DLN: 93493317096059 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable SACRAMENTO REGION COMMUNITY FOUNDATION ☐ Address change 94-2891517 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 955 UNIVERSITY AVENUE NO A ☐ Amended return ☐ Application pending (916) 921-7723 City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA $\,\,$ 95825 G Gross receipts \$ 26,933,696 Name and address of principal officer H(a) Is this a group return for LINDA BEECH CUTLER □Yes ☑No subordinates? 955 UNIVERSITY AVENUE NO A H(b) Are all subordinates SACRAMENTO, CA 95825 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SACREGCF ORG L Year of formation 1983 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SACRAMENTO REGION COMMUNITY FOUNDATION TRANSFORMS OUR COMMUNITY THROUGH FOCUSED LEADERSHIP AND ADVOCACY THAT INSPIRES PARTNERSHIPS AND EXPANDS GIVING Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 16 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -210,962 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 14,402,893 9,987,698 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 102,875 896,458 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,266,259 1,378,480 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,183 860 17,803,210 12,263,496 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,188,967 14,147,581 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,483,612 1,585,977 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶299,280 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,926,995 2,065,642 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 14,599,574 17,799,200 19 Revenue less expenses Subtract line 18 from line 12 . 3,203,636 -5,535,704 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 146,506,365 139,926,720 10,073,638 21 Total liabilities (Part X, line 26) . 3,113,551 22 Net assets or fund balances Subtract line 21 from line 20 . 143,392,814 129,853,082 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-13 Signature of officer Sign Here JAMES MCCALLUM CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-13 P00366884 Paid self-employed Firm's name MOSS ADAMS LLP Firm's EIN ▶ 91-0189318 Preparer Use Only Firm's address ▶ 2882 PROSPECT PARK DR STE 300 Phone no (916) 503-8100 RANCHO CORDOVA, CA 95670 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (2018) | | | | | Page 2 |
|------|---|--|--------------------|--|---|--|
| Pa | statement | of Program Serv | ice Accomplis | hments | | |
| | Check if Sched | lule O contains a res | ponse or note to | any line in this Part III . | | 🗹 |
| 1 | Briefly describe the or | ganızatıon's mıssıon | | | | |
| | RAMENTO REGION COM IRES PARTNERSHIPS A | | | OUR COMMUNITY THRO | JGH FOCUSED LEADERSHIP A | ND ADVOCACY THAT |
| 2 | Did the organization to | , <u>-</u> | | vices during the year wh | ıch were not listed on | □ Yes ☑ No |
| | If "Yes," describe the | | | | | |
| 3 | • | | | changes in how it condu | cts any program | |
| • | services? If "Yes," describe thes | | | · · · · · | | . □Yes ☑No |
| 4 | | l 501(c)(4) organizat | tions are required | to report the amount of | argest program services, as m grants and allocations to othe | |
| 4a | (Code |) (Expenses \$ | 9,195,469 | including grants of \$ | 8,947,926) (Revenue \$ | 0) |
| | See Additional Data | | | | | |
| 4b | (Code |) (Expenses \$ | 4,930,398 | including grants of \$ | 4,463,355) (Revenue \$ | 110,917) |
| | See Additional Data | | | | | , . |
| 4c | (Code |) (Expenses \$ | 767,508 | including grants of \$ | 625,450) (Revenue \$ | 542,007) |
| | See Additional Data | | | | | |
| | (Code |) (Expenses \$ | 110,919 | ıncludıng grants of \$ | 110,850) (Revenue \$ | 243,534) |
| | (IARTS), CONNECTING T COOKING AND BRINGING | HE FOOD ECONOMY BY 5 MORE LOCALLY GROW WLEDGE OF PHILANTHE | STRENGTHENING A | CCESS TO FRESH, HEALTHY HE FOOD SYSTEM (IFOOD), | NFORCING THE IMPORTANCE OF AI FOOD, TEACHING COMMUNITIES A GRANTS ADVISORY BOARD FOR Y TY THROUGH SERVICE LEARNING A | ABOUT PROPER NUTRITION AND DUTH, SUPPORTING YOUTH BY |
| 4d | Other program servic | es (Describe in Sche | dule O) | | | |
| | (Expenses \$ | 110,919 ın | cluding grants of | \$ 110,8! | 50) (Revenue \$ | 243,534) |
| 4e | Total program serv | ice expenses ► | 15,004,2 | 94 | | |

| | Charlist of Boguired Cahadulas | | | Page 3 |
|--------|--|-----|-----|--------|
| Pa | t IV Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Yes | |
| 3 | 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 | | No |
| 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? If "Yes," complete Schedule C, Part II | 4 | | No |
| 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 | | No |
| 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? | | Yes | |
| _ | If "Yes," complete Schedule D, Part I 🐿 | 6 | 165 | |
| 7 8 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? | 7 | | No |
| ٥ | If "Yes," complete Schedule D, Part III 🕏 | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | 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 | Yes | |
| | 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 2 | 11c | | No |
| | 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 2 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | Yes | |
| 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 | | No |
| 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | 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 | Yes | |
| 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 | Yes | |

| orm ' | 990 (2018) | | | Page 4 |
|-------|---|-----|-----|---------------|
| Parl | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 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? If "Yes," complete Schedule J | 23 | Yes | |
| | 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | No |
| | 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? If "Yes," complete Schedule L, Part I | 25b | | No |
| | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \mathfrak{D} | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 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? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 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 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 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? If "Yes," complete Schedule R, Part VI | 37 | | No |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 4 - | Fateurtha annualisa managhad in Day 2 of Farms 1006 Fateur 0 of mateuralisable 1 de 1 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 39 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| U | The first the number of Forms wide included in line ta Lines -b- it flot applicable | | | |

1c

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

Form **990** (2018)

a Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

| 1 | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below | onse to | lines |
|-----|---|---------|----------|
| | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | | ✓ |
| ion | A. Governing Body and Management | | |

| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
|---|--|--|---------------------------------|-----------------|
| _Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 16 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| | | | | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) Yes | No |
| | ction B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue</i> Did the organization have local chapters, branches, or affiliates? | 10a | | No No |
| 10a | | | | |
| 10 a | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes | |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a | Yes | |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes Yes | |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes Yes | |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes Yes Yes | No |

| а | The governing body? | 8a | Yes | | | | | |
|-----|--|------------|-----|----|--|--|--|--|
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No | | | | |
| Se | Section B. Policies (This Section B requests information about policies not required by the Internal Revenue | | | | | | | |
| | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | | |
| Ь | 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 | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | | |
| ь | Other officers or key employees of the organization | 15b | | No | | | | |

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records >JAMES MCCALLUM 955 UNIVERSITY AVENUE SUITE A SACRAMENTO, CA 95825 (916) 921-7723

lacksquare Own website $\ \square$ Another's website $\ \square$ Upon request $\ \square$ Other (explain in Schedule O)

17

19

20

Part VII

BOARD DIRECTOR

BOARD DIRECTOR

(16) HENRY WIRZ BOARD DIRECTOR

(14) CASSANDRA WALKER PYE

(15) CLARENCE WILLIAMS

BOARD DIRECTOR

0

0

0

0

0

0

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

| of reportable compensation from the organization | n and any relate | ed organ | nızatı | ions | | | | , | , | , |
|--|--|---|----------------------|--|--------|------------|-------------|--|--|---|
| List all of the organization's former director organization, more than \$10,000 of reportable co | | | | | | | | | | |
| List persons in the following order individual trus compensated employees, and former such person | | rs, ınstı | tution | nal t | :rust | ees, c | office | ers, key employees | s, highest | |
| Check this box if neither the organization no | r any related or | ganızat | ion c | .omp | ens | ated a | any r | current officer, dire | ctor, or trustee | |
| (A) Name and Title | (B) Average hours per week (list any hours | erage Position (do not check more than one box, unless per ek (list person is both an officer and a director/trustee) | | | | | er e) | compensation from the organization | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | for related organizations below dotted line) for neared organizations below dotted line) for dispersion or dispe | | (W- 2/1099- MISC) | organization and related organizations | | | | | | |
| (1) DONNA COURVILLE | 1 60 | × | | x | | | | 0 | 0 | 0 |
| BOARD CHAIR & DIRECTOR | 0 10 | _ | Щ' | Ш' | _ˈ | └ | ⊥' | | | ļ ' |
| (2) MARGIE CAMPBELL BOARD TREASURER & DIRECTOR | 1 60 | × | | x | | | ' | 0 | 0 | 0 |
| (3) KATE STILLE | 1 60 | | | \Box | \Box | | | | | |
| BOARD SECRETARY & DIRECTOR | 0 10 | _ | | х | | | <u></u> _ ' | 0 | 0 | 0 |
| (4) ANKER CHRISTENSEN BOARD DIRECTOR | 1 60 | x | | | | | | 0 | 0 | 0 |
| (5) GARRY MAISEL BOARD DIRECTOR | 1 60 | x | | | | | | 0 | 0 | 0 |
| (6) DENNIS MANGERS BOARD DIRECTOR | 1 60 | x | | | | | | 0 | 0 | 0 |
| (7) LINDA MERKSAMER BOARD DIRECTOR | 1 60 | х | | | | | | 0 | 0 | 0 |
| (8) CARLIN NAIFY BOARD DIRECTOR | 1 60 | x | | | | | | 0 | 0 | 0 |
| (9) WILLIAM M NIEMI BOARD DIRECTOR | 1 60 | × | | | | | | 0 | 0 | 0 |
| (10) MEG STALLARD BOARD DIRECTOR | 1 60 | х | | | | | | 0 | 0 | 0 |
| (11) MARTIN STEINER | 1 60 | x | | х | | | Γ | 0 | 0 | 0 |
| BOARD VICE CHAIR & DIRECTOR | 0 10 | | Щ' | ⊥' | ⊥' | <u></u> —' | ⊥' | | | |
| (12) GARY STRONG BOARD DIRECTOR | 1 60 | x | | | | | ' | 0 | 0 | 0 |
| (13) SCOTT SYPHAX | 1 60 | x | | | | | Γ | 0 | 0 | 0 |

40 00 (17) LINDA BEECH CUTLER Х 24.066 163,468 CHIEF EXECUTIVE OFFICER 0 20 Form **990** (2018)

1 60

1 60

1 60

Х

| Part VII Section A. Officers, Directors | , Trustees, K | ey Em | ploy | ees | , an | d Hig | hes | st Compens | ated | Employees (| cont | tinued) | - rage u |
|---|--|-----------------------------------|-----------------------|-----------------------|---------------------------------|------------------------------|---------|--|---------------------------------------|--|---------------|---|---------------------|
| (A) Name and Title | (B) Average hours per week (list any hours for related | | ne bo | ox, ι n of or/t | t che unles ficer rust | s pers and a ee) | son | (D) Reportabl compensat from the organization 2/1099-MIS | ion : (W- | (E) Reportable compensation from related organization (W- 2/1099 | on d is | n amount of ot compensations from the | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MI | , , , , , , , , , , , , , , , , , , , | MISC) | - | relat organiz | ted |
| (18) JAMES MCCALLUM | | | | x | | | | 13 | 3,719 | | 0 | | 30,094 |
| CHIEF FINANCIAL OFFICER (19) PRISCILLA ENRIQUEZ CHIEF GIVING OFFICER | 0 20 40 00 | | | | | X | | 12 | 2,855 | | 0 | | 11,631 |
| (20) KERRY WOOD CHIEF MARKETING & DONOR ENGAGEMENT | 40 00 | | | | | X | | 13 | 4,167 | | 0 | | 0 |
| (21) WINSTON HOM CONTROLLER | 40 00 | | | | | × | | 10 | 0,553 | | 0 | | 15,821 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-Total | II, Section A | | | | • • | $\cdot \Box$ | | 654,762 | | | 0 | | 81,612 |
| Total number of individuals (including but of reportable compensation from the organization) | | those lis | sted a | abov | /e) w | /ho re | ceive | ed more than | \$100 | ,000 | | | |
| 3 Did the organization list any former office | | | | | | | _ | • | ed er | nployee on | | Yes | No |
| Inne 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the organization and related organizations greaters. | sum of reporta | ble com | pens | atıo | n an | d othe | er co | | | re | 3 | | No |
| individual | r accrue compe | nsation | from | any | · / uni | • related | d org | ganızatıon or ı | • ndıvıd | · · · · lual for | 4 | Yes | |
| services rendered to the organization?If " | Yes," complete | Schedu | ıle J f | or s | uch , | persor | ٠. | | | | 5 | | No |
| Section B. Independent Contractors 1 Complete this table for your five highest of from the organization Report compensation. | compensated in | | | | | | | | | | npen | isation | |
| | (A) usiness address | , , , | | | | | | | | (B) | | (C Comper | |
| COLONIAL CONSULTING LLC | usiliess address | | | | | | | | | DVISORY | | Comper | 154,459 |
| 750 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017 | | | | | | | | ONLINE | DONAT | TION DI ATTORMA | 0. | | 115 210 |
| CIVICORE LLC ONLINE DONATION PLATFORM & PROGRAMMING S 1580 LINCOLN STREET SUITE 600 DENVER, CO 80203 | | | | | | | 115,319 | | | | | | |
| | | | | | | | | | | | | | |

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

Page 8

| Part | VII | l | Statement of | | | | | | | | | |
|---|-----|----------------|---|----------------|--------------------|---------------------|--|----------|------------------------------|--------------|--------------------------------|--|
| | | | Check if Schedul | e O contains a | a respo | onse or note to any | line in this Pa (A) Total revenu | | (E Relate exer func | ed or npt | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1 | _ | Federated campaign | ns | 1a | | | | reve | | | 512 - 514 |
| nts nts | ľ | | Membership dues | | 1b | <u> </u> | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Fundraising events | | 1c | 1 | | | | | | |
| , (S | | | Related organizatio | | 1d | 261,224 | | | | | | |
| Gif ilar | | | Government grants (co | | 1e | <u> </u> | | | | | | |
| ns, Sim | | f | All other contributions, | | | | | | | | | |
| atio er (| | | and similar amounts no above | ot included | 1f | 9,726,474 | | | | | | |
| 를 된 | | g | Noncash contribution | ons included | | 244 074 | | | | | | |
| ont nd | | h | in lines 1a - 1f \$ Total. Add lines 1a- | | | 241,87 <u>1</u> | | | | | | |
| 9 | _ | | Totali Add lines 14 | 1, | | Business | 9,987 | ,698 | | | 1 | 1 |
| nlle | 2 | a F | PROGRAM INCOME | | | | | 78 | 5,541 | 785, | 541 | 1 |
| جر با | | _ | BIG DAY OF GIVING TRA | AINING AND MA | | | 611710 | 11 | 0,917 | 110, | 917 | |
| Program Service Revenue | | - | | | | | 011710 | | | | | |
| er vi | | c - d - | | | | | | | | | | |
| E | | e - | | | _ | | | | | | | |
| ogra | 1 | f A | All other program se | rvice revenue | | | | | | | | |
| ď | ç | ĮΤ | otal. Add lines 2a-2 | .f | | > 8 | 96,458 | | | | | |
| | | | vestment income (ii | | | interest, and other | 1.6 | 34,207 | | | -210,962 | 1,845,169 |
| | | | milar amounts). ncome from investme | | | ond proceeds ► | 1 | .5 1,207 | | | 210,502 | 1,010,103 |
| | | | | | | | | | | | | |
| | | | | (ı) Real | | (II) Personal | | | | | | |
| | 6 | a (| Gross rents | | | | | | | | | |
| | | b | Less rental expenses | | | | 1 | | | | | |
| | | _ | Rental income or | | | | - | | | | | |
| | | | (loss) | | | | | | | | | |
| | | d | Net rental income o | | | | 1 | | | | | |
| | 7 | a (| Gross amount | (ı) Securit | ies | (II) Other | _ | | | | | |
| | | f | rom sales of assets other | 14,4 | 1 4,473 | | | | | | | |
| | | t | han inventory | | | | | | | | | |
| | | _ | Less cost or other basis and | 14,6 | 70,200 | | | | | | | |
| | | | sales expenses Gain or (loss) | -2 | 55,727 | | - | | | | | |
| | | | Net gain or (loss) | | • | • |] -2 | 55,727 | | | | -255,727 |
| _ | 8 | | Gross income from fi | | | | | | | | | |
| Other Revenue | | c | contributions reporte | ed on line 1c) | of | | | | | | | |
| eve | | | See Part IV, line 18 | | | | _ | | | | | |
| r R | | | Less direct expense: Net income or (loss) | | b ina ev | ents |] | | | | | |
| the | | a (| Gross income from g | amıng actıvıtı | | | 1 | | | | | |
| 0 | | 5 | See Part IV, line 19 | | a | } | | | | | | |
| | | bι | _ess direct expense: | s | ь | | - | | | | | |
| | | c١ | Net income or (loss) | from gaming | activit | ies Þ | J | | | | | |
| | 10 | | Gross sales of invent returns and allowand | | | | | | | | | |
| | | | ctams and anomane | | а |] | | | | | | |
| | | b L | ess cost of goods s | sold | b | |] | | | | | |
| | | c l | Net income or (loss) | | ınvent | | | | | | | |
| | 1 | 1a | Miscellaneous OTHER REVENUE | Revenue | | Business Code | 1 | 860 | | | | 860 |
| | _ | 4 | OTHER REVENUE | | | | | -55 | | | | 300 |
| | | ь ⁻ | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | с - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | d Ā | All other revenue . | | | | | | | | | |
| | | e 1 | Fotal. Add lines 11a | -11d | | • | | 860 | | | | |
| | 1 | 2 1 | Γotal revenue. See | Instructions | | | 12.3 | 63,496 | | 896,458 | -210,962 | 1,590,302 |
| | | | | | | | 12,2 | -5,150 | | 550, 150 | 210,502 | Form 990 (2018) |

| Part IX | Statement of Functional Expenses |
|---------|----------------------------------|
| C - F0: | () () () () () () () |

| orm 990 (2018) | | | | Page 10 |
|--|------------------------|------------------------------|---|----------------------------|
| Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | nizations must comp | lete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | | | 🗆 |
| Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 12,503,074 | 12,503,074 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 1,644,507 | 1,644,507 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 391,838 | | 391,838 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 968,386 | 383,584 | 313,789 | 271,013 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 49,358 | 22,183 | 20,324 | 6,851 |
| 9 Other employee benefits | 80,077 | 10,874 | 68,302 | 901 |
| LO Payroll taxes | 96,318 | | 96,318 | |
| L1 Fees for services (non-employees) | | | | |
| a Management | | | | |
| | 27,571 | | 27,571 | |
| b Legal | · . | | · · · · · · · · · · · · · · · · · · · | |
| c Accounting | 64,401 | | 64,401 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 763,571 | | 763,571 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 234,639 | 135,033 | 99,606 | |
| L2 Advertising and promotion | 187,013 | 42,568 | 144,445 | |
| L3 Office expenses | 73,666 | 6,362 | 67,304 | |
| L4 Information technology | 231,324 | 119,249 | 112,075 | |
| L5 Royalties | | | | |
| .6 Occupancy | 152,082 | | 152,082 | |
| | 71,745 | 34,638 | 37,107 | |
| L8 Payments of travel or entertainment expenses for any federal, state, or local public officials | 71,743 | 34,030 | 37,107 | |
| | 68,794 | 10.350 | 37,920 | 20,515 |
| L9 Conferences, conventions, and meetings | 68,794 | 10,359 | 37,920 | 20,515 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 18,413 | | 18,413 | |
| 23 Insurance | 12,356 | | 12,356 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a DUES/MEMBERSHIPS | 19,430 | | 19,430 | |
| b SUBSCRIPTIONS EXPENSE | 2,167 | | 2,167 | |
| c LIFE INSURANCE PREMIUMS | 1,512 | 1,512 | | |
| d TAXES AND LICENSES | 1,299 | 538 | 761 | |
| e All other expenses | 135,659 | 89,813 | 45,846 | |
| · · · · · · · · · · · · · · · · · · · | 17,799,200 | 15,004,294 | 2,495,626 | 299,280 |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 17,733,200 | 13,004,294 | 2,433,020 | 233,280 |
| Check here In If following SOP 98-2 (ASC 958-720) | | | | |

Page **11**

10.073.638

124,483,082

129,853,082

139,926,720

Form **990** (2018)

