	<u> </u>	0.	19,648.	0.	265,248.	0.
2 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
Nakisha Nesmith	(i)	164,296.	<u> </u>	0.	<u>0.</u>	13 <u>,144</u> .	<u>177,440.</u>	0.
3 Chief Impact Offic	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)				 			
4	(ii)							
_	(i)				L		 	
_5	(ii)							
	(i)							
6	(ii)			\sim \sim 0 \times				
_	(i)			C_{0}	 			
7	(ii)		MIC					_
8	(i) (ii)		44				 	
	(i)							
9	(ii)						 	1
	(i)							
10	(ii)				T		T	1
	(i)							
11	(ii)						Γ]
	(i)							
12	(ii)						Γ]
	(i)							
13	(ii)						Γ]
	(i)						L	
14	(ii)							
	(i)	L			L		L	<u> </u>
15	(ii)							· ·
	(i)				L		L	
16	(ii)							
BAA			TEE \(\alpha \) 1 0 2 0 7 (0)	2/02			Calcadada	L/Farm 000\ 2022

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

Part III Supplemental Information

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



SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Sacramento Region Community Foundation

94-2891517

Form 990, Part III, Line 4d - Other Program Services Description

Leadership Statement: Together with our fundholders, the Foundation is proud to elevate philanthropy and its impact in our region. For over 40 years, the Foundation has helped our collective giving make the greatest positive impact throughout the four counties we serve: El Dorado, Placer, Sacramento, and Yolo. We do this by focusing on the underlying causes of local challenges, seeking solutions with lasting results, and supporting the organizations that tend to the vital needs of the capital area -- after all, creating the conditions for meaningful transformation is our specialty at the Foundation. With your support, the Foundation is proud to elevate philanthropy and its impact in our region. If you believe as we do that working together to forge upstream solutions is the best way to strengthen our region, join our work and learn more at www.sacregct

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The sole power of the Executive Committee is to decide on matters that, in the judgment of the Board Chair or any two members of the Executive Committee, pertain to donor need and are urgent such that it cannot wait until the next board meeting. The Executive Committee is composed of the Board Chair, Vice Chair, Secretary, Treasurer, immediate Past Chair and one other director selected by the Board.

Form 990, Part VI, Line 11b - Form 990 Review Process

Staff, with the assistance of the organization's accounting firm, prepares the The accounting firm reviews the return and prepares a final draft for the governing board for review. Any questions/issues from the board are addressed and adjusted on the return, as necessary. Upon final approval, the accounting firm prepares the final return for staff filing.

Name of the organization

Sacramento Region Community Foundation

Employer identification number
94-2891517

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

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 interest or would be otherwise prohibited.

If 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 fist 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 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

Name of the organization

Sacramento Region Community Foundation

Employer identification number
94-2891517

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The CEO compensation is benchmarked against both local like-size nonprofit organizations such as the United Way, and sector information using comparative data of 30 community foundations compiled annually by the League of California Community Foundations. Further, the board chair and immediate past chair are responsible for conducting an annual review which is tied to the organization's strategic goals of leadership, asset development, visibility and operational excellence and based on the outcomes of a comprehensive business plan. Any adjustment in CEO salary is included in the annual budget presented to the board and documented in the minutes as part of the budget discussion. That adjustment is then further discussed based on the review mentioned above with the entire board as part of an executive session.

Name of the organization	Employer identification number
Sacramento Region Community Foundation	94-2891517

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

The minutes of that meeting reflect that an executive session was held for the express purpose of discussing CEO compensation.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The governing documents and conflict of interest policy are made available by written request to the Foundation. The Foundation's audited financial statements are available on our website.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Change	in	value	of	split	interest	agreements	\$ -216,306.
_				_		Total	\$ -216,306.

Form 990, Part III, Line 4a

The Foundation's grants have totaled more than \$200 million since the Foundation's inception, making us, alongside our fundholders, a leading Grantmaker in the region. Guided by our mission, we are moving the capital area forward in the areas where we know strategic philanthropy can be a catalyst for change. For the past eight years, we have led efforts, through four Strategic Initiatives: 1) to grow local giving and build nonprofit capacity, 2) close gender and racial gaps in access to higher education, 3) strengthen the food system that feeds our region's hungry, and 4) foster a vibrant creative ecosystem. Our leadership in these areas reflects our vision for a flourishing Sacramento region, one marked by inclusivity and equity, and pride in our community.

Form 990, Part III, Line 4b

In 2023, the Foundation provided robust training and collaboration opportunities to over 750 participating nonprofits. As a result, 31,000 donors made more than 55,000 gifts through Mighty Cause, the online database that powers Big Day of Giving, and raised \$13.8 million during the 2023 giving day. LISTOS California Statewide Grant program: Leveraging funding from the State and local philanthropy, this project

helps raise the profile of disaster preparedness in the Greater Sacramento region by deploying disaster preparedness materials to vulnerable populations with key social vulnerability factors located in areas at moderate to high risk from natural hazard. The Foundation partnered with eight local nonprofits and granted \$250,000 in funding to support disaster training and resources to vulnerable and diverse populations. To date, over 9,000 residents in Sacramento County have been served as part of this effort. Guided by our mission, this work is intended to strengthen neighborhoods by increasing disaster preparedness, response, recovery, and mitigation capabilities across the region.