5,370,000

| | Beginning of year | | End of year |
|---|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | 1,114,533 | 1 | 955,379 |
| 2 Savings and temporary cash investments | 8,417,511 | 2 | 5,872,214 |
| 3 Pledges and grants receivable, net | 33,350 | 3 | 32,939 |
| 4 Accounts receivable, net | 6,364,131 | 4 | 6,320,097 |
| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I | | 5 | |

| | 2 | Savings and temporary cash investments . | | | 8,417,511 | 2 | 5,872,214 |
|-------------|--------|--|---|---------------------------|-------------|-------------|-------------|
| | 3 | Pledges and grants receivable, net | | | 33,350 | 3 | 32,939 |
| | 4 | Accounts receivable, net | | | 6,364,131 | 4 | 6,320,097 |
| | 5 6 | Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L | ated em | ployees Complete | | 5 | |
| its | 7 | section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | c)(3)(B), and section 501(c)(9) tructions) Complete | | 6 | | |
| Assets | 8 | Inventories for sale or use | | _ | | 8 | |
| Ř | 9 | Prepaid expenses and deferred charges | | · | 61,889 | 9 | 87,008 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 3,189,884 | | | |
| | b | Less accumulated depreciation | 10b | 180,841 | 4,235,262 | 10 c | 3,009,043 |
| | 11 | Investments—publicly traded securities . | | | 74,380,346 | 11 | 63,793,635 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | 49,566,962 | 12 | 53,503,895 |
| | 13 | Investments—program-related See Part IV, line | 11 . | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 2,332,381 | 15 | 6,352,510 |
| | 16 | Total assets.Add lines 1 through 15 (must equ | al line 3 | 34) | 146,506,365 | 16 | 139,926,720 |
| | 17 | Accounts payable and accrued expenses | | | 210,855 | 17 | 211,099 |
| | 18 | Grants payable | | | 348,472 | 18 | 380,642 |
| | 19 | Deferred revenue | | | 781,282 | 19 | 1,605,741 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| S | 21 | Escrow or custodial account liability Complete F | Part IV o | f Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former key employees, highest compensated employee | | | | | |
| iab | | persons Complete Part II of Schedule L $$. | persons Complete Part II of Schedule L | | | | |
| | 23 | Secured mortgages and notes payable to unrela | ited thir | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d third p | arties | | 24 | |
| | 25 | Other liabilities (including federal income tax, particular and other liabilities not included on lines 17 - 24 | | to related third parties, | 1,772,942 | 25 | 7,876,156 |

3,113,551

138,231,814

143,392,814

146,506,365

5,161,000

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

26

27

28

29

30

31

32

33 34 Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Form 990 (2018)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 94-2891517

Name: SACRAMENTO REGION COMMUNITY FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

DONOR ADVISED AND UNRESTRICTED GRANTMAKING THANKS TO THE GENEROSITY OF ITS DONORSWHO ARE PIVOTAL PARTNERS IN ITS WORK TO TRANSFORM THE CAPITAL REGION THROUGH STRATEGIC PHILANTHROPY AND LEADERSHIPTHE SACRAMENTO REGION COMMUNITY FOUNDATION IS A LEADING GRANTMAKER TO THE NONPROFIT ORGANIZATIONS THAT SERVE AND ENRICH THE CAPITAL AREA IN 2018, THE FOUNDATION AWARDED NEARLY \$9 MILLION IN MORE THAN 2,100 GRANTS, THE MAJORITY OF WHICH WERE DIRECTED TO MAKE A DIFFERENCE WITHIN THE FOUR-COUNTY SACRAMENTO REGION ACROSS A BREADTH OF IMPACT AREAS OF THAT

AMOUNT, OVER \$1 MILLION WAS DIRECTED TO SCHOLARSHIPS THE FOUNDATION'S DONORS ARE PIVOTAL PARTNERS IN ITS WORK TO TRANSFORM THE CAPITAL REGION THROUGH STRATEGIC PHILANTHROPY AND VISIONARY, INCLUSIVE COMMUNITY LEADERSHIP THEY GIVE IMPACTFULLY TO THE CAUSES THEY LOVE THROUGH

THEIR CHARITABLE FUNDS AND JOIN THE FOUNDATION'S EFFORTS TO ACHIEVE MEANINGFUL CHANGE THROUGH ITS STRATEGIC INITIATIVES

EXPANDING PHILANTHROPY AND THE SOCIAL ECONOMY THIS INITIATIVE SUPPORTS THE FOUNDATION'S MOST WELL-KNOWN PROGRAM BIG DAY OF GIVING, THE ANNUAL GIVING DAY THAT HAS GENERATED NEARLY \$40 MILLION FROM GENEROUS DONORS FOR HUNDREDS LOCAL NONPROFITS SINCE 2013 MORE THAN A 24-HOUR GIVING DAY, BIG DAY OF GIVING IS A YEAR-LONG. COMMUNITY-WIDE MOVEMENT TO MAKE PHILANTHROPY ACCESSIBLE TO EVERYONE IN THE CAPITAL REGION AND

STRENGTHEN THE CAPACITIES OF LOCAL NONPROFIT ORGANIZATIONS IN 2018, THE FOUNDATION PROVIDED ROBUST TRAINING AND COLLABORATION OPPORTUNITIES TO NEARLY 600 PARTICIPATING NONPROFITS AS A RESULT, AREA DONORS MADE NEARLY 40,000 DONATIONS THROUGH GIVINGEDGE. THE ONLINE DATABASE THAT

POWERS BIG DAY OF GIVING, AND RAISED A RECORD-BREAKING \$7 4 MILLION DURING THE GIVING DAY

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: PREPARING STUDENTS TO SUCCEED IN THE NEW ECONOMY THIS INITIATIVE SUPPORTS 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. BY PAIRING

STRATEGIC. NEED-BASED SCHOLARSHIPS WITH COLLEGE-READINESS SERVICES THAT PROMOTE COLLEGE ATTAINMENT AND COMPLETION. THE FOUNDATION AND ITS

STATE

PARTNERS AIM TO HELP MORE YOUNG PEOPLE OVERCOME BARRIERS TO SUCCESS AND ACHIEVE THEIR COLLEGE GOALS IN 2018, THE FOUNDATION AWARDED OVER \$500,000 IN SCHOLARSHIPS TO OVER 200 CAP SCHOLARS AND WELCOMED NEARLY 100 SCHOLARS TO A TWO-DAY COLLEGE-READINESS INSTITUTE AT SACRAMENTO

| efile | e GR/ | APHIC prii | nt - DO NO | T PROCESS | As Filed Data - | | | DLN: 9 | 3493317096059 |
|--------------------------------------|----------|------------------------------------|---|-----------------------------------|--|---|-------------------------------------|---|---|
| SCHEDULE A (Form 990 or 990EZ) | | | Com | plete if the o | Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form | ion 501(c)(3) e mpt charitable 990 or Form 99 | organization or trust. 10-EZ. | r a section | 2018 Open to Public |
| aterns | l Reven | f the Treasury | | ► Go to | www.irs.gov/Form | 990 for the late | est information | | Inspection |
| | | he organiza O REGION COM | tion MUNITY FOUND | ATION | | | | Employer identific | cation number |
| Pa | rt I | Reason | for Public (| harity Stat | us (All organization | s must comple | te this part) S | 94-2891517 See instructions | |
| | | | | | e it is (For lines 1 thro | | | occ monactions. | |
| 1 | | A church, c | onvention of o | churches, or as | ssociation of churches | described in sec | tion 170(b)(1) | (A)(i). | |
| 2 | | A school de | scribed in se c | ction 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | | A hospital o | or a cooperativ | ve hospital ser | vice organization desc | rıbed ın section | 170(b)(1)(A)(| iii). | |
| 4 | | A medical r name, city, | | nization operat | ed in conjunction with | a hospital descri | bed in section : | 170(b)(1)(A)(iii). E | inter the hospital's |
| 5 | | - | ation operated (iv). (Comple | | t of a college or unive | rsity owned or of | perated by a gov | ernmental unit descr | bed in section 170 |
| 6 | | | | • | governmental unit de | scribed in sectio | on 170(b)(1)(A | ۸)(v). | |
| 7 | | section 17 | '0(b)(1)(A)(| vi). (Complete | | | _ | ınıt or from the gener | al public described in |
| 8 | ✓ | A communi | ty trust descr | ıbed ın sectio ı | n 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | lege or university or a |
| 0 | | from activit | ies related to וncome and נ | ıts exempt fur ınrelated busır | (1) more than 331/39 actions—subject to cer ness taxable income (le complete Part III) | taın exceptions, | and (2) no more | than 331/3% of its s | upport from gross |
| 1 | | | | | d exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| 2 | | more public | ly supported | organizations (| d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or se | ction 509(a)(2 |). See section 509 (a | |
| a | | Type I. A so | supporting org n(s) the powe | janization oper | rated, supervised, or cappoint or elect a major | ontrolled by its s | upported organi | zation(s), typically by | |
| b | | manageme | nt of the supp | | pervised or controlled in ation vested in the sar and C. | | | | |
| С | | | | | supporting organizatio ions) You must com | | | | ated with, its |
| d | | Type III n | on-function | ally integrate he organizatio | d. A supporting organ in generally must satis rt IV, Sections A and | ization operated fy a distribution | ın connection wi requirement and | th its supported orga | |
| е | | Check this | box if the org | anızatıon recei | ved a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | | on-runctionally organizations | integrated supporting | organization | | | |
| g | Provi | de the follow | ing informatio | on about the su | upported organization(| s) | | | |
| | (i) N | Name of supp organization | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | T | | | | | | |
| ota | | | | | | | | | |
| | | work Reduc | tion Act Noti | ce, see the I | nstructions for | Cat No 11285 | 5F : | Schedule A (Form 9 | 90 or 990-EZ) 2018 |

Page 2

(b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (d) 2017 (c) 2016 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not 8,040,015 12,721,839 11,864,943 14,402,893 16,988,627 64,018,317 include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 8,040,015 12,721,839 11,864,943 14,402,893 16,988,627 64,018,317

| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 801,104 |
|----|---|-----------------------|-----------------------|-----------------------|--------------------|----------|-----------------|------------|
| 5 | Public support. Subtract line 5 from line 4 | | | | | | | 63,217,213 |
| 9 | Section B. Total Support | | | | L | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b) 2015 | (c)2016 | (d) 2017 | (e)2 | 2018 | (f)Total |
| 7 | Amounts from line 4 | 8,040,015 | 12,721,839 | 11,864,943 | 14,402,893 | 1 | 6,988,627 | 64,018,317 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,242,215 | 1,046,892 | 1,768,514 | 2,048,289 | | 1,924,894 | 8,030,804 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | 62,214 | | | | | 62,214 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 298,024 | 997 | 12,409 | 21,179 | | 860 | 333,469 |
| 11 | * ' | | | | | | | 72,444,804 |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | | 1,133,888 |
| 13 | First five years. If the Form 990 is for | or the organization | n's first, second, th | ırd, fourth, or fıfth | tax year as a sec | tion 501 | (c)(3) orga | nization, |
| | check this box and stop here | | | | | | ▶ □ | |
| 5 | Section C. Computation of Publi | | | | | | | |
| 14 | Public support percentage for 2018 (li | ne 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | | 87 260 % |
| 15 | Public support percentage for 2017 So | hedule A, Part II, | line 14 | | | 15 | | 84 240 % |
| 16 | 33 1/3% support test—2018. If the | e organization did | not check the box | on line 13, and line | e 14 is 33 1/3% or | more, c | heck this t | oox |
| | and stop here. The organization gual | ifiec ac a publicly i | cupported organiza | ation | | | | ▶ ✓ |

and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

20

| Р | Support Schedule for | | | | | d + 1.6 | law Dawk II - IS |
|-----|---|-------------------------|----------------------|-----------------------|--------------------|--|----------------------------------|
| | (Complete only if you c the organization fails to | | | | | | ier Part II. If |
| Se | ection A. Public Support | quality ander t | ine tests fisted i | below, pieuse ed | ompiece raic II. | / | |
| | Calendar year | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (B) 2013 | (6) 2010 | (u) 2017 | (e) 2018 | (I) Iotai |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| 2 | organization's tax-exempt purpose Gross receipts from activities that are | | | | | | |
| 3 | not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| - | to or expended on its behalf The value of services or facilities | | | | | | |
| 9 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ection B. Total Support | T | T | 1 | 1 | 1 | T |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| | income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| | 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization | 's first, second, tl | hird, fourth, or fift | h tax vear as a se | ction 501(c)(3) o | organization. |
| | check this box and stop here | . | | ,,, | , | | ▶ □ |
| Se | ection C. Computation of Public | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2018 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 S | | • | (// | | 16 | |
| | ection D. Computation of Invest | | | | | 10 | |
| 17 | Investment income percentage for 20: | | | line 13. column (f | 7) | 17 | |
| | Investment income percentage for 20. | • | | ==, ==; (1 | ,, | | |
| 18 | | | | on line 14 and li- | 0 15 is mars + | 18 | 20 17 is not |
| | 331/3% support tests—2018. If the | _ | | | | | _ |
| | more than 33 1/3%, check this box and s | • | | | | | ▶ ∐ /3% and line 18 is |
| b | 33 1/3% support tests—2017. If the | _ | | | | | _ |
| | not more than 33 1/3%, check this box | and stop here. ` | i ne organization i | qualifies as a publ | icly supported org | janization – – – – – – – – – – – – – – – – – – – | ▶□ |

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

| >cn | edule A (Form 990 or 990-E2) 2018 | | F | age 5 |
|-----|--|-------------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| C | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11 c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization | - | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| _ | <u> </u> | | | |
| | ection D. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | 103 | -140 |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | l | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ions) | | |
| | The organization satisfied the Activities Test Complete line 2 below | • | | |
| | b | | | |
| | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | į | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | | | |
| , | | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | _ | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3h | | |

| Sched | lule A (Form 990 or 990-EZ) 2018 | | | Page 6 | | |
|-------|--|------------|---------------------------|--------------------------------|--|--|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | zations | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | | | |
| | Section A - Adjusted Net Income (A) Prior Year | | | | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3 | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | | | |
| а | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1 b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 035 | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| | Section C - Distributable Amount | | _ | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrat | ed Type III supporting or | ganızatıon (see | | |

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

| Schedule A (Foi | Page : Pa | | | | | |
|---|--|--|--|--|--|--|
| Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) | | | | | | |
| | | Facts And Circumstances Test | | | | |
| | | | | | | |
| 990 Schedul | le A, Supplemen | ital Information | | | | |
| Return | n Reference | Explanation | | | | |
| SCHEDULE A, EXPLANATION | PART II, LINE 10, OF OTHER | MISCELLANEOUS - 2014 AMOUNT \$ 298,024 2015 AMOUNT \$ 997 2016 AMOUNT \$ 12,409 2017 AMOUNT \$ 21,179 2018 AMOUNT \$ 860 | | | | |

INCOME

| 90 Schedule A, Supplemental Information | | | | | | |
|---|---|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| | DESCRIPTION TERMINATING PRIVATE FOUNDATION DATE 01/01/15 AMOUNT 125000 DESCRIPTION TE RMINATING PRIVATE FOUNDATION DATE 01/01/16 AMOUNT 1292468 DESCRIPTION TERMINATING PRIV ATE FOUNDATION DATE 01/01/15 AMOUNT 345000 DESCRIPTION BEQUEST DATE 01/01/14 AMOUNT 306135 DESCRIPTION BEQUEST DATE 01/01/14 AMOUNT 204000 | | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

OMB No 1545-0047

DLN: 93493317096059

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 278 286 2 Aggregate value of contributions to (during year) 3,677,655 1,779,927 Aggregate value of grants from (during year) 6,271,375 2.349.796 Aggregate value at end of year 62,184,629 60,970,935 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part | 3 + + + | Organizations Ma | aintaining Coll | ections o | f Art, Hist | torical T | reası | ires, or Other | Similar As | sets (contii | nued) | |
|-------------|------------------------|---|--|------------------------------|---------------------------------------|-----------------------|----------|----------------------|---------------|---------------------|---------|-----------|
| 3 | | the organization's acq (check all that apply) | | | | | | | | | | |
| а | | Public exhibition | | | | d 🗌 | Loan | or exchange prog | ırams | | | |
| b | | Scholarly research | | | | e 🗌 | Othe | r | | | | |
| c | | Preservation for future | generations | | | | | | | | | |
| 4 | Provid Part > | de a description of the | organization's coll | ections and | explain how | they furt | her th | e organization's ex | kempt purpos | se in | | |
| 5 | | g the year, did the org s to be sold to raise fur | | | | | | | nılar | ☐ Yes | □ N | o |
| Par | t IV | Escrow and Cust Complete if the ord X, line 21. | | | on Form ! | 990, Part | : IV, I | ine 9, or reporte | ed an amou | nt on Form | 990, | Part |
| 1a | | e organization an agent ded on Form 990, Part : | | ın or other ı | intermediary | for contri | bution | ns or other assets | not | Yes | □ N | o |
| b | If "Ye | es," explain the arrange | ement in Part XIII | and comple | te the follow | ving table | | | Ar | nount | | _ |
| С | | ining balance | | | | | | 1c | | | | _ |
| d | _ | ions during the year | | | | | | 1d | | | | _ |
| e | | butions during the year | - | | | | | 1e | | | | _ |
| f | Endın | ig balance | | | | | | 1f | | | | _ |
| 2a | Did th | ne organization include | an amount on For | m 990, Par | t X, line 21, | for escrov | v or cu | ıstodial account lia | ability? | ☐ Yes | □ N | _ o |
| b | | es," explain the arrange | | | | | | | | | | |
| | rt V | Endowment Fund | | | · · · · · · · · · · · · · · · · · · · | | | • | | | | |
| | | | | (a)Curren | | (b) Prior yea | | (c)Two years back | (d)Three year | | our yea | rs back |
| La | Beginn | ing of year balance . | [| 104, | ,951,257 | 92,40 | 8,353 | 87,654,228 | 89,7 | 715,256 | 88, | 197,484 |
| b | Contrib | outions | | 2, | ,807,753 | 1,54 | 1,477 | 3,302,684 | 3,3 | 365,123 | | 482,500 |
| c | Net inv | estment earnings, gair | ns, and losses | -5, | ,203,014 | 15,30 | 6,931 | 5,591,274 | -7 | 794,153 | 3, | 233,500 |
| d | Grants | or scholarships | . [| 3, | ,444,268 | 2,81 | 6,377 | 2,911,714 | 2,8 | 355,130 | 2, | 534,410 |
| | | expenditures for facilition | es | | 424,402 | 10 | 9,921 | 3,992 | | 6,000 | | 9,274 |
| f. | Admını | strative expenses . | | 1, | ,472,031 | 1,37 | 9,206 | 1,224,127 | 1,7 | 770,868 | 1, | 654,544 |
| g | End of | year balance | [| 97, | ,215,295 | 104,95 | 1,257 | 92,408,353 | 87,6 | 554,228 | 89, | 715,256 |
| a b c | Perma Temp The p | de the estimated perce d designated or quasi-e anent endowment porarily restricted endow percentages on lines 2a there endowment funds | ndowment ► 1 0 % wment ► 0 , 2b, and 2c shoul | 00 000 % % d equal 100 |)% | - | · | · | rtho | | | |
| эа | | nization by | not in the possess | sion of the c | organization | tilat ale i | ieiu ai | iu aummistereu io | i tile | | Yes | No |
| | (i) ur | nrelated organizations | | | | | | | | 3a(i) | | No |
| | | elated organizations . | | | | | | | | 3a(ii) | | No |
| | | s" on 3a(II), are the re | - | | • | | ۱۶. | | | 3b | | |
| 4 | | ribe in Part XIII the inte | | | n's endowme | ent funds | | | | | | |
| Par | t VI | Land, Buildings, Complete if the or | | | " on Form (| 000 Part | · T\/ -1 | ıno 11a - Soo Eoi | m 000 Par | + V Juno 10 | ١ | |
| | Descri | ption of property | (a) Cost or othe (investmen | er basıs | (b) Cost or o | | | | | | ok valu | e |
| La | Land | | | 2,954,265 | | | | | | | | 2,954,265 |
| | Buildin | | | -, ,, | | | | | | | | ,,-50 |
| | | old improvements | | | | | | | | | | |
| | | nent | | | | 2 | 35,619 | | 180,841 | | | 54,778 |
| | | | | | | | | | ., | | | •••• |
| | | | | | | | | | | | | |

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

| Part VII Investments—Other Securities. Complete | ıf the organization answe | red "Yes" on Form 990, Pa | Page t IV, line 11b. |
|--|---------------------------|---------------------------------|-------------------------|
| See Form 990, Part X, line 12. (a) Description of security or category | (b) Book value | (c) Method of v | |
| (including name of security) | (2,255% 1885) | Cost or end-of-year | |
| (1) Financial derivatives | | | |
| (3) Other (A) PRIVATE EQUITY FUNDS | 7,792,642 | F | |
| B) HEDGE FUNDS | 17,491,006 | F | |
| C) REAL ESTATE FUNDS | 2,513,321 | F | |
| D) COMMON COMMINGLED FUNDS | 24,069,927 | F | |
| E) COMMODITIES | 1,585,210 | F | |
| F) OTHERS | 51,789 | F | |
| G) | 31,709 | ' | |
| H) | | | |
| Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12) | ▶ 53,503,895 | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' or | on Form 990 Part IV line | 11c See Form 990 Part | / line 13 |
| (a) Description of investment | (b) Book value | (c) Method of va | aluation |
| (1) | | Cost or end-of-year | market value |
| 2) | | | |
| 3) | | | |
| | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX Other Assets. Complete if the organization answer (a) Descrip | | 1V, line 11d See Form 990, Pa | (b) Book value |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) |) | | |
| Part X Other Liabilities. Complete if the organization | on answered 'Yes' on Forn | n 990, Part IV, line 11e or | 11f. |
| See Form 990, Part X, line 25. (a) Description of liability | (b) Boo | k value | |
| 1) Federal income taxes | | | |
| CRT PAYABLES CHARITABLE GIFTS | | 1,137,030 469,696 | |
| IABILITY FOR TRUSTEED ASSETS | | 6,269,430 | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | 7,876,156 | |
| , 22.2 (2) (2) mic 20 / | F (| ,,0,0,100 | |

Schedule D (Form 990) 2018

| Pa | | venue per Audited Financial Statements With Revenue per F zation answered 'Yes' on Form 990, Part IV, line 12a. | leturn | |
|-------|--|--|-----------------|---------------------|
| 1 | | upport per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on i | | | |
| ь | Donated services and use of facili | ties | 1 | |
| С | Recoveries of prior year grants | | 7 | |
| d | Other (Describe in Part XIII) . | 2d | 1 | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 . | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not include | d on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) . | 4b | 7 | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4 | c. (This must equal Form 990, Part I, line 12) | 5 | |
| Par | | penses per Audited Financial Statements With Expenses per zation answered 'Yes' on Form 990, Part IV, line 12a. | Return. | |
| 1 | Total expenses and losses per au | dited financial statements | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facili | ties | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII) . | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | 3 | |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | _ |
| а | Investment expenses not include | d on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) $\ .$ | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | | c. (This must equal Form 990, Part I, line 18) | 5 | |
| Pai | t XIII Supplemental Info | rmation | | |
| | | art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa 2d and 4b Also complete this part to provide any additional information | rt V, line 4, P | art X, line 2, Part |
| | Return Reference | Explanation | | |
| See / | Additional Data Table | | | |
| | <u> </u> | | | |
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Page 4

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
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Schedule D (Form 990) 2018

Additional Data

Software Version: **EIN:** 94-2891517 Name: SACRAMENTO REGION COMMUNITY FOUNDATION

| Supplemental Information | | | |
|--------------------------|-------------|--|--|
| Return Reference | Explanation | | |
| · | | | |

Software ID:

PART V, LINE 4 ENDOWMENT FUNDS GENERATE EARNINGS THAT HAVE BEEN APPROPRIATED FOR EXPENDITURE AND WILL BE PAID OUT IN THE FORM OF GRANTS, PROGRAM EXPENSES AND/OR EXPENSES NECESSARY TO MAINTAIN THE INVESTMENT ASSETS

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| 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 UNRELA TED BUSINESS INCOME THEREFORE, THESE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISI ON 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-EXE MPT STATUS THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2018 AND 20 17, RESPECTIVELY THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSI TIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2018 AND 2017, THERE WERE NO TAX INTEREST OR PENALTIES RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS |

| Return Reference | Explanation | |
|------------------|--|--|
| FUNDS | THE FOUNDATION HAS VARIANCE POWER WITH THE ABILITY TO MODIFY ANY RESTRICTION OR CONDITION ON THE DISTRIBUTION OF FUNDS FOR ANY SPECIFIED CHARITABLE PURPOSE OR TO SPECIFIED ORGANIZA TIONS IF, IN THE SOLE JUDGMENT OF THE BOARD SUCH RESTRICTION OR CONDITION BECOMES, IN EFFE CT, UNNECESSARY, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE CHARITABLE NEEDS OF TH | |

CT, UNNECESSARY, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE CHARITABLE NEEDS OF THE BOOKED TO BE COMMUNITY OR AREA SERVED BASED ON THIS PROVISION, ALL ENDOWED FUNDS ARE CONSIDERED TO BE QUASI-ENDOWED, CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317096059 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g , program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 26,320,859 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) O 26,320,859 Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

| Schedule F (Form 990) 2018 | | | Page 4 |
|----------------------------|--|--------------|-------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ Yes | □No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | ✓ Yes | □No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ✓ Yes | □No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | ✓ Yes | □No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) | ☐Yes | ☑ No |

| Schedule F | (Form 990) 2018 | Page : | | | | | | |
|------------|---|-------------|--|--|--|--|--|--|
| Part V | Provide the information Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me 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). | | | | | | | |
| | ReturnReference | Explanation | | | | | | |
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Schedule F (Form 990) 2018

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM

Software ID: Software Version:

EIN: 94-2891517

14,242,594

Name: SACRAMENTO REGION COMMUNITY FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|---|--|--|--|--------------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | 9,931,677 |

0 INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) EAST ASIA AND THE PACIFIC 0 INVESTMENTS 2.146.588

DLN: 93493317096059 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 382 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

GRANTS PROVIDED TO 501(C)(3) ORGANIZATIONS ARE ACCOMPANIED BY A LETTER STATING THE USE RESTRICTIONS OF THE FUNDS, IF ANY GRANTS PROVIDED TO ORGANIZATIONS OTHER THAN A 501(C)(3) GO THROUGH AN EXPENDITURE RESPONSIBILITY PROCESS IF IT IS FROM A DONOR ADVISED FUND AFTER AN INITIAL CHECK OF THE ORGANIZATION'S CHARITABLE STATUS, 1) AN INQUIRY IS MADE REGARDING LEGAL ORGANIZATION/MAJOR PROGRAMS IF THE ORGANIZATION'S INFORMATION FALLS WITHIN THE GRANT'S PARAMETERS, THE GRANTEE 2) MUST SIGN A GRANT AGREEMENT COVERING USE OF FUNDS, EXPENDITURE REPORTING & RESPONSIBILITIES. THE GRANT IS ISSUED AFTER SUCCESSFUL COMPLETION OF THE DOCUMENTATION. REPORTING IS REVIEWED. WHEN RECEIVED AS DETAILED IN THE GRANT AGREEMENT. ANY ISSUES WITH EXPENSES, USE PURPOSE, ETC. WOULD BE ADDRESSED WITH THE GRANTEE. IF FUNDING IS NOT FROM A DONOR ADVISED FUND, THE FOUNDATION OBTAINS DOCUMENTATION THAT THE GRANT WILL BE USED FOR CHARITABLE PURPOSES

Schedule I (Form 990) 2018

(6)

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

Part IV

Return Reference

PART I, LINE 2

Explanation

Additional Data

3STRANDS GLOBAL INC

4 R FRIENDS

4820 8TH AVENUE SACRAMENTO, CA 95820

3941 PARK DR STE 20-200 EL DORADO HILLS, CA 95762

Software ID: **Software Version:**

27-4594317

27-4223617

EIN: 94-2891517 Name: SACRAMENTO REGION COMMUNITY FOUNDATION

9,517

18,089

| (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash | (f) Method of valuation (book, FMV, appraisal, |
|---|---------|-------------------------------|-------------------------------------|----------------------------|--|
| or government | | | | assistance | other) |

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

501(C)(3)

501(C)(3)

| (a) Name and address of | (D) EIN | (c) IRC section | (a) Amount of cash | (e) Amount of non- | (T) Method of Valuation | |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|---|
| organization | | ıf applıcable | grant | cash | (book, FMV, appraisal, | |
| or government | | | | assistance | other) | 1 |
| | | | | | | |

| a) Description of | (h) Pu |
|-------------------|--------|

non-cash assistance

urpose of grant or assistance

UNRESTRICTED

UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 916INK 46-0705510 501(C)(3) 51.971 UNRESTRICTED. PO BOX 162605 CAPACITY BUILDING

IUNRESTRICTED.

ISWEETER DREAM

COMFORT BUNDLES

AND ART SUPPLIES.

TAPESTRY PROJECT

9.985

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

501(C)(3)

SACRAMENTO, CA 95816

A COMMUNITY OF PEACE
6060 SUNRISE VISTA DRIVE

CITRUS HEIGHTS, CA 95610

SUITE 2340

2340

68-0457704

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 68-0389777 501(C)(3) 10.294 UNRESTRICTED, TO A TOUCH OF UNDERSTANDING SUPPORT THE INC 5280 STIRLING STREET SUITE ORGANIZATION'S LEADERSHIP TRANSITION BY

102 GRANITE BAY, CA 95746

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

PROVIDING FUNDING CONSULTANT

SUPPORT TO HIRE A

31-1613404 501(C)(3) 10,363 UNRESTRICTED ACME THEATRE COMPANY

PO BOX 159 DAVIS. CA 95617

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

EL DORADO HILLS, CA 95762

| ALBIE AWARE INC | 42-1632678 | 501(C)(3) | 15,225 | | UNRESTRICTED, FOR |
|------------------------|------------|-----------|--------|--|---------------------|
| 1851 HERITAGE LANE 299 | | | | | LIFE-SAVING |
| SACRAMENTO, CA 95815 | | | | | DIAGNOSTIC TESTING, |
| | | | | | PATIENT ADVOCACY, |
| | | | | | PREVENTION |
| | | | | | EDUCATION AND |
| | | | | | COMPASSIONATE |
| | | | | | SUPPORT TO LOCAL |
| | | | | | INDIVIDUALS FACING |
| | | | | | OR EXCUITING PREACT |

CANCER 27-0384523

IOR FIGHTING BREAST ALL ABOUT EQUINE ANIMAL 501(C)(3) 11,019 UNRESTRICTED RESCUE 2201 FRANCISCO DR STE 140-174

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ALL ABOUT SACRAMENTO 82-3048635 501(C)(3) 6.250 UNRESTRICTED COMMUNITY FUND

1510 J ST STE 210 SACRAMENTO, CA 95814 ALTERNATIVE FAMILY 94-2427088 501(C)(3) 5.250

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

SACRAMENTO, CA 95826

UNRESTRICTED SERVICES INC 8795 FOLSOM BLVD 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0453376 501(C)(3) 5.851 UNRESTRICTED ALLIANCE FRANCAISE DE SACRAMENTO

1721 25TH ST SACRAMENTO, CA 95816 ALZHEIMER'S ASSOCIATION 94-2897949 501(C)(3) 19.524

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

SACRAMENTO, CA 95815

IUNRESTRICTED. OF NORTHERN CALIFORNIA OPERATIONS 1455 RESPONSE RD STE 190

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance AMERICAN CANCER SOCIETY 13-1788491 501(C)(3) 14.729 UNRESTRICTED

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

| INC 1545 RIVER PARK DRIVE SUITE 100 SACRAMENTO, CA 95815 | | , , , , | · | | |
|---|------------|-----------|--------|--|------------|
| AMERICAN CIVIL LIBERTIES | 13-6213516 | 501(C)(3) | 12,200 | | UNRESTRICT |

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

FLOOR

NEW YORK, NY 10004

(b) EIN

CTED, LEGAL SERVICES FOR UNION FOUNDATION INC. 125 BROAD STREET 18TH IMMIGRANT FAMILIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AMERICAN FRIENDS OF THE 36-3310316 501(C)(3) 25 333 UNRESTRICTED

| JEWISH MUSEUM OF GREECE PO BOX 2010 NEW YORK, NY 10185 | 30 3313313 | 332(3)(3) | 23,533 | | |
|--|------------|-----------|--------|--|--------------|
| AMERICAN HEART | 13-5613797 | 501(C)(3) | 7,610 | | UNRESTRICTED |

ASSOCIATION 2007 O STREET SACRAMENTO, CA 95811

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 91-1792774 501(C)(3) 10.474 AMERICAN LEADERSHIP UNRESTRICTED. FORUM IGENERAL SUPPORT 1601 RESPONSE RD SUITE 350 SACRAMENTO, CA 95815 53-0196605 501(C)(3) 89.511 IUNRESTRICTED, 2019 HURRICANES, CAMP FIRE, CALIFORNIA SACRAMENTO, CA 95815 WILDFIRE RELIEF.

VICTIMS OF THE CAMP

FIRE

AMERICAN RED CROSS GOLD COUNTRY REGION 1565 EXPOSITION BLVD

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0195752 501(C)(3) 8.907 UNRESTRICTED AMERICAN RIVER CONCEDIANCY

TO SUPPORT CARE OF

THE RESIDENT

| PO BOX 562 COLOMA, CA 95613 | | | | | |
|--------------------------------|------------|-----------|--------|--|---------------------|
| AMERICAN RIVER NATURAL | 94-2766075 | 501(C)(3) | 20,198 | | UNRESTRICTED, EFFIE |

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

PO BOX 241

CARMICHAEL, CA 956090241

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance E04/63/33 40 040 A BAEDTO A NU DEVICE

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

| *************************************** | 60 04 50000 | E04(0)(0) | 1001 | | LINDEGEROOTED |
|---|-------------|-----------|--------|--|--------------------|
| | | | | | USE, UNRESTRICTED |
| CARMICHAEL, CA 95608 | | | | | PARKWAY FOR ALL TO |
| 5700 ARDEN WAY | | | | | TRAIL, SUSTAIN THE |
| FOUNDATRION INC | | | | | PARKWAY BICYCLE |
| AMERICAN RIVER PARKWAY | 94-2881344 | 501(C)(3) | 19,019 | | AMERICAN RIVER |

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SACRAMENTO, CA 95825

(b) EIN

AMYOTROPHIC LATERAL 68-0159292 501(C)(3) 13,915 IUNRESTRICTED SCLEROSIS ASSOCIATION 2717 COTTAGE WAY SUITE 17

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0315789 501(C)(3) 25.000 ANIMAL FRIENDS TO SUPPORT THE MISSION OF THE

CONNECTION HUMANE
SOCIETY
17850 KROLL ROAD
LODI, CA 95240

ANIMAL OUTREACH OF THE 68-0272499

501(C)(3)

8.729

MISSION OF THE
ANIMAL FRIENDS
CONNECTION HUMANE
SOCIETY

UNRESTRICTED

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

DIAMOND SPRINGS, CA 95619

ANIMAL OUTREACH OF THE MOTHER LODE PO BOX 480 SOCIETY

| SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY | SOCIETY |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ANIMAL RESCUE LEAGUE 65-1195078 501(C)(3) 8.325 UNRESTRICTED PO BOX 2625

ELK GROVE, CA 95759

APPLE TREE FOUNDATION FOR 94-3348391 501(C)(3) 8,439

WOODLAND YOUTH PM BOX 104 1296 EAST GIBSON ROAD

GIBSON ROAD

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

WOODLAND, CA 95776

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-1341679 501(C)(3) 15.620 ARTHRITIS FOUNDATION-UNRESTRICTED

SACRAMENTO CHAPTER 1851 HERITAGE LANE STE 183 SACRAMENTO, CA 95815 94-2271380 501(C)(3) 10.926 UNRESTRICTED ASIAN COMMUNITY CENTER OF SACRAMENTO VALLEY

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

7375 PARK CITY DRIVE SACRAMENTO, CA 95831

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 84-1181681 501(C)(3) 10.000 ASPEN HIGH SCHOOL ASPEN EDUCATION FOUNDATION COLLEGE COUNSELING PO BOX 2200 SCHOLARSHIPS FUND ASPEN. CO 81612 ASSISTANCE LEAGUE OF 68-0119738 501(C)(3) 5.162 UNRESTRICTED

GREATER PLACER PO BOX 4693 AUBURN, CA 95604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0424269 501(C)(3) 10.032 UNRESTRICTED AUBURN INTERFAITH FOOD CLOSET

PO BOX 132 AUBURN, CA 95604 AUBURN PLACER PERFORMING 68-0477472 501(C)(3) 5.803 UNRESTRICTED ARTS CENTER INC

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

PO BOX 7733 AUBURN, CA 95604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 93-1039723 501(C)(3) 6.902 UNRESTRICTED AUBURN SYMPHONY PO BOX 74 985 LINCOLN WAY 102 AUBURN, CA 95604 BATTLEFIELDS TO BALLFIELDS 81-2513466 501(C)(3) 16.500 UNRESTRICTED. SPONSORSHIP DONATION FOR ANNUAL FUNDRAISING

GOLF TOURNAMENT, SCHOLARSHIPS TO VETERANS TRAINING TO BE SPORTS OFFICIALS

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2443 FAIR OAKS BLVD STE 503 SACRAMENTO, CA 95825

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 13.000 \$3,000 EACH TO TWO BELLA VISTA HIGH SCHOOL SAN JUAN UNIFIED SCH FEMALE AND \$3.000 8301 MADISON AVE FAIR OAKS, CA 95628 EACH TO TWO MALE GRADUATING SENIORS.

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

THEATRE 999 HARRISON ST BERKELEY, CA 94710

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 94-1559853 501(C)(3) 9,513 UNRESTRICTED BIG BROTHERS-BIG SISTERS OF THE GREATER SACRAMENTO AREA INC

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

| 640 BERCUT DRIVE SUITE A SACRAMENTO, CA 95811 | | | | | |
|--|------------|-----------|--------|--|--|
| BILI PROJECT FOUNDATION 303 N GLENOAKS BLVD SUITE 700 BURBANK, CA 91502 | 45-5240664 | 501(C)(3) | 41,786 | | TO EXPAND RESEARCH STUDIES ON HEPATOBILIARY CANCER FOR HEPATOBILIARY |

CANCER PATIENTS, TO FURTHER SUPPORT THEIR HEPATOBILIARY CANCER AWARENESS AND RESEARCH PROGRAM

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

501(C)(3)

| BLUE LINE ARTS | 94-1690631 | 501(C)(3) | 14,928 | | BUILD THE |
|-------------------------|------------|-----------|--------|--|--------------------|
| 405 VERNON STREET SUITE | | | | | ORGANIZATION'S |
| 100 | | | | | CAPACITY THROUGH |
| ROSEVILLE, CA 95678 | | | | | BOARD TRAINING AND |
| , | | | | | DEVELOPMENT ON |
| | | | | | EFFECTIVE |
| | | | | | GOVERNANCE, |
| | | | | | UNRESTRICTED FOR |
| | | | | | CAPITAL DANCE |
| | | | | | PROJECT, |
| | | | | | UNRESTRICTED |

6,072

UNRESTRICTED, CAMP

BOY SCOUTS OF AMERICA GOLDEN EMPIRE COUNCIL

CENTER PO BOX 13558 SACRAMENTO, CA 95853

SERVICE

23-7627152

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BOYS AND GIRLS CLUBS OF 68-0338324 501(C)(3) 31.612 IPROGRAM/OPERATIONS.

| GREATER SACRAMENTO 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824 | | | | | UNRESTRICTED |
|--|------------|-----------|--------|--|--------------|
| BOYS AND GIRLS CLUBS EL DORADO COUNTY WESTERN | 91-1774039 | 501(C)(3) | 50,000 | | CAPITAL |

SLOPE PO BOX 2535

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

PLACERVILLE, CA 95667

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-4538532 501(C)(3) 15.510 TO DEVELOP A BREAD OF LIFE CENTER 650 EL CAMINO AVENUE FUNDRAISING PLAN TO SACRAMENTO, CA 95815 SUPPORT FUNDRAISING

ACTIVITIES FOR THE ORGANIZATION. UNRESTRICTED 5.784 BRIGHT CHILDREN 27-3798340 501(C)(3) UNRESTRICTED INTERNATIONAL

PO BOX 980743

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

WEST SACRAMENTO, CA

95798

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 68-0374372 501(C)(3) 6.821 UNRESTRICTED CACHE CREEK CONSERVANCY PO BOX 8249 WOODLAND, CA 957768249 CALIFORNIA CAREFORCE 45-2408171 501(C)(3) 5,500 PLACER COUNTY VETERANS STAND DOWN TO PROVIDE FREE BASIC DENTAL. VISION AND MEDICAL CARE IN THE 2019 YEAR THROUGH A TWO

DAY CLINIC SERVING THE SENIOR VETERANS OF PLACER COUNTY

950 RESERVE DRIVE SUITE 120 ROSEVILLE, CA 95678

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 77-0566494 501(C)(3) 5.055 CALIFORNIA FARMLAND TRUST UNRESTRICTED 8788 ELK GROVE BLVD BUILDING 1

SUITE 1
ELK GROVE, CA 95624

CALIFORNIA FOUNDATION
FOR AGRICULTURE IN THE
CLASSROOM

CLASSROOM

CALIFORNIA FOUNDATION
FOR AGRICULTURE IN THE
CLASSROOM

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

1215 K ST STE 1500 SACRAMENTO, CA 95814

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CALIFORNIA FUTURE FARMERS 23-7166263 501(C)(3) 11.907 UNRESTRICTED

| OF AMERICA FOUNDATION PO BOX 186 GALT, CA 95632 | | | · | | |
|---|------------|-----------|-------|--|--------------|
| CALIFORNIA HOMEBUILDING FOUNDATION | 94-2581819 | 501(C)(3) | 9,984 | | UNRESTRICTED |