Form 990, Part III, Line 4c

The Capital Area Promise (CAP) Scholars program, the Foundation's program to increase college completion rates among local students who are traditionally underrepresented in higher education, pairs strategic, need based scholarships with college readiness services that promote college attainment and completion, the Foundation and its partners aim to help more young people overcome barriers to success and achieve their college goals. In 2021, the Foundation awarded 142,000 in scholarships to 62 CAP Scholars. In total the Sacramento Region Community Foundation awarded 403 scholarships totaling over \$1 million.

Form 990, Part III, Line 4d

Leadership Statement: Together with our fundholders, the Foundation is proud to elevate philanthropy and its impact in our region. For nearly 40 years, the Foundation has helped our collective giving make the greatest positive impact throughout the four counties we serve: El Dorado, Placer, Sacramento, and Yolo. We do this by focusing on the underlying causes of local challenges, seeking solutions with lasting results, and supporting the organizations that tend to the vital needs of the capital area - after all, creating the conditions for meaningful transformation is our specialty at the Foundation. With your support, the

Name of the organization

Sacramento Region Community Foundation

Employer identification number
94-2891517

Foundation is proud to elevate philanthropy and its impact in our region. If you believe as we do that working together to forge upstream solutions is the best way to strengthen our region, join our work and learn more at www.sacregcf.org.



SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Sacramento Region Community Foundation

94-2891517

Part I Identification of Disregarded Entities. Complete i	f the organization ans	swered "Yes" on Forn	n 990, Part IV, line	e 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
(1) SRCF Holdings, LLC 955 University Avenue, Suite A Sacramento, CA 95825 94-2891517	Real Estate Holdings	CA	0.	0.	Sacramento Region Community Foundation
(2) SCRF Holdings 2, LLC 955 University Avenue, Suite A Sacramento, CA 95825 94-2891517	Real Estate Holdings	CA	0.	0.	Sacramento Region Community Foundation
(3)	-				

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	Sec 512 controlle	(b)(13) d entity?
						Yes	No
(1) SRCF Supporting Organization 955 University Avenue, Suite A Sacramento, CA 95825 46-5335623	Supporting the mission of Sacramento Reg	CA	501(c)(3)	Line 12A, I	Sacramento Region Community Foundation	X	
(2) The James B. McClatchy Foundation	Sacramento Reg	CA	301 (0) (3)	Line 12A, 1	roundacton	Λ	
740 University Ave, Ste 150 Sacramento, CA 95825 68-0283878	Educational Grantmaking	CA	501 (C) (3)	Line 12A, I	N/A		X
_(3)							
(4)							

		O 11 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Davt III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990. Part IV. line
raitiii	24 hassuss it had one or more related organizations treated as a	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
	34, because it had one of more related organizations treated as a p	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	Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tionate allocations		Dispropor- tionate allocations?		Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		country)		512-514)			Yes	No	1000)	Yes	No					
<u>(1)</u>																
(2)																
(3)																
						1										

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)	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	Sec 5120 controlled) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1) Charitable Remainder Trusts (4)	Generate								
955 University Avenue, Suite A	Income for								
Sacramento, CA 95825	Beneficiar								
	ies	CA	N/A	Trust	0.	0.		Х	
(2)									
(3)									

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

Yes No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

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?

b Gift, grant, or capital contribution to related organization(s)				1 b		X
c Gift, grant, or capital contribution from related organization(s)				1 с	Х	
d Loans or loan guarantees to or for related organization(s)				1 d		X
e Loans or loan guarantees by related organization(s)				1е		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1 g		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related organ	ization(s)			1I		X
m Performance of services or membership or fundraising solicitations by related organi	ization(s)			1 m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
o Sharing of paid employees with related organization(s)				1o		Х
p Reimbursement paid to related organization(s) for expenses				1р		X
q Reimbursement paid by related organization(s) for expenses	_11C			1q		Х
nul nul	Dir					
p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s).				1r		X
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must	t complete this line, including cover	ed relationships and trai	nsaction thresholds.	•		
(a) Name of related organization		(b) Transaction	(c) Amount involved	(o) Method of	d)	ninina
Name of related organization		type (a-s)	Amount involved	amount		
		, , , , , , , , , , , , , , , , , , ,				
1) SRCF Supporting Organization		С	5,011,158.	FMV		
, blor bupporeing organization			3,011,130.1			
2)						
<u></u>)						
2)						
3)						
n						
4)						
5)						
6)						
TEE TEE	A5003L 07/12/23		Schedu	ıle R (Forn	n 990)	2023

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all	e) partners ction (c)(3) zations?	Share of total income	(g) Share of end-of-year assets	Disp	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	1		Yes	No	. (Yes	No	İ
(1)													
	-												
(2)	-												
(3)													
	1					->1							
<u>(4)</u>	-					Coba							
	1		PU	0/		Coby							
(5)	-												
(6)	-												
<u>(7)</u>	-												
]												
(8)													
]												

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

Public Copy