1215 K STREET 1201

SACRAMENTO, CA 95814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-1744392 501(C)(3) 21.738 UNRESTRICTED CALIFORNIA MUSICAL THEATRE

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

2707 K STREET

SACRAMENTO, CA 95816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance CALIFORNIA SCOTTISH RITE 94-6078728 501(C)(3) 44.978 UNRESTRICTED FOR FOUNDATION ISACRAMENTO

SCOTTISH RITE PO BOX 19497 SACRAMENTO, CA 95819 CHILDHOOD LANGUAGE CENTER. UNRESTRICTED

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

SAN FRANCISCO, CA 94133

CALIFORNIA STATE PARKS 94-1707583 501(C)(3) 10.090 UNRESTRICTED FOUNDATION 50 FRANCISCO ST STE 110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CALIFORNIA STATE RAILROAD 94-2698626 501(C)(3) 12.449 UNRESTRICTED

| MUSEUM FOUNDATION INC 111 I STREET SACRAMENTO, CA 95814 | | | | | |
|---|------------|-----------|--------|--|-----------|
| CALIFORNIA VEHICLE | 94-2902791 | 501(C)(3) | 24,015 | | UNRESTRIC |

SACRAMENTO, CA 95818

RICTED, 2018 FOUNDATION PROJECT FACELIFT 2200 FRONT STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CALIFORNIA VOTER 68-0190132 501(C)(3) 5,855 UNRESTRICTED

| POUNDATION PO BOX 189277 SACRAMENTO, CA 95818 | | | | | |
|---|------------|-----------|-------|--|--------------|
| CAMELLIA SYMPHONY | 94-6112266 | 501(C)(3) | 9,487 | | UNRESTRICTED |

1731 HOWE AVE 499 SACRAMENTO, CA 95825

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 25.000 TO EXPAND CAMPUS LIFE CONNECTION 68-0279554 PO BOX 277728 POINTBREAK SACRAMENTO, CA 95827 WORKSHOPS INTO AFTER SCHOOL

PROGRAMMING, NPR. UNRESTRICTED

PROGRAMS AT FOUR 2018

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

MIDDLE SCHOOLS IN CAPITAL PUBLIC RADIO INC. 68-0223271 501(C)(3) 79.290 CLASSICAL STATION. 7055 FOLSOM BOULEVARD GENERAL FUND, FUND SACRAMENTO, CA 95826 DRIVE, NEWS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-2799021 501(C)(3) 14.816 OPERATIONS CAPITAL STAGE COMPANY

2220 J ST STE 8 UNRESTRICTED SACRAMENTO, CA 95816

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

SACRAMENTO, CA 95821

CAPITOL BALLET COMPANY 94-1698616 501(C)(3) 8.446 UNRESTRICTED 4430 MARCONT AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-4274059 501(C)(3) 10.712 UNRESTRICTED CARMICHAEL RECREATION AND PARK DISTRICT FOUNDATION INC. 5750 GRANT AVENUE

UNRESTRICTED

27.889

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

501(C)(3)

CARMICHAEL, CA 95608

CASA EL DORADO

PLACERVILLE, CA 95667

347 MAIN ST

68-0299245

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| CATS ABOUT TOWN SOCIETY PO BOX 341013 SACRAMENTO, CA 95834 | 68-0407757 | 501(C)(3) | 7,400 | | UNRESTRICTED |
|--|------------|-----------|--------|--|--------------|
| CELEBRATION ARTS | 68-0077971 | 501(C)(3) | 12,821 | | UNRESTRICTED |

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

4469 D STREET

SACRAMENTO, CA 95819

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0248303 501(C)(3) 7.513 CENTER FOR COMMUNITY UNRESTRICTED HEALTH AND WELL BEING 4625 44TH STREET SUITE 13

UNRESTRICTED

13.112

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

501(C)(3)

SACRAMENTO, CA 95820
CENTER FOR FATHERS AND

920 DEL PASO BOULEVARD SACRAMENTO, CA 95815

FAMILIES

68-0310997

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) CENTED FOR LAND BACED 60 0472121 E01/C1/21 27 205 CROWING OUR FUTURE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

| CENTER FOR LAND-BASED | 68-04/2121 | 501(C)(3) | 3/,285 | | I GROWING OUR FUTURE |
|-----------------------|------------|-----------|--------|--|----------------------|
| LEARNING | | | · | | CAMPAIGN, WEST |
| 5265 PUTAH CREEK ROAD | | | | | SACRAMENTO URBAN |
| WINTERS, CA 95694 | | | | | FARM PROGRAM FOR |
| | | | | | TOOLS AND |
| | | | | | GARDEN/OUTDOOR |
| | | | | | SUPPLIES, YOLO |
| | | | | | COUNTY SLEWS |
| | | | | | DROCRAM SUDDORT |

IPROGRAM SUPPORT, UNRESTRICTED CENTRAL DOWNTOWN FOOD 68-0138743 501(C)(3) 6,449 UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

BASKET 1701 L STREET

SACRAMENTO, CA 95814

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance CHAMBED MILETO SOCIETY 69-0129242 E01/C1/31 0.405 LINDESTRICTED

| PO BOX 162508 SACRAMENTO, CA 95816 | 00-0130343 | 301(C)(3) | 9,405 | | ONRESTRICTED |
|---------------------------------------|------------|-----------|--------|--|--------------------|
| CHESTER FOUNDATION | 27-2042948 | 501(C)(3) | 49,139 | | FOR ANIMALS OF THE |

HOMELESS, GENERAL 2515 VENTURE OAKS WAY SUITE 135 IFUND

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

SACRAMENTO, CA 95833

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-3371317 501(C)(3) 5,313 CHICKS IN CRISIS UNRESTRICTED 8359 ELK GROVE FLORIN ROAD SUITE 103 BOX 263

103 BOX 263
SACRAMENTO, CA 95829

CHILD ABUSE PREVENTION
COUNCIL OF SACRAMENTO
4700 ROSEVILLE RD 102
NORTH HIGHLANDS, CA

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

95660

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 77-0620948 501(C)(3) 9.979 CHILD ADVOCATES OF PLACER UNRESTRICTED COUNTY 3715 ATHERTON ROAD SUITE ROCKLIN, CA 95765

UNRESTRICTED

14,813

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

501(C)(3)

94-1706320

CHILDREN'S CHOICE FOR

HEARING AND TALKING

11100 COLOMA ROAD RANCHO CORDOVA, CA 95670

CENTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1322166 501(C)(3) 46.822 CHILDREN'S RECEIVING HOME FUND OPERATIONS.

OF SACRAMENTO UNRESTRICTED 3555 AUBURN BLVD SACRAMENTO, CA 95821

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

SAN FRANCISCO, CA 94108

CHINESE FOR AFFIRMATIVE 94-2161304 501(C)(3) 6.082 UNRESTRICTED FOR ACTION HMONG INNOVATING 17 WALTER UILUM PLACE POLITICS

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0322360 501(C)(3) 115,500 CHRISTIAN BROTHERS HIGH CHRISTIAN BROTHERS Luteu ceuooi

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

SCHOLARSHIP FUND.

UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

THE PACIFIC

2451 RIDGE ROAD

BERKELEY, CA 947091217

(b) EIN

| SCHOOL OF SACRAMENTO INC. | | | I INIGH SCHOOL |
|----------------------------|--|--|----------------------|
| 4315 MARTIN LUTHER KING JR | | | SCHOLARSHIP |
| BLVD | | | ENDOWMENT FUND, |
| SACRAMENTO, CA 95820 | | | GEORGE FULLER |
| | | | GARDEN, GENERAL |
| | | | FUND, LA SALLE CLUB, |

TUITION ASSISTANCE 42,000 CHURCH DIVINITY SCHOOL OF 94-1156508 501(C)(3) WINNIE GAINES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 68-0154969 501(C)(3) 8.208 UNRESTRICTED CITIZENS WHO CARE INC.

409 LINCOLN AVE WOODLAND, CA 95695

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

SACRAMENTO, CA 95817

CITY OF REFUGE 46-2676243 501(C)(3) 21.168 UNRESTRICTED 3400 3RD AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) CITY YEAR SACRAMENTO 22-2882549 501(C)(3) 47.995 THREE-YEAR 2723 57TH STREET COMMITMENT TO A NEW STAFF MEMBER. IUNRESTRICTED

BACKUP SERVER AND 2

LAPTOPS. IUNRESTRICTED

SACRAMENTO, CA 95817 61-1591265 501(C)(3) 8.184 MEDICAL SUPPLIES. CLARA'S HOUSE INC.

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2700 L STREET

SACRAMENTO, CA 95816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2324682 501(C)(3) 5.287 CLINICA TEPATI UNRESTRICTED

4610 X STREET SUITE 3104 SACRAMENTO, CA 95817 CLOSING THE GAP 26-3122380 501(C)(3) 9.476 UNRESTRICTED 2495 NATOMAS PARK DRIVE

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

SUITE 200

SACRAMENTO, CA 95833

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 94-3279613 501(C)(3) 33.860 COLLEGE TRACK UNRESTRICTED 3400 3RD AVE

SACRAMENTO, CA 95817 94-2188574 501(C)(3) 6.985 COMMUNICARE HEALTH

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

DAVIS, CA 95617

PERINATAL PROGRAM. CENTERS LUNRESTRICTED PO BOX 1260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 46-1498182 501(C)(3) 8.465 COMMUNITY AGAINST SEXUAL ONE-TIME PURCHASE HARM OF FIVE COMPUTERS PO BOX 160022 AND UPGRADED SOFTWARE. UNRESTRICTED 23,000 94-3255070 501(C)(3) UNRESTRICTED FOR EVERY VETERAN.

UNRESTRICTED FOR INORTHERN SIERRA PARTNERSHIP

SACRAMENTO, CA 95816 COMMUNITY INITIATIVES

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

354 PINE STREET SUITE 700 SAN FRANCISCO, CA 94104

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COOL DAVIS FOUNDATION 27-3056050 501(C)(3) 5,357 TO SUPPORT CLIMATE

| PO BOX 4013 DAVIS, CA 95617 | | | | | COMBATTING ACTIVITIES, UNRESTRICTED |
|---|------------|-----------|-------|--|---|
| COUNCIL ON AMERICAN- ISLAMIC RELATIONS | 77-0411194 | 501(C)(3) | 6,798 | | UNRESTRICTED |

CALILFORNIA 1122 DEL PASO BLVD

SACRAMENTO, CA 95815

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0257139 501(C)(3) 28.594 UNRESTRICTED COURT APPOINTED SPECIAL ADVOCATES OF SACRAMENTO COUNTY PO BOX 278383 SACRAMENTO, CA 95827 501(C)(3) 91,421 CRISTO REY HIGH SCHOOL 04-3832927 ATHLETIC FIELD 6200 MCMAHON DRIVE CAPITAL CAMPAIGN. SACRAMENTO, CA 95824 ISTUDENT

SCHOLARSHIPS, GREATEST NEED, UNRESTRICTED

or government assistance other) CROCKER ART MUSEUM 94-2552486 501(C)(3) 109,129 ACQUISITION OF ASSOCIATION FLOOD FURNISHINGS, 216 O STREET ART PARK, CROCKER SACRAMENTO, CA 95814 NEXT, FUND A NEED, GENERAL PURPOSES.

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

UNRESTRICTED

MOVING GRAND CABINET AND FIREPLACE SURROUND FROM JAMES FLOOD'S VICTORIAN MANSION IN MENLO PARK TO CROCKER ART MUSEUM, SPONSOR BNSA, UNRESTRICTED

(d) Amount of cash

grant

CROCKETT-DEANE BALLET 10,821 91-1804440 501(C)(3)

(b) EIN

(a) Name and address of

organization

3385 LANATT ST SACRAMENTO, CA 95819

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

(c) IRC section

if applicable

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-3288179 501(C)(3) 7.668 DAUGHTERS OF ZION UNRESTRICTED ENTERPRYZ

LEARLY CHILDHOOD

UNRESTRICTED

CERAMIC EDUCATION,

17.032

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

501(C)(3)

6489 47TH STREET SACRAMENTO, CA 95823

DAVIS ART CENTER

DAVIS, CA 95617

PO BOX 4340

94-6050371

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 45-3534143 501(C)(3) 8.979 DAVIS COMMUNITY CHORALE UNRESTRICTED INC 216 F STREET 45

IGENERAL SUPPORT.

UNRESTRICTED

10.854

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

501(C)(3)

DAVIS COMMUNITY MEALS

202 F STREET

DAVIS, CA 95616

68-0245801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 68-0028068 501(C)(3) 19.890 DAVIS MUSICAL THEATRE UNRESTRICTED COMPANY

607 PENA DRIVE 10 DAVIS. CA 95618

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

DAVIS, CA 95616

DAVIS SENIOR HIGH SCHOOL 5.250 LUNSPECIFIED DAVIS JOINT UNIFIED 315 W 14TH STREET SCHOLARSHIPS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0436404 501(C)(3) 20,000 TO HELP LOW AND DAVIS YOUTH SOCCER LEAGUE MODERATE INCOME PO BOX 72295 FAMILIES DAVIS. CA 95617

MONTHS FOR 40 HOURS AT \$15 00 AN HOUR FOR 9 MONTHS

IN 2019

DEFENDERS OF WILDLIFE 53-0183181 501(C)(3) 5,400

TO SUPPORT A NEW FELLOW TO WORK ON WILDLIFE ADVOCACY IN CALIFORNIA FOR NINE

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0123611 501(C)(3) 6,417 UNRESTRICTED DEL ORO CAREGIVER DECOLIDED CENTED

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

OXFORD, OH 45056

FOUNDATION 330 SOUTH CAMPUS AVE

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 47-3353777 501(C)(3) 5.358 DESTINY COMMUNITY PARTIALLY FUND THE SERVICES ONE-TIME PURCHASE 6850 FIVE STAR BLVD STE 3 OF FIFTEEN TABLETS ROCKLIN, CA 95677 AND UPGRADED

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

UNRESTRICTED

SOFTWARE. UNRESTRICTED 7.746 DEVELOPMENTAL 23-7428879 501(C)(3) SHORT CENTER NORTH DISABILITIES SERVICE FOR GARDEN CENTER ORGANIZATION INC ROOF

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

5051 47TH AVENUE REPAIR/STABILITY OF WALLS AND WORK SACRAMENTO, CA 95824 BENCHES FROM LAST YEAR'S STORMS,

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3551270 501(C)(3) 15,729 UNRESTRICTED DIVINE MERCY HUMAN

| PO BOX 293221 SACRAMENTO, CA 95829 | | | | | |
|---|------------|-----------|--------|--|---|
| DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 | 13-3433452 | 501(C)(3) | 27,229 | | SUPPORT THE MISSION, UNRESTRICTED |

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

HAGERSTOWN, MD 217415030

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DREAMCATCHERS 71-0877008 501(C)(3) 23,282 UNRESTRICTED EMPOWERMENT NETWORK 1125 MISSOURI STREET SUITE 302

FAIRFIELD, CA 94533

EL DORADO MUSICAL
THEATRE
5011 GOLDEN FOOTHILL
PARKWAY UNIT 4
4
EL DORADO HILLS, CA

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

957629649

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-3664737 501(C)(3) 9.504 UNRESTRICTED ELK GROVE FOOD BANK SERVICES 9820 DINO DR STF 140 ELK GROVE, CA 95624

UNRESTRICTED

5.652

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

501(C)(3)

ELK GROVE HISTORICAL

ELK GROVE, CA 95759

SOCIETY PO BOX 562 94-2781947

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-4162394 501(C)(3) 15.211 ELK GROVE HOMELESS UNRESTRICTED ASSISTANCE RESOURCE TEAM

P O BOX 1343 ELK GROVE, CA 95759

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

WOODLAND, CA 95695

EMPOWER YOLO INC. 94-3027535 501(C)(3) 41.390 IUNRESTRICTED 175 WALNUT STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **EUREKA SCHOOLS** 68-0280171 501(C)(3) 31.660 TO FUND EUSD FOUNDATION PO BOX 2444 GRANITE BAY, CA 95746 FAIR OAKS THEATRE FESTIVAL 68-0009397 501(C)(3) 14.649 UNRESTRICTED

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

INC PO BOX 1231 FAIR OAKS, CA 95628

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FAIRYTALE TOWN INC 94-1669088 501(C)(3) 122 572 3 YEARS OF CAPITAL MENTS, ICTED

| 3901 LAND PARK DRIVE SACRAMENTO, CA 95822 | 31 1003000 | 301(0)(3) | 122,372 | | IMPROVEMENTS, UNRESTRICTED |
|--|------------|-----------|---------|--|-------------------------------|
| FEAST FAMILIES EMPOWERED AND SUPPORTING TREATMENT | 26-4706974 | 501(C)(3) | 10,000 | | SUPPORT FEAST OPERATIONS |

TING DISOKDEKS PO BOX 11608

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

MILWAUKEE, WI 53211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 30-0240425 501(C)(3) 10.614 FIELDHAVEN FELINE CENTER UNRESTRICTED

2754 IRONWOOD LANE LINCOLN, CA 95648 FIREFIGHTERS BURN 23-7364927 501(C)(3) 8.728 UNRESTRICTED INSTITUTE

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

3101 STOCKTON BLVD SACRAMENTO, CA 95820

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FISHER HOUSE FOUNDATION 11-3158401 501(0)(3) 31 000 PALO ALTO FISHER

| INC 111 ROCKVILLE PIKE SUITE 420 ROCKVILLE, MD 20850 | 11-5130-01 | 301(0)(3) | 31,000 | | HOUSE, UNRESTRICTED |
|---|------------|-----------|--------|--|---------------------|
| FOLSOM LAKE SYMPHONY | 20-0172012 | 501(C)(3) | 10,434 | | UNRESTRICTED |

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

FOLSOM LAKE SYMPHONY ORCHESTRA

PO BOX 794 FOLSOM, CA 95763

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-7111782 501(C)(3) 42.145 FOOD BANK OF YOLO COUNTY MISSION OF THE YOLO 1244 FORTNA AVE COUNTY FOOD BANK. WOODLAND, CA 95776 UNRESTRICTED 45-3973268 501(C)(3) 33.687 LOCKERS AND SUPPLIES, 2018 FOOD FILM FESTIVAL, TO

CONTINUE THEIR WORK I AND TO REACH MORE

CHILDREN, UNRESTRICTED

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

FOOD LITERACY CENTER 2973 3RD AVENUE SACRAMENTO, CA 95817

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FOOTHILL DOG RESCUE OF 46-2167263 501(C)(3) 8,744 UNRESTRICTED THE STERRAS

| 4131 S SHINGLE ROAD SUITE 14 SHINGLE SPRINGS, CA 95682 | | | | | |
|--|------------|-----------|-------|--|--------------|
| FORESTHILL SWIMMING AND | 94-1663311 | 501(C)(3) | 7,265 | | UNRESTRICTED |

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

FORESTHILL, CA 95631

RECREATION CORPORATION PO BOX 302

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FOSTER YOUTH EDUCATION 20-0680594 501(C)(3) 12.095 ICOMPUTER PURCHASE. LINRESTRICTED

| 3323 WATT AVE 253 SACRAMENTO, CA 95821 | | | | | OTTLES THE |
|--|------------|-----------|--------|--|---|
| FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES | 68-0412350 | 501(C)(3) | 98,000 | | BREAKTHROUGH SACRAMENTO, UNRESTRICTED |

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

FUND

1102 Q STREET SUITE 4800 SACRAMENTO, CA 95811

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 80-0290707 501(C)(3) 6.004 UNRESTRICTED FRIENDS FOREVER A CAT SANCTUARY

359 NEVADA STREET AUBURN, CA 95603 FRIENDS OF FRONT STREET 68-0477042 501(C)(3) 72.633

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

SACRAMENTO, CA 95822

UNRESTRICTED SHELTER PO BOX 22214

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FRIENDS OF THE ARTS 94-2796782 501(C)(3) 95.000 CREATE A COMMISSION COMPREHENSIVE ARTS 300 RICHARDS BLVD 2ND AND CULTURAL PLAN FLOOR FOR THE CITY OF SACRAMENTO, CA 95811 SACRAMENTO, HIRE A CONSULTANT TO DEVELOP A COMPREHENSIVE STRATEGIC AND FUND DEVELOPMENT PLAN THAT WILL GUIDE THE WORK OF THE SACRAMENTO ARTS

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LIBRARY, UNRESTRICTED

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

(d) Amount of cash

(c) IRC section

(a) Name and address of

(b) EIN

EDUCATION CONSORTIUM FOR THE NEXT TWO YEARS, SACRAMENTO ARTS **EDUCATION** CONSORTIUM FRIENDS OF THE 68-0005250 501(C)(3) 40.036 FOR ARDEN DIMICK SACRAMENTO PUBLIC LIBRARY BRANCH, FRIENDS OF THE NORTH 828 I STREET STE 308 SACRAMENTO, CA 95814 SACRAMENTO HAGGINWOOD LIBRARY, HAGGINWOOD LIBRARY COLLECTION ADDITION, UNRESTRICTED FOR ELLA K MCCLATCHY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) FROM THE TOP 04-3583756 501(C)(3) 7.000 SPONSORSHIP OF "FROM THE TOP" RADIO 140 CLARENDON ST SUITE SERIES 301 BOSTON, MA 02116 **FUTURE FOUNDATION OF** 80-0025786 501(C)(3) 34.229 2018-2019 ACADEMIC SACRAMENTO YEAR FOR 15 425 UNIVERSITY AVENUE STUDENTS TO RECEIVE

COLLEGE PERSISTENCE

MENTORING AND SCHOLARSHIP FUNDING, TUTORING AND SCHOLARSHIPS, UNRESTRICTED

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SACRAMENTO
425 UNIVERSITY AVENUE
SUITE 210
SACRAMENTO, CA 95825

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance GANNA WALSKA LOTUSLAND 23-7082550 501(C)(3) 6.000 GENERAL FUNDING

695 ASHLEY ROAD SANTA BARBARA, CA 93108

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

SACRAMENTO, CA 95817

GENDER HEALTH CENTER 26-3839452 501(C)(3) 9.039 UNRESTRICTED 2020 29TH ST STE 201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) GIRL SCOUTS HEART OF 94-1582429 501(C)(3) 13.351 ASSISTANCE FUND. CENTRAL CALIFORNIA UNRESTRICTED 6601 ELVAS AVE SACRAMENTO, CA 95819 45-0507288 501(C)(3) 11.166 TO SUPPORT BOARD DEVELOPMENT THROUGH THE IMPLEMENTATION AND

RETREAT, UNRESTRICTED

GIRLS ON THE RUN OF GREATER SACRAMENTO PO BOX 19602 SACRAMENTO, CA 95819 ANALYSIS OF A BOARD SELF-ASSESSMENT TOOL AND BOARD

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-1840593 501(C)(3) 6.157 GLOBAL PURPOSE GROUP UNRESTRICTED FOR 3830 AUBURN BLVD UNIT E IGIRLS ROCK SACRAMENTO SACRAMENTO, CA 95821

UNRESTRICTED

7.157

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

501(C)(3)

SACRAMENTO, CA 95821

GOLD COUNTRY WILDLIFE
RESCUE INC

PO BOX 4162 AUBURN, CA 95604 68-0259665

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GREATER CALIFORNIA 36-4614672 501(C)(3) 11,521 UNRESTRICTED CERMAN CHERHER RECCHE

| GREATER SACRAMENTO | 94-1686314 | 501(C)(3) | 32.286 | | UNRESTRIC |
|--|------------|-----------|--------|--|-----------|
| INC 3221 HILLGLEN AVENUE MODESTO, CA 95355 | | | | | |

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

SACRAMENTO, CA 95838

ICTED URBAN LEAGUE 3725 MARYSVILLE BLVD

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

TO ADVANCE THEFE

EMPLOYERS, UNRESTRICTED

UNRESTRICTED

F 400

13,572

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

E04/61/01

501(C)(3)

26 2042252

68-0317260

| GRID ALTERNATIVES | 26-0043353 | 501(C)(3) | 5,499 | | TO ADVANCE THEIR |
|-------------------|------------|-----------|-------|--|---------------------|
| 1171 OCEAN AVENUE | | | | | TRAINING PROGRAM BY |
| OAKLAND, CA 94608 | | | | | ESTABLISHING JOB |
| | | | | | READINESS WORKSHOP |
| | | | | | CURRICULUM, |
| | | | | | EXPANDING THEIR |
| | | | | | EMPLOYER NETWORK, |
| | | | | | AND INCREASING |
| | | | | | TRAINEE SUCCESS IN |
| | | | | | JOB PLACEMENT WITH |
| | | | | | A BROADER RANGE OF |

HAPPY TAILS PET SANCTUARY

6001 FOLSOM BOULEVARD SACRAMENTO, CA 95819

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 77-0379046 501(C)(3) 6.383 HEALING JOURNEYS INC UNRESTRICTED PO BOX 221417

SACRAMENTO, CA 95822 HEALTH EDUCATION COUNCIL 68-0249296 501(C)(3) 9.132 ISHOP (SAFETY SERVING POPULATIONS AT HEALTH RISK

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

95691

OPPORTUNITIES AND 3950 INDUSTRIAL BLVD SUITE PRACTICES) PROGRAM. UNRESTRICTED 600 WEST SACRAMENTO, CA

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0377256 501(C)(3) 5.258 UNRESTRICTED HEALTHY COMMUNITY FORUM FOR THE GREATER

| SACRAMENTO REGION 8928 VOLUNTEER LN STE 220 SACRAMENTO, CA 95826 | | | | | |
|--|------------|-----------|--------|--|-----------|
| HEIFER PROJECT | 35-1019477 | 501(C)(3) | 10,100 | | UNRESTRIC |

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

LITTLE ROCK, AR 72202

RICTED INTERNATIONAL INC 1 WORLD AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-1374230 501(C)(3) 30.500 HILLSDALE COLLEGE UNRESTRICTED 33 EAST COLLEGE STREET

HILLSDALE, MI 49242

HISTORIC OLD SACRAMENTO 20-0184455 501(C)(3) 9,743

UNRESTRICTED 101 I STREET

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

SACRAMENTO, CA 95814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-0570716 501(C)(3) 10.000 UNRESTRICTED HUALALAI OHANA

UNRESTRICTED

5.750

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

501(C)(3)

FOUNDATION PO BOX 5227 KAILUAKONA, HI 96745 **HUTCHINS STREET SQUARE**

FOUNDATION PO BOX 2278 LODI, CA 95241 94-2655990

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-2981774 501(C)(3) 91.372 IMPROVE YOUR TOMORROW SUPPORT THE CAPITAL 1017 L ST 632 AREA PROMISE SACRAMENTO, CA 95814 SCHOLARS PROGRAM. PARENTING EDUCATION. UNRESTRICTED

20,000 INJURED MARINE SEMPER FI 26-0086305 501(C)(3) UNRESTRICTED FUND 825 COLLEGE BOULEVARD

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

SUITE 102

OCEANSIDE, CA 92057

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0621026 501(C)(3) 8.357 INSTITUTO MAZATLAN BELLAS UNRESTRICTED ARTES DE SACRAMENTO

4300 STOCKTON BLVD SACRAMENTO, CA 95820

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

PO BOX 6068

ALBERT LEA, MN 560079847

13-5660870 501(C)(3) 10.000 EDUCATION FOR GIRLS INTERNATIONAL RESCUE COMMITTEE

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) JESUIT HIGH SCHOOL 94-1525873 501(C)(3) 27,710 GREG BASS 1200 JACOB LANE SCHOLARSHIP FUND,

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

GYM RENOVATION.

SECOND HAND PROSE

AND 5,000 FOR A READING TABLE

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

CARMICHAEL, CA 95608

34 MT DESERT ST BAR HARBOR, ME 04609 **(b)** EIN

| | | | | | GALA & PACE AUCTION, SCHOLARSHIP AWARD TO A STUDENT DEMONSTRATING FINANCIAL NEED, SCHOOL LUNCH PROGRAM, UNRESTRICTED |
|------------------------|------------|-----------|--------|--|---|
| JESUP MEMORIAL LIBRARY | 01-0214017 | 501(C)(3) | 30,000 | | 25,000 FOR PATSY'S |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

UNRESTRICTED

| JFK PACE PARENT COMMITTEE 6715 GLORIA DRIVE SACRAMENTO, CA 95831 | 80-0672658 | 501(C)(3) | 6,587 | | UNRESTRICTED |
|--|------------|-----------|-------|--|--------------|
| | | | | | |

5.335

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

501(C)(3)

JUNIOR ACHIEVEMENT

SACRAMENTO, CA 958655602

PO BOX 225602

94-6080866

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

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

150

ROSEVILLE, CA 95661

| JUNIOR LEAGUE OF SACRAMENTO 778 UNIVERSITY AVE SACRAMENTO, CA 95825 | 94-1676500 | 501(C)(3) | 15,561 | | MISSION SUPPORT, REIMBURSEMENT FOR PAULETTE TRAINOR, UNRESTRICTED |
|--|------------|-----------|--------|--|--|
| KEATON RAPHAEL MEMORIAL FOR NEUROBLASTOMA INC 2260 DOUGLAS BLVD SUITE | 68-0406980 | 501(C)(3) | 5,059 | | UNRESTRICTED |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-4354371 501(C)(3) 8.899 UNRESTRICTED KINDRED SPIRITS FAWN

RESCUE PO BOX 1699 LOOMIS. CA 95650 KITTEN CENTRAL OF PLACER 45-4060879 501(C)(3) 8.985

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

NEWCASTLE, CA 95658

UNRESTRICTED COUNTY 5130 FRUITVALE ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0016996 501(C)(3) 58,179 KIWANIS FAMILY HOUSE UNRESTRICTED 2875 50TH STREET

PROGRAMMING, UNRESTRICTED

SACRAMENTO, CA 95817

KVIE INC 94-1421463 501(C)(3) 81,377

CAMPAIGN 2020, 2018
ANNUAL FUND,
GENERAL FUND, PUBLIC
TELEVISION,
SACRAMENTO PIONEER
ASSOCIATION
DOCUMENTARY FILM,

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 94-2270786 501(C)(3) 10.916 UNRESTRICTED LA FAMILIA COUNSELING CENTER INC 5523 34TH STREET SACRAMENTO, CA 95820 94-2365928 501(C)(3) 10.050 SUPPORT A SIX MONTH COMMUNITY ART PROJECT THAT WILL

LATINO CENTER OF ART AND CULTURE 2700 FRONT STREET SACRAMENTO, CA 95818

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CULMINATE IN AN INSTALLATION OF NEW WORKS CREATED BY LOCAL EMERGING

> LATINIX ARTISTS, UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1384659 501(C)(3) 11.094 UNRESTRICTED LEGAL SERVICES OF NORTHERN CALIFORNIA

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

8391 AUBURN BOULEVARD CITRUS HEIGHTS, CA 95610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TRICTED

| LINCOLN HILLS FOUNDATION | 68-0488670 | 501(C)(3) | 10,606 | | UNRESTR |
|--------------------------|------------|-----------|--------|--|---------|
| PO BOX 220 | | | | | |
| LINCOLN, CA 95648 | | | | | |
| | | | | | |

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

2351 WALDEN VIEW IN LINCOLN, CA 95648

LINCOLN THEATRE COMPANY 47-1590367 501(C)(3) 8.499 UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 18.733 LINKS FOUNDATION INC 52-1170830 ACHIEVERS SUIT PO BOX 221081 PROGRAM, SACRAMENTO, CA 95822 UNRESTRICTED FOR

94-2429431 501(C)(3) 6.200 LIVE OAK WALDORF SCHOOL

ISACRAMENTO LINKS CHILDREN'S FUND. UNRESTRICTED

410 CROTHER RD MEADOW VISTA, CA 957229431

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LODI BOYS AND GIRLS CLUB 94-1570121 501(C)(3) 22.500 GENERAL OPERATING TNIC SLIDDORT

| 275 E POPLAR STREET PO BOX 244 LODI, CA 95241 | | | | | UNRESTRICTED |
|---|------------|-----------|-------|--|--------------|
| LODI PUBLIC LIBRARY | 94-2719880 | 501(C)(3) | 5,980 | | UNRESTRICTED |

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

LODI, CA 95240

RICTED FOUNDATION 201 W LOCUST STREET

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) LOS NINOS SERVICE LEAGUE 94-2233641 501(C)(3) 8.970 PURCHASE ONGOING 2760 SUTTERVILLE ROAD AND REPLACEMENT SACRAMENTO, CA 95820 NEEDS TO MAINTAIN A NON-PROFIT RESTAURANT

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

SUPPORTING THE

UNRESTRICTED FOR SACRAMENTO SHAKESPEARE FESTIVAL

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

SACRAMENTO CHILDREN'S HOME, TO SUPPORT IMPROVEMENTS MADE BY THE SACRAMENTO CHILDREN'S HOME, SPECIFICALLY THE TERRACE UPGRADE LOS RIOS FOUNDATION 94-2506591 501(C)(3) 6,338 MISSION OF LOS RIOS 1919 SPANOS COURT FOUNDATION, SACRAMENTO, CA 958253981 UNRESTRICTED.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-1659687 501(C)(3) 9.988 COMMERCIAL LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA REFRIGERATOR AND

1465 CIVIC CENTER BUILDING
D STE
810
CONCORD, CA 94520

MAKE-A-WISH FOUNDATION OF SACRAMENTO &
NORTHEASTERN CALIFORNIA

RANGE, UNRESTRICTED

RANGE, UNRESTRICTED

UNRESTRICTED

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

2800 CLUB CENTER DRIVE SACRAMENTO, CA 95835

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 23-7350189 501(C)(3) 22.037 MANDARINS OF SACRAMENTO UNRESTRICTED INC

PO BOX 22297 SACRAMENTO, CA 95822 MARINE TOYS FOR TOTS 20-3021444 501(C)(3) 10.100 UNRESTRICTED FOUNDATION

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

18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 10.000 MARY BRIDGE CHILDREN'S 94-3030039 TOYS FOR CHILDREN. UNRESTRICTED

COUNTY, UNRESTRICTED

FOUNDATION
PO BOX 5296
TACOMA, WA 98415

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

SACRAMENTO, CA 95831

TACOMA, WA 98415

MEALS ON WHEELS BY ACC 30-0610870 501(C)(3) 17,374

MISSION OF MEALS ON WHEELS IN YOLO WHEELS IN YOLO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or government assistance other)

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

PO BOX 1628 LINCOLN, CA 95648

| MERCY FOUNDATION 3400 DATA DRIVE 3RD FLOOR RANCHO CORDOVA, CA 95670 | | 501(C)(3) | | | CAMPAIGN TO BUILD CRISTO REY, MATHER VETERAN'S VILLAGE WRAP AROUND SERVICES, SUPPORT THE PROGRAMS AND FACILITY IMPROVEMENTS OF CRISTO REY HIGH SCHOOL, PROVIDING COLLEGE PREP HIGH SCHOOL EDUCATION TO CHILDREN FROM FAMILIES THAT FALL UNDER THE POVERTY LEVEL, UNRESTRICTED FOR MERCY PEDALERS, UNRESTRICTED FOR MERCY SAN JUAN HOSPITAL, UNRESTRICTED |
|---|------------|-----------|-------|--|--|
| MERCY MULTIPLIED AMERICA INC | 72-0973419 | 501(C)(3) | 5,754 | | UNRESTRICTED |

(h) Purpose of grant

or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ₹ THE AWAKEN

ACADEMY.

UNRESTRICTED

| MICHEUEL DI AVING ETELD | 04 0000405 | E0446\40\ | | | |
|---------------------------------|------------|-----------|--------|--|--|
| FAIR OAKS, CA 95628 | | | | | UNRESTRICTED |
| MERISTEM 9200 FAIR OAKS BLVD | 47-1411177 | 501(C)(3) | 15,307 | | SPONSOR THE AWAKEN THE POSSIBLE EVENT. |

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

2148 BROADWAY

OAKLAND, CA 94612

ICTED ISUMMER MATH AND MK LEVEL PLAYING FIELD 91-2088635 501(C)(3) 10.4161 INSTITUTE ISCIENCE HONORS

organization or government if applicable grant cash assistance or assistance or description of the state of t

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LUNDECTRICTER

CHILDREN'S TOTES

IAND SUPPLIES.

UNRESTRICTED

| MUTUAL ASSISTANCE | 68-0332694 | 501(C)(3) | /,140 | | UNKESTRICTED |
|------------------------|------------|-----------|-------|--|--------------|
| NETWORK OF DEL PASO | | | | | |
| HEIGHTS | | | | | |
| 811 GRAND AVENUE SUITE | | | | | |
| A-3 | | | | | |
| SACRAMENTO, CA 95838 | | | | | |

7 4 40

5.412

(d) Amount of cash

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

E04/61/01

501(C)(3)

(c) IRC section

(a) Name and address of

MY MOTHER'S VOICE

ROSEVILLE, CA 95661

PO BOX 714

(b) EIN

CO 0222C04

26-0606529

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance 68-0464114 501(C)(3) 15.483 UNRESTRICTED MY SISTER'S HOUSE 3053 FREEPORT BLVD SUITE 120 SACRAMENTO, CA 95818 NATIONAL ASSISTANCE 80-0220452 501(C)(3) 5.199 UNRESTRICTED

NATIONAL ASSISTANCE 80-0220452 501(C)(3) 5,199

LEAGUE
C/O ASSISTANCE LEAGUE OF
SIERRA
FOOTHILLS 2201 FRANCISCO
DR STE 140

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

EL DORADO HILLS, CA 95762

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NATIONAL COALITION OF 100 30-0021458 501(C)(3) 5.273 UNRESTRICTED BLACK WOMEN

BLACK WOMEN
PO BOX 7814
CITRUS HEIGHTS, CA 95621

NATOMAS ARTS AND 68-0475414 501(C)(3) 16,987
EDUCATION FOUNDATION

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

4600 BLACKROCK DRIVE SACRAMENTO, CA 95835

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 65.570 NEHEMIAH COMMUNITY 68-0449972 NEHEMIAH EMERGING FOUNDATION LEADERS PROGRAM 640 BERCUT DRIVE SUITE A FOR 2018-2019. NELAA, PARTNERSHIP WITH SAC REPUBLIC.

SACRAMENTO, CA 95811

NELAA, PARTNERSHIF WITH SAC REPUBLIC, TRAVEL TO CAP TO CAP, UNRESTRICTED

NEIGHBORHOOD WELLNESS 47-4874487 501(C)(3) 5,189

FOUNDATION

NELAA, PARTNERSHIF WITH SAC REPUBLIC, TRAVEL TO CAP TO CAP, UNRESTRICTED

UNRESTRICTED

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

7648 MARINA COVE DR SACRAMENTO, CA 95831

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NEVADA COUNTY HISTORICAL 94-6103014 501(C)(3) 11.780 EXPANSION OF THE

ORGANIZATION'S

MISSION

| SOCIETY 161 NEVADA CITY HIGHWAY NEVADA CITY, CA 95959 | | (-)(-) | | | RESTORATION SHOP, UNRESTRICTED |
|---|------------|-----------|--------|--|-----------------------------------|
| NEW BRIDGE FOUNDATION | 23-7131209 | 501(C)(3) | 10,000 | | TO SUPPORT THE |

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

2323 HEARST AVENUE

BERKELEY, CA 94709

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant (e) Amount of nonif applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 94-2159659 501(C)(3) 12.923 UNRESTRICTED NEW MORNING YOUTH AND FAMILY SERVICES 6765 GREEN VALLEY ROAD PLACERVILLE, CA 95667 68-0173440 501(C)(3) 15.000 GENERAL SUPPORT FOR ANNUAL STAFF PARTY, RETIREMENT PARTY, STAFF DEVELOPMENT. AND MISCELLANEOUS NEEDS, SPONSORSHIP

FOR THE 2019 WHAT IF CONFERENCE, UNRESTRICTED

NONPROFIT RESOURCE CENTER DBA THE IMPACT FOUNDRY 1331 GARDEN HIGHWAY SACRAMENTO, CA 95833

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NORCAL BULLY BREED RESCUE 46-3665141 501(C)(3) 5.812 UNRESTRICTED 1852 PORTELLO WAY LINCOLN, CA 95648

NORCAL SERVICES FOR THE DEAF AND HARD OF HEARING 4708 ROSEVILLE ROAD SUITE 111
NORTH HIGHLANDS, CA

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

956605172

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NORTH VALLEY COMMUNITY 68-0161455 501(0)(3) 62.860 ASSIST PEOPLE

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

501(C)(3)

NOWZAD DOGS

100 WALNUT UNIT 415 PEORIA, IL 61602 46-0536511

| NORTH VALLET COMMONTH | 00-0101-00 | 301(0)(3) | 02,000 | | ADDID I FLOFEL |
|-----------------------|------------|-----------|--------|--|----------------------|
| FOUNDATION | | | | | AFFECTED BY THE CAMP |
| 240 MAIN ST SUITE 260 | | | | | FIRE, CAMP FIRE |
| CHICO, CA 95928 | | | | | EVACUATION RELIEF |
| | | | | | FUND, CAMP FIRE |
| | | | | | RELIEF FUND, FIRE |
| | | | | | RELIEF FUND, CAMP |
| | | | | | FIRE VICTIMS, |

6.500

UNRESTRICTED

GENERAL FUND

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 37-1417129 501(C)(3) 25.426 SPONSORING OF OPENING DOORS INC FESTIVAL OF FLAVORS 1111 HOWE AVENUE SUITE

| 125 SACRAMENTO, CA 95825 | | | | | 2018, UNRESTRICTED |
|--|------------|-----------|--------|--|--------------------------------------|
| PACIFIC COAST CHARITIES 10600 WHITE ROCK ROAD BUILDING B | 27-1748419 | 501(C)(3) | 15,000 | | 2018 DERBY DAY, CHILDREN'S CAUSES |

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

SUITE 100

RANCHO CORDOVA, CA 95670

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-1708747 501(C)(3) 5.600 CORE STAFF PACIFIC SOUTHWEST CONFERENCE

2351 SUNSET BLVD SUITE 559 ROCKLIN, CA 95765 PAMELA TROKANSKI DANCE 68-0324863 501(C)(3) 6.625 UNRESTRICTED THEATRE

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

2720 DEL RIO PL DAVIS, CA 95618

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance PARKINSON ASSOCIATION OF 68-0372037 501(C)(3) 15.800 TO CONDUCT A NORTHERN CALIFORNIA FINANCIAL REVIEW 1750 PRAIRIE CITY ROAD 130-AND DEVELOP A COMPREHENSIVE FUND DEVELOPMENT PLAN. UNRESTRICTED

220 FOLSOM, CA 95630 PASTOR OF DIVINE SAVIOR 45-3954550 501(C)(3) 10,000 UNRESTRICTED PARISH

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

9079 GREENBACK LANE ORANGEVALE, CA 95662

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance PENCE GALLERY ASSOCIATION 51-0164563 501(C)(3) 6,405 UNRESTRICTED

| 212 D STREET DAVIS, CA 95616 | | | | | |
|---|------------|-----------|--------|--|-----------------------------|
| PEOPLE RESOUCES INC 40 NORTH EAST STREET SUITE | 94-1599229 | 501(C)(3) | 24,461 | | GENERAL PROGRAM SUPPORT, |

UNRESTRICTED

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

WOODLAND, CA 95776

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3005157 501(C)(3) 34.118 UNRESTRICTED PERFORMING ANIMAL

WELFARE SOCIETY PO BOX 849 GALT. CA 95828 PHILIPPINE NATIONAL DAY 68-0339655 501(C)(3) 9.834 UNRESTRICTED ASSOCIATION

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

PO BOX 583224 ELK GROVE, CA 95758

(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PLACER COUNTY SOCIETY FOR 94-2607682 501(C)(3) 24.251 UNRESTRICTED

(f) Method of valuation

UNRESTRICTED

| | \ | 1 | | |
|---------------------------|---|---|---|--|
| THE PREVENTION OF CRUELTY | | | | |
| | | | | |
| TO ANIMALS | | | | |
| 10 /1111 1/125 | | | | |
| 150 CORPORATION YARD | | | | |
| 130 CORPORATION TARD | | | | |
| ROAD | | | | |
| KOAD | | | | |
| DOCEVELLE CA OFCEO | | | | |
| ROSEVILLE, CA 95678 | | 1 | 1 | |
| | | | | |

21.558

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(a) Name and address of

PLACER FAMILY HOUSING

PO BOX 238 AUBURN, CA 95604 (b) EIN

47-0958489

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PLACER INDEPENDENT 94-3209861 501(C)(3) 7.000 PIRS ASSISTED TECH RESOURCE SERVICES INC PROJECT TO PURCHASE

(f) Method of valuation

(a) Description of

(h) Purpose of grant

UNRESTRICTED

11768 ATWOOD ROAD SUITE ASSISTIVE TECHNOLOGY DEVICES AUBURN, CA 95603

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(a) Name and address of

PLACER LAND TRUST

11661 BLOCKER DR 110 AUBURN, CA 95603

(b) EIN

68-0223143

THAT WILL BE PLACED IN THE HOME OF 40 SENTORS WITH DISABILITIES IN PLACER COUNTY

30.184

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 8.900 ACCESS TO HEALTH PLANNED PARENTHOOD 13-1644147 FEDERATION OF AMERICA INC CARE FOR WOMEN. UNRESTRICTED 123 WILLIAM STREET 10TH 94-1583439 501(C)(3) 58,177 TO EDUCATE AND

TO THOSE WHO NEED

IT, OPERATIONS, UNRESTRICTED

FLOOR NEW YORK, NY 10038 PLANNED PARENTHOOD MAR

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

201 29TH STREET SUITE A

SACRAMENTO, CA 95816

MONTE INC PROVIDE HEALTHCARE

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PLEASANT GROVE COMMUNITY 77-0502678 501(C)(3) 5,360 UNRESTRICTED CHURCH DIFACANT CDOVE

(f) Method of valuation

(a) Description of

(h) Purpose of grant

CENTER CAMPUS, UNRESTRICTED

| BOULEVARD ROSEVILLE, CA 95747 | | | | | |
|--|------------|-----------|--------|--|----------------------------------|
| POWERHOUSE SCIENCE CENTER DBA DISCOVERY | 68-0321106 | 501(C)(3) | 22,925 | | REVITALIZATION EFFORTS OF THE |

MUSEUM

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

HISTORIC PG&E POWER 3615 AUBURN BLVD ISTATION INTO A SACRAMENTO, CA 95821 DYNAMIC NEW SCIENCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2778565 501(C)(3) 12.186 UNRESTRICTED

PROJECT RIDE INC. 8840 SOUTHSIDE AVE ELK GROVE, CA 95624

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

WINTERS, CA 95694

PUTAH CREEK COUNCIL INC. 68-0228865 501(C)(3) 29,315 UNRESTRICTED 106 MAIN STREET SUITE C

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance READING PARTNERS 77-0568469 501(C)(3) 13,681 UNRESTRICTED 180 GRAND AVE SUITE 800 OAKLAND, CA 94612 94-6036494 UC DAVIS CAR SEAT

J ROHRER MEDICAL STUDENT ENDOWED

IFUND

REGENTS OF THE UNIVERSITY 94-6036494 501(C)(3) 29,028
OF CALIFORNIA
4900 BROADWAY SUITE 1150
SACRAMENTO, CA 95820 PARKINSON'S AND
ALZHEIMERS DISEASE,
SUPPORT THE WALTER

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

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) REGENTS OF THE UNIVERSITY 94-6036494 501(C)(3) 2,000 SCHOLARSHIP FOR UC OF CALIFORNIA DAVIS VETERINARY ONE SHIELDS AVE SCHOOL DAVIS, CA 95616 REGENTS OF THE UNIVERSITY 94-6036494 501(C)(3) 33.750 WORDS TAKE WING. OF CALIFORNIA FOR THE PAIN 202 COUSTEAU PLACE SUITE MEDICINE CLINIC AT

(f) Method of valuation

(g) Description of

(h) Purpose of grant

UC DAVIS MEDICAL

PARENTAL
ENGAGEMENT TO
REDUCE SUMMER
READING LOSS AMONG
ENGLISH LEARNERS,
MISSION OF THE
MONDAVI CENTER FOR
THE PERFORMING
ARTS, NUESTRO
SHAKESPEARE, UC
DAVIS CAR SEAT
PROGRAM, UC DAVIS
SCHOOL OF EDUCATION

SCHOOL, HARNESSING

(d) Amount of cash

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

(c) IRC section

185 DAVIS, CA 95618

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance REIMAGINE MACK ROAD 46-4193875 501(C)(3) 5,533 UNRESTRICTED FOUNDATION 75 OUINTA CT SUITE D

COMMERCIAL WORK TABLES FOR FOOD DISTRIBUTION, UNRESTRICTED

| SACRAMENTO, CA 95823 | | | | | |
|---|------------|-----------|--------|--|---|
| RIVER CITY FOOD BANK PO BOX 160204 SACRAMENTO, CA 95816 | 91-1851398 | 501(C)(3) | 36,958 | | 2018 END OF YEAR GRANTOR FOR EMPLOYEE VOLUNTEER, STAINLESS STEFI |

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-0431668 501(C)(3) 13.159 UNRESTRICTED RIVER CITY ROWING CLUB PO BOX 980401 WEST SACRAMENTO, CA

UNRESTRICTED

9.107

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

501(C)(3)

95798

COMPANY PO BOX 191263 SACRAMENTO, CA 95819

RIVER CITY THEATER

68-0205528

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0470557 501(C)(3) 69,978 SUPPORT FOR CAPITAL ROBERTS FAMILY

CAMBATCH

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

ROCKLIN, CA 95765

| 770 DARINA AVENUE SACRAMENTO, CA 95815 | | | | | UNRESTRICTED |
|--|------------|-----------|--------|--|--|
| ROCKLIN RESIDENTS UNITE FOR FIDO 3031 STANFORD RANCH RD SUITE 2 125 | 27-3130260 | 501(C)(3) | 16,143 | | UNRESTRICTED FOR RRUFF HEALING HEROES, UNRESTRICTED |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1270353 501(C)(3) 10.000 PBVM CHURCH ROMAN CATHOLIC BISHOP OF SACRAMENTO **IRENOVATIONS**

2110 BROADWAY SACRAMENTO, CA 95818 ROSEVILLE THEATRE ARTS 27-4605642 501(C)(3) 26.048

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

UNRESTRICTED ACADEMY 241 VERNON STREET ROSEVILLE, CA 95678

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-1419222 501(C)(3) 18.669 RUNNIN' FOR RHETT UNRESTRICTED

5117 WORCESTER WAY
ELK GROVE, CA 95758

SACRAMENTO AREA ANIMAL
COALITION

SOURCESTER WAY
ELK GROVE, CA 95758

UNRESTRICTED

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

PO BOX 161043 SACRAMENTO, CA 95816

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SACRAMENTO AREA BICYCLE 37-1474544 501(C)(3) 6,517 UNRESTRICTED

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

| ADVOCATES 909 12TH STREET SUITE 116 SACRAMENTO, CA 95814 | | | | | |
|--|------------|-----------|-------|--|--------------|
| SACRAMENTO AREA | 94-3146791 | 501(C)(3) | 6,382 | | UNRESTRICTED |

CONGREGATIONS TOGETHER 2409 15TH STREET

SACRAMENTO, CA 95818

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance SACRAMENTO AREA 94-2172933 501(C)(3) 25,367 BED IN A BAG FOR CHILDREN, EMERGENCY HOUSING CENTER

| (DBA NEXT MOVE) 2925 34TH STREET SACRAMENTO, CA 95817 | | | | | UNRESTRICTED |
|---|------------|-----------|--------|--|--------------|
| SACRAMENTO AREA YOUTH GOLF ASSOCIATION (DBA THE FIRST TEE OF GREATER SACRAM 3649 FULTON AVE | 68-0023502 | 501(C)(3) | 25,005 | | UNRESTRICTED |

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

SACRAMENTO, CA 95821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) SACRAMENTO ASIAN SPORTS 94-3227001 501(C)(3) 6.530 UNRESTRICTED FOUNDATION 9040 HIGH TECH COURT ELK GROVE, CA 95787 SACRAMENTO BALLET 94-1674349 501(C)(3) 75.739 GRIT AND GRACE ASSOCIATION CAMPAIGN, LEGACY 1631 K STREET LEAGUE, NUTCRACKER SACRAMENTO, CA 95814 CHOREOGRAPHY SPONSOR, PONSOR

GENIUS OF BALANCHINE PROGRAM, UNRESTRICTED

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1156588 501(C)(3) 42.582 CRISIS NURSERY. SACRAMENTO CHILDREN'S HOME UNRESTRICTED

2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 SACRAMENTO CHILDREN'S 20-2673935 501(C)(3) 5.228 UNRESTRICTED MUSEUM

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

2701 PROSPECT PARK DRIVE RANCHO CORDOVA, CA 95670

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3259903 501(C)(3) 26.274 SACRAMENTO CHORAL UNRESTRICTED SOCIETY AND ORCHESTRA 4025 BRIDGE STREET SUITE A FAIR OAKS, CA 95628

UNRESTRICTED

24.204

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

501(C)(3)

FAIR OAKS, CA 95628

SACRAMENTO COTTAGE
HOUSING INC
1217 DEL PASO BOULEVARD

SACRAMENTO, CA 95815

SUITE F1

68-0322086

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SACRAMENTO COUNTY OFFICE SACRAMENTO COUNTY 65,000 PROVIDE CAPITAL AREA LARS

| OF EDUCATION PO BOX 269003 SACRAMENTO, CA 958269003 | | | | | I | PROMISE SCHOLA ADMINISTRATION |
|---|------------|-----------|-------|--|---|----------------------------------|
| SACRAMENTO DISTRICT | 23-7067087 | 501(C)(3) | 6,790 | | | UNRESTRICTED |

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

2035 HURLEY WAY SACRAMENTO, CA 95825

ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SACRAMENTO FINE ARTS 68-0072298 501(C)(3) 11,665 UNRESTRICTED CENTER 5330B GIBBONS DR CARMICHAEL, CA 95608 SACRAMENTO FOOD BANK & 94-3315566 501(C)(3) 195,955 CAPACITY BUILDING EFFORTS FOR THE

(f) Method of valuation

(g) Description of

(h) Purpose of grant

NFAN'S, FANSI-

DICTIONARIES AND
CHILDREN'S BOOKS,
NFAN PROJECT FOR AN
ADDITIONAL NFAN
COORDINATOR OR FOR
FOOD STORAGE,
DISTRIBUTION AND
TECHNOLOGY
EQUIPMENT, TODDLER
BEDS, BIKE HELMETS
AND CAR SEATS, FOOD
FOR FAMILIES,
UNRESTRICTED

ENGLISH

(d) Amount of cash

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

(c) IRC section

FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 68-0234567 501(C)(3) 13.030 SACRAMENTO GAY MEN'S GENERAL OPERATING CHORUS FUNDS, TO DESIGN IAND EXECUTE A MARKETING STRATEGY

2700 L STREET SUITE B SACRAMENTO, CA 95816

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

SACRAMENTO, CA 95811

AND IMPLEMENTATION PLAN, UNRESTRICTED 68-0085804 501(C)(3) 25.589 UNRESTRICTED SACRAMENTO HABITAT FOR HUMANITY 819 NORTH 10TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27 2400500 E04/63/33 E 204

UNRESTRICTED

| 3053 FREEPORT BLVD 172 SACRAMENTO, CA 95815 | 27-3109599 | 501(C)(3) | 5,381 | | UNRESTRICTED |
|--|------------|-----------|--------|--|--------------------|
| SACRAMENTO INTERFAITH | 68-0404332 | 501(C)(3) | 21,189 | | NEW ROLL-AWAY BEDS |

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

PO BOX 1378

SACRAMENTO, CA 95812

HOSPITALITY NETWORK IAND BEDDING.

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SACRAMENTO LGBT 94-2502229 501(C)(3) 17,769 YOUTH SERVICES, COMMUNITY CENTER UNRESTRICTED 1927 L STREET

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INDUSTRIAL CAPACITY DRYER, OPERATIONAL

COSTS

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

SACRAMENTO, CA 95811 SACRAMENTO LIFE CENTER 23-7182685 501(C)(3) 31.557 100 BABY BASKETS. INC EXPANDED SOCIAL 930 ALHAMBRA BLVD STE 230 MEDIA EFFECTIVENESS. \$10,000 TOWARDS SACRAMENTO, CA 95816 ONGOING CAMPAIGN AND \$1,000 TO FACILITATE ADOPTIONS, 20LB

or government assistance other) SACRAMENTO LOAVES AND 68-0189897 501(C)(3) 85,906 \$7,500 FOR A 120LB FISHES INDUSTRIAL CAPACITY PO BOX 13495 DRYER, JAIL SACRAMENTO, CA 95812 VISITATION PROGRAM. MARYHOUSE

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

HOSPITALITY CENTER FOR HOMELESS WOMEN FOR AN AVANTOCO EG36N36" INDUSTRIAL GRIDDLE, MUSTARD SEED SCHOOL, UNRESTRICTED SACRAMENTO MASTER 94-2850445 501(C)(3) 9,958 SINGERS PLESKACH

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(a) Name and address of

organization

(b) EIN

TO SUPPORT THE ASYA PO BOX 417997 SCHOLARSHIP SACRAMENTO, CA 95841 PROGRAM, UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SACRAMENTO MENS CHORUS 68-0234567 501(C)(3) 11.649 UNRESTRICTED 2700 L STREET SUITE B

SACRAMENTO, CA 95816 SACRAMENTO PHILHARMONIC 91-1841406 501(C)(3) 22.000 ORCHESTRA ASSOCIATION

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

SACRAMENTO, CA 95814

LITNK UP MUSIC EDUCATION PROGRAM INC 1030 15TH STREET SUITE 200

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 68-0391450 501(C)(3) 5.710 UNRESTRICTED SACRAMENTO POLICE CANINE ASSOCIATION 550 BERCUT DR SACRAMENTO, CA 95811

UNRESTRICTED

SACRAMENTO PUBLIC LIBRARY 68-0029756 501(C)(3) 30.149 ARDEN-DIMICK FOUNDATION BRANCH, BOOK MOBILE PO BOX 1168 FOR PART SACRAMENTO, CA 958129818 OPERATIONS. CHILDREN'S LITERACY PROGRAM,

SACRAMENTO ROOM. SUMMER READING PROGRAM,

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

if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 94-2891517 501(C)(3) 27.321 SACRAMENTO REGION UNRESTRICTED FOR COMMUNITY FOUNDATION API'S RISE. 955 UNIVERSITY AVENUE UNRESTRICTED FOR SUITE A INSPIRE GIVING FUND. SACRAMENTO, CA 95825 UNRESTRICTED FOR

(f) Method of valuation

(h) Purpose of grant

UNRESTRICTED

(a) Description of

SOCIAL VENTURE PARTNERS OF SACRAMENTO REGION 91-1841406 501(C)(3) 350,048 SOPHIE'S PLACE PERFORMING ARTS ALLIANCE

(d) Amount of cash

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

1030 15TH STREET SUITE 200

SACRAMENTO, CA 95814

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-4522608 501(C)(3) 14,103 UNRESTRICTED SACRAMENTO REGIONAL EAMILY THETTEE CENTER

| SACRAMENTO SELF-HELP | 68-0217383 | 501(C)(3) | 25,285 | | UNRESTRICTED |
|---|------------|-----------|--------|--|--------------|
| FOUNDATION PO BOX 276551 SACRAMENTO, CA 95827 | | | | | |

HOUSING INC PO BOX 188445

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

SACRAMENTO, CA 95818

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1312343 501(C)(3) 82.684 SACRAMENTO SOCIETY FOR 25TH ANNUAL DOGGY THE PREVENTION OF CRUELTY DASH, UNRESTRICTED TO ANIMALS 6201 FLORIN PERKINS RD

UNRESTRICTED

38,528

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

501(C)(3)

SACRAMENTO, CA 95828
SACRAMENTO SPLASH

4426 EXCELSIOR RD MATHER, CA 95655 41-2160618

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-4907397 501(C)(3) 12.986 UNRESTRICTED SACRAMENTO STEPS FORWARD

UNRESTRICTED

34.754

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

501(C)(3)

1331 GARDEN HIGHWAY SACRAMENTO, CA 95833 SACRAMENTO THEATRE COMPANY

SACRAMENTO, CA 95814

1419 H STREET

94-1347081

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SACRAMENTO TREE 94-2825234 501(0)(3) 15 480 LINRESTRICTED

| CACRAMENTO UNITETED | | CACRAMENTO LINITETED | 10.000 | | DECEADOU DRACTICES |
|---|------------|----------------------|--------|--|--------------------|
| 191 LATHROP WAY SUITE D SACRAMENTO, CA 95815 | | | | | |
| FOUNDATION | 94-2023234 | 301(0)(3) | 13,700 | | ONNESTRICTED |

SACRAMENTO UNIFIED ISACKAMENTO UNIFIED 10,000 TRESEARCH PRACTICES SCHOOL DISTRICT FORUM

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

5735 47TH AVE SACRAMENTO, CA 95824

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(f) Method of valuation

(q) Description of

(h) Purpose of grant

UNRESTRICTED

SACRAMENTO AREA.

UNRESTRICTED

| SPACE CONSERVANCY PO BOX 163351 SACRAMENTO, CA 95816 | | (-), | | | |
|--|------------|-----------|-------|--|---------------|
| CACDAMENTO VOLITII | 60 0222140 | E01(C)(2) | 7 660 | | CERVING VOUNG |

16 040

SACRAMENTO YOUTH 68-0233148 501(C)(3) 7,669 ISERVING YOUNG SYMPHONY MUSICIANS IN THE

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(a) Name and address of

SACRAMENTO VALLEY OPEN

3443 RAMONA AVE SUITE 22

SACRAMENTO, CA 95826

(b) EIN

68-0256214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-2861667 501(C)(3) 39.888 SACRAMENTO ZOOLOGICAL SUMMER FUND RAISER. SOCIETY UNRESTRICTED 3930 WEST LAND PARK DRIVE 68-0132934 PROGRAM FOR REAL

WORK, BEDDING & SUPPLIES, UNRESTRICTED

SACRAMENTO, CA 958221123 SAINT JOHN'S PROGRAM FOR 501(C)(3) 75.422 REAL CHANGE CHANGE, TO CONTINUE THE TRANSFORMATIVE

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

2443 FAIR OAKS BLVD 369 SACRAMENTO, CA 95825

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SALEM ACADEMY & COLLEGE 56-0530005 501(C)(3) 10,000 STEP UP FOR SALEM OFFICE OF INSTITUTIONAL CAMPAIGN **ADVANCEMENT** 601 S CHURCH ST WINSTONSALEM, NC 27101 SALVATION ARMY DEL ORO 94-1156347 501(C)(3) 96,964 BOARD'S GENERAL DIVISION CHRISTMAS FUND, ATTN DONOR RELATIONS CAMP FIRE WILDFIRE RESPONSE THAT **DEPT 3755** NORTH FREEWAY BOULEVARD **DIRECTLY SUPPORTS** SACRAMENTO, CA 95834 **EVACUEES AND FIRST** RESPONDERS OF THE CAMP FIRE, CAMP FIRE RELIEF, CARR FIRE RELIEF, ENCORE TRIP, HELP FOR REDDING FIRE VICTIMS, LEIGH WHITE'S CAPITAL CUP CAMPAIGN, SALVATION ARMY CHRISTMAS FUND, SALVATION ARMY OF BUTTE COUNTY, CAMP FIRE TO ASSIST THE PEOPLE OF BUTTE COUNTY WITH VITAL SERVICES NOW AND THROUGHOUT THE YEAR, SPONSORSHIP OF ONE CAMPER AT

CAMP DEL ORO, TO SUPPORT THE SALVATION ARMY'S EFFORTS IN SACRAMENTO, UNRESTRICTED

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SAMARITAN'S PURSE 58-1437002 501(C)(3) 7.210 VICTIMS OF THE CAMP PO BOX 3000 FIRE AND THE FLORIDA

| BOONE, NC 28607 | | | | | PANHANDLE HURRICANE |
|--|------------|-----------|--------|--|------------------------|
| SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVENUE SAN FRANCISCO, CA | 94-0836240 | 501(C)(3) | 25,000 | | UNRESTRICTED |

941024589

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1156284 501(C)(3) 15,700 ITS PROGRAM. SAN FRANCISCO SYMPHONY

8830 SHARKEY AVENUE ELK GROVE, CA 95624

| VAN NESS AVENUE SAN FRANCISCO, CA 94102 | | | | | ARTISTS |
|---|------------|-----------|-------|--|--------------|
| SENIOR CENTER OF ELK GROVE INC | 94-2665377 | 501(C)(3) | 5,966 | | UNRESTRICTED |

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 68-0430154 501(C)(3) 32,239 MEALS ON WHEELS SENIORS FIRST INC PLACER COUNTY TO 12183 LOCKSLEY LN STE 204 AUBURN, CA 95602 PROVIDE 2,000 HOT HOME DELIVERED NOON-TIME MEAL EACH DAY, FIVE DAYS A WEEK DURING THE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FY2019/20 TO SENIORS

EFFORTS, CARR FIRE

DISASTER RELIEF FUND, CARR FIRE RECOVERY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

REDDING, CA 96003

(b) EIN

IN PLACER COUNTY,
FOR THE SENIOR
NUTRITION PROGRAM,
UNRESTRICTED

SHASTA REGIONAL
COMMUNITY FOUNDATION
1335 ARBORETUM DRIVE STE

IN PLACER COUNTY,
FOR THE SENIOR
NUTRITION PROGRAM,
UNRESTRICTED
15 TO BE ALLOCATED
17 THE FIRE RELIEF

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 68-0391843 501(C)(3) 20.084 CAPITAL CUP 2018 TO SHELTER PROVIDERS OF SACRAMENTO INC RAISE FUNDS FOR 1536 EUREKA ROAD HOMEAID ROSEVILLE, CA 95661 SACRAMENTO. UNRESTRICTED FOR HOMEAID SACRAMENTO SHORT TERM EMERGENCY AID 94-6138684 501(C)(3) 17.373 DIVIDED EQUALLY BETWEEN RENTAL ASSISTANCE, EDUCATION PROGRAM-TEXT BOOK

ASSISTANCE, SUIT UP FOR SUCCESS PROGRAM AND FOOD. MISSION OF STEAC, UNRESTRICTED

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

COMMITTEE 1900 EAST 8TH ST DAVIS, CA 95616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-2193608 501(C)(3) 42.760 SHRINERS HOSPITALS FOR UNRESTRICTED CHILDREN 2425 STOCKTON BLVD SACRAMENTO, CA 95817

68-0397204 501(C)(3) 28.178 IUNRESTRICTED

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

STERRA BUSINESS COUNCIL PO BOX 2428

TRUCKEE, CA 96160

or government assistance other) 94-6069890 501(C)(3) 7.874 SIERRA CLUB FOUNDATION UNRESTRICTED FOR 909 12TH STREET SUITE 202 SIERRA CLUB SACRAMENTO, CA 95814 INSPIRING

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

CONNECTIONS

UNRESTRICTED

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(a) Name and address of

organization

(b) EIN

| | | | | | OUTDOORS |
|---|------------|-----------|--------|--|--|
| SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE SUITE 100 SACRAMENTO, CA 95826 | 68-0002878 | 501(C)(3) | 26,567 | | FUND TWO FOSTER CHILDREN IN THE WONDER PROGRAM FOR A YEAR, CAPITAL |

ICUP CHARITY EVENT ON BEHALF OF BOB EARL'S TEAM, UNRESTRICTED CAPITAL CUP MATCH,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 45-5282243 501(C)(3) 10.000 YMOC FUNDERS SIERRA HEALTH FOUNDATION CENTER FOR HEALTH ALLIANCE

UNRESTRICTED

CENTER FOR HEALTH
PROGRAM MANAGEMENT
1321 GARDEN HIGHWAY
SACRAMENTO, CA 95833

12,298

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

501(C)(3)

SACRAMENTO, CA 95833
SIERRA SERVICE PROJECT
PO BOX 13009

SACRAMENTO, CA 95813

68-0222320

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SISTERS ANIMAL SANCTUARY 59-3785632 501(C)(3) 9.498 UNRESTRICTED 11480 FOGG ROAD ELK GROVE, CA 95757 SOCIETY FOR THE BLIND 94-1384666 501(C)(3) 32,562 FREE EYE CARE TO 1238 S STREET SACRAMENTO INDIGENT INDIVIDUALS SACRAMENTO, CA 95811 IN SACRAMENTO VALLEY AND TO ESTABLISH THE

BRIGGS AWARD FOR DISTINGUISHED SERVICE BY

OPHTHALMOLOGISTS IN SACRAMENTO VALLEY, SENIOR IMPACT PROJECT, SUPPORT FOR SEEING IMPAIRED, JUNRESTRICTED

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-1787168 501(C)(3) 6.530 IUNRESTRICTED FOR SOCIETY FOR THE PRESERVATION AND VOICES OF CALIFORNIA

ENCOURAGEMENT PO BOX 348322 SACRAMENTO, CA 95834 22,299 SOIL BORN FARM URBAN 20-0774693 501(C)(3) UNRESTRICTED

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

SACRAMENTO, CA 95866

AGRICULTURE PROJECT PO BOX 661175

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-3602918 501(C)(3) 10.000 UNRESTRICTED SOUTH YUBA COUNTY ACTION NETWORK 4948 OLIVEHURST AVE STE C

UNRESTRICTED

12.510

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

501(C)(3)

OLIVEHURST, CA 95961
SOUAW VALLEY COMMUNITY

NEVADA CITY, CA 95959

OF WRITERS PO BOX 1416 23-7179177

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance SQUAW VALLEY SKI MUSEUM 26-3480974 501(C)(3) 6.271 UNRESTRICTED FOR FOUNDATION IOLYMPIC SKI MUSEUM PO BOX 2697 OLYMPIC VALLEY, CA 96146 ST ANNE'S CHURCH 501(C)(3) 7.070 MAINTENANCE AND 215 W WALNUT ST REPAIR OF ST ANNE'S

CHURCH, RELATED
BUILDINGS AND
GROUNDS AS WELL AS
ST ANNE'S SCHOOL
AND GROUNDS

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

LODI, CA 95240

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST FRANCIS CATHOLIC HIGH 94-1582159 501(C)(3) 52,440 RACHEL FERRIS SCHOOL SCHOLARSHIP FUND, 5900 ELVAS AVE SCHOLARSHIP FOR SACRAMENTO, CA 95819 TUITION ASSISTANCE PREFERENCE SHOULD

44,318

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

BE GIVEN TO NON-CATHOLIC STUDENTS, ST FRANCIS HIGH SCHOOL HALL OF FAME, THANKFUL THURSDAY

FOR DRAMA, MUSIC,

LIBRARY OR CULTURAL

PROGRAMS SUPPORTED BY AND CREATED FOR THE SCHOOL'S BENEFIT, SUPPORT OF ST HOPE 2018, UNRESTRICTED

(d) Amount of cash

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

501(C)(3)

(c) IRC section

ST HOPE ACADEMY

SACRAMENTO, CA 95817

PO BOX 5447

(a) Name and address of

(b) EIN

68-0193050

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 44 700

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

CADITAL CAMBAICN

IAND \$500 TOWARDS A NEW ROOF FOR PARISH CENTER AND CHURCH

COMMUNITY OF FAITH

RENEWING OUR

(d) Amount of cash

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

E01/C1/21

501(C)(3)

(c) IRC section

(a) Name and address of

CT TONATTUO LOVOLA DADICU

ST JAMES CATHOLIC CHURCH

1275 B STREET

DAVIS, CA 95616

(b) EIN

| ST IGNATIOS LOTOLA PARISH | 201(C)(3) | 44,700 | | CAPITAL CAMPAIGN, |
|---------------------------|-----------|--------|--|---------------------|
| 3235 ARDEN WAY | | | | GRATEFUL FOR OUR |
| SACRAMENTO, CA 95825 | | | | PAST HOPEFUL IN OUR |
| | | | | FUTURE CAMPAIGN, |
| | | | | INTENDED AS \$8,000 |
| | | | | TO GREATEST NEED |

10.000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 8,674 ST VINCENT DE PAUL SOCIETY 68-0205405 IBAGS PROGRAM HOME ROSEVILLE AREA CONFERENCE FOOD DELIVERY TO

| NOSEVILLE MILLA COM ENLINCE | | | | I OOD DELIVER TO |
|-----------------------------|--|--|--|--------------------|
| INC | | | | SERVE HOMEBOUND, |
| 503 GIUSEPPE COURT SUITE 8 | | | | LOW-INCOME ELDERL |
| ROSEVILLE, CA 95678 | | | | AND DISABLED ADULT |
| | | | | IN ROSEVILLE, CA, |
| | | | | LINBESTRICTED |

SACRAMENTO, CA 95833

STANFORD SETTLEMENT INC 94-1550842 501(C)(3) 27.679 SERVICE, REPAIR AND/OR RETROFIT 450 WEST EL CAMINO AVENUE

AGENCY LIGHTING FOR

SECURITY. UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TRICTED

| STANFORD YOUTH SOLUTIONS | 68-0065690 | 501(C)(3) | 10,765 | | UNRESTR |
|--------------------------|------------|-----------|--------|--|---------|
| 8912 VOLUNTEER LANE | | , ,, , | , | | |
| SACRAMENTO, CA 95826 | | | | | |

1130 K ST STE LL50 SACRAMENTO, CA 95814

STEINBERG INSTITUTE 81-4361691 501(C)(3) 6.250 UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 68-0099721 501(C)(3) 5.462 STRAUSS FESTIVAL OF ELK UNRESTRICTED

MARCH 22 BREAKFAST,

UNRESTRICTED

GROVE INC PO BOX 309 ELK GROVE, CA 957590309 TO SUPPORT THE

STREET SOCCER USA 26-4694946 501(C)(3) 115 EAST 13THS STREET

NEW YORK, NY 10003

5.017

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other)

OAKS DRIVE SUITE 2200 SACRAMENTO, CA 95833

| STUDIOS FOR THE PERFORMING ARTS OPERATING COMPANY 2420 N STREET SUITE 110 SACRAMENTO, CA 95816 | 30-0390619 | 501(C)(3) | 19,550 | | TO DEVELOP AN ORGANIZATIONAL STRATEGIC PLAN, TO FUND SCHOLARSHIPS FOR STUDENTS TO PARTICIPATE IN THE CLARA PERFORMING ARTS SUMMER CAMP, VERTICAL DANCE PROJECT TO SUPPORT FOUR WEEKLY WORKSHOPS FOR UP TO TWENTY-FIVE HIRAM JOHNSON STUDENTS TO LEARN CONTEMPORARY DANCE, CHOREOGRAPHY AND ARIAL DANCE PRINCIPLES AND TECHNIQUE, UNRESTRICTED |
|--|------------|-----------|--------|--|---|
| SUTTER AUBURN FAITH HOSPITAL FOUNDATION OFFICE OF PHILANTHROPY 2700 GATEWAY | 94-2594966 | 501(C)(3) | 25,000 | | BIG AND LOUD THERAPY PROGRAMS |

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) SUTTER HEALTH 94-2788907 501(C)(3) 75,000 \$50,000 TO THE VALLEY 2200 RIVER PLAZA DRIVE ONCOLOGY FUND IN SACRAMENTO, CA 95833 HONOR OF DR JOHN MESIC \$15.000 TO SUTTER LAKESIDE FOR THE SMART START BABY BUNDLE \$10.000

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

GOLF TOURNAMENT, UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

TO SUTTER CARE AT HOME SUTTER MEDICAL CENTER 94-2788906 501(C)(3) 172,120 CANCER SUPPORT. FOUNDATION CONTINUING SUPPORT OFFICE OF PHILANTHROPY OF THE SUTTER 2800 L NEUROSCIENCE STREET SUITE 420 INSTITUTE'S PURSUIT SACRAMENTO, CA 95816 OF ROSA TECHNOLOGY, FOR THE SUTTER CANCER CENTER, GOLF TOURNAMENT FUND A NEED, PADDLE RAISING AT AUCTION DURING THE INDIAN SUMMER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0273974 501(C)(3) 771.890 SUTTER MEDICAL AUDIOLOGY FOUNDATION EQUIPMENT, 2700 GATEWAY OAKS DRIVE UNRESTRICTED

EQUIPMENT AND

PROGRAM

SUPPLIES, HOSPICE

SUITE 2200 SACRAMENTO, CA 95834 501(C)(3) 25,085 SUTTER VNA & HOSPICE 94-6068843

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

130

ROSEVILLE, CA 95661

SUTTER CARE AT HOME 1836 SIERRA GARDENS DRIVE YUBA CITY HOME HEALTH AND HOSPICE SUITE 130

(q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 6.032 TEACH FOR AMERICA INC 13-3541913 TEACH FOR AMERICA -

(e) Amount of non-

(f) Method of valuation

UNRESTRICTED

2450 ALHAMBRA BLVD 101 CALIFORNIA CAPITAL VALLEY. SACRAMENTO, CA 95817 UNRESTRICTED

91-1825374 501(C)(3) 23.305 TEACHING EVERYONE UNRESTRICTED FOR ANIMALS MATTER BRADSHAW ANIMAL SHELTER. PO BOX 279168

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SACRAMENTO, CA 95827

(b) EIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 27-2032207 501(C)(3) 6.753 TEEN CENTER USA UNRESTRICTED PO BOX 1538 ELK GROVE, CA 95759 THE BOARD OF TRUSTEES OF 94-1156365 501(C)(3) 100,000 UNRESTRICTED THE LELAND STANFORD JUNIOR UNIVERSITY

326 GALVEZ ST FRANCES C ARRILLAGE ALUMNI CENTER

STANFORD, CA 943056105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3015670 501(C)(3) 13,500 UNITY CENTER. THE CALIFORNIA MUSEUM FOR LITCTORY WOMEN & THE ARTC LINDECEDICEED

| 1020 O STREET SACRAMENTO, CA 95814 | | | | | UNKESTRICTED |
|---------------------------------------|------------|-----------|-------|--|--------------|
| THE FRIENDSHIP CLUB | 68-0262000 | 501(C)(3) | 7,570 | | UNRESTRICTED |

SUITE 275

NEVADA CITY, CA 95959

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE FUND FOR AMERICAN 13-6223604 501(C)(3) 30.000 UNRESTRICTED STUDIES

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

FINANCIAL AUDIT. UNRESTRICTED

| 1706 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20009 | | | | | |
|---|------------|-----------|--------|--|----------|
| THE GATHERING INN | 84-1657746 | 501(C)(3) | 10,187 | | TO EXECU |

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

ROSEVILLE, CA 95678

(b) EIN

UTE A PO BOX 297 COMPREHENSIVE

organization or government if applicable grant cash assistance or downward of the grant cash assistance or government of the grant cash assistance or downward of the grant cash assistance or assista

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

JOSHUA'S HOUSE.

UNRESTRICTED

PO BOX 348138
SACRAMENTO, CA 95834

THE HEALTH COMMUNICATION 68-0195121 501(C)(3) 18,254

RESEARCH INSTITUTE INC

RESEARCH SACRAMENTO, CA 95834

IRREVITALIZATION PROJECT, UNRESTRICTED

JOSHUA'S HOUSE, UNRESTRICTED FOR

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

5025 J STREET SUITE 311 SACRAMENTO, CA 95819 (b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1156558 501(C)(3) 9.307 PJ LIBRARY. THE JEWISH FEDERATION OF THE SACRAMENTO REGION LINRESTRICTED

| 2130 21ST ST SACRAMENTO, CA 95818 | | | | | |
|---|------------|-----------|--------|--|--------------|
| THE LEUKEMIA & LYMPHOMA SOCIETY INC 7750 COLLEGE TOWN DRIVE | 13-5644916 | 501(C)(3) | 13,914 | | UNRESTRICTED |

SUITE 210

SACRAMENTO, CA 95826

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-5853443 501(C)(3) 8.461 THE ME ONE FOUNDATION INCI UNRESTRICTED PO BOX 135 THE NATURE CONSERVANCY 53-0242652 501(C)(3) 27.000 LAND PRESERVATION

CLIMATE CHANGE. UNRESTRICTED

ROSEVILLE, CA 95678 PO BOX 6016 THAT SUPPORTS ALBERT LEA, MN 560079823 EFFORTS TO AVOID

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 06-1808761 501(C)(3) 13.819 THE PEREGRINE PROJECT UNRESTRICTED 2650 LILLARD DRIVE DAVIS, CA 95618

26-4648226 501(C)(3) 6.000 UNRESTRICTED 2795 FAST BIDWELL SUITE

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

THE PLAYMAKERS INC. 100 FOLSOM, CA 95630

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) THE REGENTS OF THE 94-6002123 501(C)(3) 6,170 FUND #46514 AND IS UNIVERSITY OF CALIFORNIA INTENDED TO 1995 UNIVERSITY AVE STE AUGMENT THE PAYOUT 401 FROM THE JENNINGS BERKELEY, CA 94704 ENDOWMENT SCHOLARSHIP HELD BY

UC BERKELEY FOUNDATION (W5811) THE GRANT IS FOR CURRENT EXPENDITURE AND SHOULD NOT BE ADDED TO THE UC BERKELEY FOUNDATION ENDOWMENT FUND 94-6002123 501(C)(3) 2,000 RUGBY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

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

BERKELEY, CA 947204422

WALTER A HAAS JR PAVILION SUITE 195 195

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance THE REGENTS OF THE 94-6036494 501(C)(3) 9.714 TUNRESTRICTED FOR UC

2016/2017 BOOK OF

DREAMS EXPENSES

| UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616 | | (-)(-) | 1,7. = 1 | | l . | DAVIS ARBORETUM AND PUBLIC GARDEN |
|---|------------|--------|----------|--|-----|--------------------------------------|
| THE SACRAMENTO BEE | 52-2080478 | | 56,214 | | | REIMBURSEMENT FOR |

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

2100 Q STREET

SACRAMENTO, CA 95816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-3457087 501(C)(3) 9.723 UNRESTRICTED THE SHERIFF'S COMMUNITY IMPACT PROGRAM 2350 NORTHROP AVE

UNRESTRICTED

11.760

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

501(C)(3)

2350 NORTHROP AVE SACRAMENTO, CA 95825 THE YMCA OF SUPERIOR CALIFORNIA

SACRAMENTO, CA 95818

1926 V ST

94-1156634

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-4047805 501(C)(3) 57.923 CIRCLE OF SUPPORT. THEATRE FOR CHILDREN INC SOFIA TSAKOPOULOS 2711 B STREET SACRAMENTO, CA 95816 CENTER FOR THE ARTS FOR THE DENNIS MANGERS FOR YOUNG

THEATRE PRODUCTION & 38-3751672 501(C)(3) 5.909

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

FOLSOM, CA 95630

PERFORMING ARTISTS EVENT, UNRESTRICTED UNRESTRICTED TECHNICAL ACADEMY INC 710 FIGUEROA ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 88-0434866 501(C)(3) 110.000 THUNDERBIRD LODGE PROGRAMS OF THE PRESERVATION SOCIETY PRESERVATION 316 CALIFORNIA AVENUE 36 SOCIETY TO PRESERVE THE HISTORY OF LAKE TAHOE, SUPPORT OF PROGRAMS TO

HISTORY

UNRESTRICTED

RENO, NV 89511 PRESERVE TAHOE

12,218

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

501(C)(3)

94-2777955

TLCS INC

650 HOWE AVE BLDG 400-A SACRAMENTO, CA 95825

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| TRINITY CATHEDRAL CHURCH 2620 CAPITOL AVENUE SACRAMENTO, CA 95816 | 94-1464736 | 501(C)(3) | 8,000 | | UNRESTRICTED |
|---|------------|-----------|-------|--|--------------|
| TRINITY LIFE CENTER INC | | 501(C)(3) | 7,780 | | UNRESTRICTED |

5225 HILLSDALE BLVD SACRAMENTO, CA 95842

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3968833 501(C)(3) 20.664 UNRESTRICTED TRIUMPH CANCER FOUNDATION 947 ENTERPRISE DR NO B SACRAMENTO, CA 95825 TRUCKEE DONNER LAND 68-0245327 501(C)(3) 20.000 UNRESTRICTED

TRUST PO BOX 8816 TRUCKEE, CA 96162

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) TULEYOME 68-0522325 501(C)(3) 23,851 GENERAL FUND, HUBER **607 NORTH STREET** RANCH, GENERAL WOODLAND, CA 95695 OPERATING COSTS. MISSION OF TULEYOME, NATURE AND AGRICULTURE IN WOODLAND. UNRESTRICTED UC BERKELEY FOUNDATION 94-6090626 501(C)(3) 44,218 CLASS OF 1958 60TH GIFT ADMINISTRATION REUNION, \$10,000 DEPARTMENT PO WISHEK ACHIEVEMENT BOX 774 AWARD FUND ALUMNI BERKELEY, CA 947010774 SCHOLARSHIP, \$5,000 BANCROFT LIBRARY AND \$5,000 HEARST MUSEUM - FUND U1202, LICK OBSERVATORY FUND #FN7185000, MISSION

OF THE UC BERKELEY HAAS SCHOOL OF BUSINESS, UC BERKELEY

ENGINEERING FUND, TO PROVIDE OPERATING SUPPORT TO THE FACULTY OF THE HELEN WILLS NEUROSCIENCE INSTITUTE (HWNI)

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

BERKELEY, CA 94/010//

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of ıf applicable (book, FMV, appraisal, non-cash assistance organization cash grant or government assistance other)

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

188890

SACRAMENTO, CA 95818

| UC DAVIS FOUNDATION 1460 DREW AVE STE 100 DAVIS, CA 95618 | 94-6081352 | 501(C)(3) | 220,316 | | 2018 CURRENT USE GIFT FOR THE HENRY WIRZ ENDOWED AWARD, ARTISTIC VENTURES FUND OF THE ROBERT AND MARGRIT MONDAVI CENTER, BLAIR FOX SCHOLARSHIP FUND FOR STUDENT SUPPORT, LUNG CANCER RESEARCH, UC DAVIS "LITTLE BANG" POSTER COMPETITION" ASSOCIATED WITH THE MIKE AND RENEE CHILD INSTITUTE FOR INNOVATION AND ENTREPRENEURSHIP, UC DAVIS FOUNDATION BOARD STUDENT FIRE RELIEF FUND, UC DAVIS HEALTH GENERAL SUPPORT, UNRESTRICTED FOR THE UC DAVIS SCHOOL OF EDUCATION, WINNIE GAINES FUND |
|---|------------|-----------|---------|--|--|
| UNITED ANIMAL NATIONS DBA RED ROVER PO BOX | 68-0124097 | 501(C)(3) | 15,037 | | CARR FIRE ANIMAL RESCUE, |

(h) Purpose of grant

or assistance

UNRESTRICTED

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNITED WAY CALIFORNIA 94-1225382 501(C)(3) 12,055 UNRESTRICTED CAPITAL REGION 10389 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827 UNIVERSITY FOUNDATION AT 94-3001359 501(C)(3) 237,723 2018 ELLENA ARATA SACRAMENTO STATE SEWELL SCHOLARSHIP 6000 J STREET AND ADMINISTRATIVE SACRAMENTO, CA 95819 FEES, CSUS ALUMNI ASSOCIATION SCHOLARSHIP FUND.

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LIBRARY RESEARCH
FELLOWSHIP PROGRAM,
MILLENIUM CONCERTS,
PETER H SHATTUCK
SCHOLARSHIP FOR
TWO (2) \$7,000
AWARDS, PRESIDENT'S
CIRCLE, SETH NELSEN
STUDENT EMERGENCY
FUND, SUPPORT THE
THROUGH IN TWO
PROJECT.

UNRESTRICTED FOR THE SACRAMENTO STATE STRING PROJECT, VISION 2000, UNRESTRICTED

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

(c) IRC section

(d) Amount of cash

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY OF THE PACIFIC 94-1156266 501(C)(3) 1.000.000 JUSTICE ANTHONY M

| 3601 PACIFIC AVE STOCKTON, CA 95211 | | (-)(-) | | | KENNEDY ENDOWED CHAIR |
|--|------------|-----------|--------|--|---|
| VELOCITY ENTREPRENEURIAL DRIVE DBA ENTREPRENEURS SHOWCASE 801 K | 26-0382616 | 501(C)(3) | 25,000 | | SILVER SPONSORSHIP LEVEL FOR THE 2018 IMPACT GLOBAL VENTURE SUMMIT |

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

SPONSORSHIP OR THE 2018 GLOBAL RE SUMMIT STREET SACRAMENTO, CA 95814

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VERGE CENTER FOR THE ARTS 27-2378275 501(C)(3) 49.701 FUND A NEED ART 625 S ST AUCTION 11/17.

| SACRAMENTO, CA 95811 | | | | | SUPPORT FOR EMERGING ARTI UNRESTRICTED |
|------------------------|------------|-----------|-------|--|--|
| VIEWPOINT PHOTOGRAPHIC | 68-0240653 | 501(C)(3) | 5,086 | | UNRESTRICTREE |

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

SACRAMENTO, CA 95811

IG ARTISTS. ICTED RICTRED ART CENTER INC 2015 J STREET SUITE 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-6001984 501(C)(3) 7.280 PROJECT HOPE. VOLUNTEERS OF AMERICA UNRESTRICTED

UNRESTRICTRED

NORTHERN CA & NORTHERN NV 3434 MARCONI AVE

12.025

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

501(C)(3)

SACRAMENTO, CA 95821 WAKING THE VILLAGE

PO BOX 160085 SACRAMENTO, CA 95816 68-0430603

organization or government if applicable grant cash assistance or assistance or assistance weak grant assistance or assistance or assistance or assistance or assistance where the cash assistance or assistance or

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

\$95 EACH,

UNRESTRICTRED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

INC

816 ELM ST

WOODLAND, CA 95695

(b) EIN

| 1900 K STREET SACRAMENTO, CA 95814 | | | , and the second | | KARAOKE MACHINE, MOVIE PROJECTOR, SCREEN, BAKING PANS FOR COOKIES, CAKES, CUPCAKES AND SUPPLIES FOR SPECIFIC ACTIVITIES, SUCH AS JEWELRY MAKING, ART SUPPLIES AND JOURNALS FOR ADULTS AND CHILDREN, LEGAL PROGRAM, UNRESTRICTED |
|---------------------------------------|------------|-----------|--|--|---|
| WELCOME HOME HOUSING | 04-3795698 | 501(C)(3) | 7,150 | | 24 CHAIRS AT \$75 TO |

(b) EIN (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

(e) Amount of non-

(a) Description of

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SACRAMENTO, CA 95817

| WELLNESS WITHIN 609 OAK ST ROSEVILLE, CA 95678 | 45-0929096 | 501(C)(3) | 39,717 | SERIES OF CLASSES FOR CANCER SURVIVORS, UNRESTRICTED |
|--|------------|-----------|--------|--|
| WELLSPRING WOMEN'S CENTER 3414 4TH AVENUE PO BOX 5728 | 91-1752615 | 501(C)(3) | 24,892 | FOLDABLE ELECTRIC MOBILITY SCOOTER, GREATEST NEED, UNRESTRICTED |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

LUNRESTRICTED

| WIDE OPEN WALLS | 82-5167631 | 501(C)(3) | 15,000 | | UNRESTRICTED |
|---------------------|------------|-----------|--------|--|--------------|
| 917 7TH ST STE 204 | | | | | |
| SACRAMENTO CA 95814 | | | | | |

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

PO BOX 680

SACRAMENTO, CA 95660

SACKAMENTO, CA 93014 WILDLIFE CARE ASSOCIATION 94-2528504 501(C)(3) 46.220 FOOD & SUPPLIES.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-7348227 501(C)(3) 22.578 WIND YOUTH SERVICES UNRESTRICTED UNRESTRICTED

1722 J ST 3RD FLOOR SACRAMENTO, CA 95811 WINTERS EDUCATION 26-4686049 501(C)(3) 7.844 FOUNDATION

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

PO BOX 1047 WINTERS, CA 95694

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WINTERS FRIENDS OF THE 68-0013362 501(C)(3) 15,096 UNRESTRICTED LIBRARY PO BOX 963 WINTERS, CA 95694 03-0520643 BLANKETS, WARM

UNRESTRICTED

WOMEN'S EMPOWERMENT 501(C)(3) 63.873 1590 NORTH A STREET SACRAMENTO, CA 95811

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

CLOTHING, LARGE SIZE DIAPERS, AND OTHER BABY SUPPLIES, CEO'S DISCRETION FUND, GENERAL PROGRAM PURPOSES.

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

IYMCA ANNUAL CAMPAIGN OF 2018

| WOODLAND OPERA HOUSE INC 340 2ND ST PO BOX 1425 WOODLAND, CA 95695 | 94-2751127 | 501(C)(3) | 31,947 | | UNDERWRITING FOR TO KILL A MOCKINGBIRD, UNRESTRICTED |
|---|------------|-----------|--------|--|--|
| YMCA OF METROPOLITAN | 84-0402696 | 501(C)(3) | 10.000 | | UNRESTRICTED TO |

(一)(一) BENEFIT THE DENVER 2625 S COLORADO BLVD SCHLESSMAN FAMILY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

DENVER, CO 80222

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 27-2657064 501(C)(3) 8.001 YOGA SEED COLLECTIVE UNRESTRICTED PO BOX 163735 SACRAMENTO, CA 95816 68-0230311 501(C)(3) 48.536 YOLO BASIN FOUNDATION IDISCOVER THE FLYWAY WETLANDS WAGON. 2018/19 YOLO BASIN

FOUNDATION IGRADUATE STUDENT FELLOWSHIP PROGRAM, UNRESTRICTED

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

PO BOX 943 DAVIS, CA 95617

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

| YOLO COMMUNITY CARE | 94-2623205 | 501(C)(3) | 5,862 | | UNRESTRICTED |
|---------------------|------------|-----------|-------|--|--------------|
| CONTINUUM | | | | | |
| PO BOX 1101 | | | | | |
| DAVIS, CA 95617 | | | | | |

FOUNDATION.

UNRESTRICTED

YOLO COMMUNITY 75-2971085 501(C)(3) 20.543 MISSION OF THE YOLO FOUNDATION COMMUNITY

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

PO BOX 1264

WOODLAND, CA 95776

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance YOLO COUNTY ARTS COUNCIL 94-2814155 501(C)(3) 13.679 ARTS EDUCATION INC CERAMIC ARTS PO BOX 8250 PROGRAM AT WOODLAND PRAIRE IELEMENTARY SCHOOL. UNRESTRICTED

WOODLAND, CA 95776 YOLO COUNTY CHILDREN'S 68-0526185 501(C)(3) 8.882 UNRESTRICTED

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

ALLIANCE

600 A STREET SUITE Y DAVIS, CA 95616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 68-0362495 501(C)(3) 21.123 YOLO COUNTY COURT THE MISSION OF YOLO APPOINTED SPECIAL COUNTY CASA. UNRESTRICTED ADVOCATE 724 MAIN ST SUITE 101 WOODLAND, CA 95695 YOLO COUNTY SOCIETY FOR 94-2464798 501(C)(3) 13,084 UNRESTRICTED

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

THE PREVENTION OF CRUELTY

TO ANIMALS PO BOX 510 DAVIS, CA 95617

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| YOLO CRISIS NURSERY INC 1477 DREW AVE STE 103 | 47-1006055 | 501(C)(3) | 17,314 | | CRISIS AND RESPITE CARE AND FAMILY LIFE |
|--|------------|-----------|--------|--|---|
| DAVIS, CA 95618 | | | | | SKILLS PROGRAM, |
| · | | | | | EPROVIDE EARLY |
| | | | | | INTERVENTION |
| | | | | | SERVICES IN A SAFE |
| | | | | | ENVIRONMENT TO |
| | | | | | NURTURE HEALTHY AND |
| | | | | | RESILIENT CHILDREN, |
| | | | | | STRENGTHEN PARENTS, |
| | | | | | AND PRESERVE |
| | | | | | FAMILIES MISSION OF |

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

THE YOLO CRISIS NURSERY, UNRESTRICTED

UNRESTRICTED

CAPITAL CAMPAIGN

YOLO FOOD BANK 23-7111782 501(C)(3) 21,499

PHASE TWO,

1244 FORTNA AVENUE WOODLAND, CA 95776

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 9.113 ISTEPPING STONES YOLO HOSPICE INC 94-2597528 1909 GALILEO COURT SUITE A YOUTH PROGRAM OF THE YOLO HOSPICE. UNRESTRICTED

DAVIS, CA 95618

THE YOLO HOSP UNRESTRICTED

YOLO LAND CONSERVATION 68-0160105 501(C)(3) 10,349

UNRESTRICTED

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

PO BOX 1196

WOODLAND, CA 95776

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0059409 501(C)(3) 12.013 UNRESTRICTED YOLO WAYFARER CENTER

IYOUTH

| PO BOX 1248 WOODLAND, CA 95776 | | | | | |
|---|------------|-----------|--------|--|---|
| YOUTH DEVELOPMENT NETWORK 3222 WINONA WAY BAY A | 26-1364376 | 501(C)(3) | 64,560 | | MANAGE THE 2018- 2019 GRANTS ADVISORY BOARD FOR |

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

CHRISTIAN MISSION

NORTH HIGHLANDS, CA

95660

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance YOUTH FOR CHRIST 94-1707530 501(C)(3) 13.600 COLLINGS TEEN

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

EL DORADO HILLS, CA 95762

| PO BOX 277728 SACRAMENTO, CA 95827 | | , , , , | | | CENTER LEADER, COLLINGS TEEN CENTER LEADER- BAYSIDE MIDTOWN |
|---------------------------------------|------------|-----------|--------|--|--|
| YOUTH MAKING A DIFFERENCE | 26-2548690 | 501(C)(3) | 10,336 | | UNRESTRICTED |

877 EMBARCADERO DR SUITE

| efil | e GRAPHIC pr | int - DO NOT PROCESS As F | iled Dat | a - | DLN: 934 | 9331 | 17096 | 059 | | |
|--------|---|---|--|--|----------------------|---------------------|--------|----------|--|--|
| Sch | edule J | Comp | ensat | ion Information | OM | IB No | 1545-0 | 0047 | | |
| (For | n 990) | For certain Officers, Di | | | | | | | | |
| | | ► Complete if the organiza | Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | | | |
| _ | | | ▶ Attach | to Form 990. | | 2018 Open to Public | | | | |
| • | tment of the Treasury al Revenue Service | Go to <u>www.irs.gov/ror</u> | <u>тээо</u> тог | instructions and the latest inforn | nation. | | ectio | | | |
| | me of the organiza | ation COMMUNITY FOUNDATION | | | Employer identificat | ion nu | ımber | | | |
| SAC | RAMENTO REGION (| COMMONITY FOUNDATION | | | 94-2891517 | | | | | |
| Pa | rt I Questi | ons Regarding Compensation | | | | | | | | |
| | | | | | | | Yes | No | | |
| 1a | | piate box(es) if the organization provi ection A, line 1a Complete Part III to | | | | | | | | |
| | | or charter travel | | Housing allowance or residence for j | • | | | | | |
| | _ | companions | 님 | Payments for business use of persor | | | | | | |
| | | nification and gross-up payments | 님 | Health or social club dues or initiation | | | | | | |
| | LI Discretion | ary spending account | ш | Personal services (e g , maid, chauf | reur, cher) | | | | | |
| b | | kes in line 1a are checked, did the orgall of the expenses described above? If | | | ent or reimbursement | 1b | | | | |
| 2 | | tion require substantiation prior to rei | | | 1-2 | 2 | | | | |
| | directors, truste | es, officers, including the CEO/Executi | ve Directo | r, regarding the items checked in line | : Iar | | | | | |
| 3 | | of any, of the following the filing organ | | | ne | | | | | |
| | | EO/Executive Director Check all that a d organization to establish compensat | | | n Part III | | | | | |
| | | | | Markhan and laverant and and | | | | | | |
| | | ation committee ent compensation consultant | ✓ | Written employment contract Compensation survey or study | | | | | | |
| | | of other organizations | ☑ | Approval by the board or compensa | tion committee | | | | | |
| 4 | | did any person listed on Form 990, P | art VII. Se | | | | | | | |
| | related organiza | | , | , , , , , , , , , , , , , , , , , , , | | | | | | |
| а | Receive a sever | ance payment or change-of-control pa | yment? | | | 4a | | No | | |
| b | Participate in, o | receive payment from, a supplement | al nonqual | ified retirement plan? | | 4b | | No | | |
| С | • | receive payment from, an equity-bas | | - | *** | 4c | | No | | |
| | If "Yes" to any o | f lines 4a-c, list the persons and provi | de the app | olicable amounts for each item in Part | : 111 | | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) orga | nizations | must complete lines 5-9. | | | | | | |
| 5 | For persons liste | ed on Form 990, Part VII, Section A, li ontingent on the revenues of | | - | | | | | | |
| | · | _ | | | | _ | | | | |
| a b | The organization Any related organization | | | | | 5a 5b | | No No | | |
| | , , | 5a or 5b, describe in Part III | | | | | | 110 | | |
| 6 | | ed on Form 990, Part VII, Section A, li ontingent on the net earnings of | ne 1a, did | the organization pay or accrue any | | | | | | |
| а | The organization | 17 | | | | 6a | | No | | |
| b | Any related orga | anization? | | | | 6b | | No | | |
| | If "Yes," on line | 6a or 6b, describe in Part III | | | | | | | | |
| 7 | | ed on Form 990, Part VII, Section A, li escribed in lines 5 and 6? If "Yes," des | | | d | 7 | | No | | |
| 8 | | nts reported on Form 990, Part VII, pa Itial contract exception described in Ri | | | escribe | | | | | |
| 9 | | 3, did the organization also follow the | rebuttable | presumption procedure described in | Regulations section | 9 | | No | | |
| For I | Danarwark Padu | ction Act Notice, see the Instruction | one for Ec | orm 990 Cat No. 5 | i0053T Schedule 1 | | 2000) | 2018 | | |

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

| For each individual whose instructions, on row (ii) | com | npensation must be repor ot list any individuals that | are not listed on Form 9 | compensation from the o | organization on row (i) an | d from related organizat | ions, described in the | |
|---|-------|--|---|--|--|-----------------------------------|------------------------------------|---|
| Note. The sum of column | ıs (B |)(ı)-(ııı) for each listed inc | dividual must equal the to | otal amount of Form 990, | Part VII, Section A, line | 1a, applicable column (D |) and (E) amounts for tha | t ındıvıdual |
| (A) Name and Title | | (B) Breakdown (i) Base compensation | of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation | C compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| 1 LINDA BEECH CUTLER CHIEF EXECUTIVE OFFICER | (i) | 163,468 | 0 | 0 | 15,419 | 8,647 | 187,534 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JAMES MCCALLUM CHIEF FINANCIAL OFFICER | (i) | 133,719 | 0 | 0 | 11,774 | 18,320 | 163,813 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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Schedule J (Form 990) 2018 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 J (Form 990) 2018

| efile GRAPHI | C print - D | 00 NO | T PROCES | S A | As Fil | ed Data - | | | | | DL | .N: 93 | 4933 | 170 | 96059 |
|---|----------------------------|-----------------------------|--|------------------------------|--------------------------------------|---|-------------------------------|---|---------|---|--------------------|---------------|----------------------------|----------------|-------------|
| chedule L Form 990 or 990 | -EZ) ► Co | omplet | te if the orga | anizati | ion ar | swered "Yes | on Form 9 | d Persor | ines 2 | 25a, 2 | 25b, 20 | | | | 5-0047 |
| | | | 27, 28a, | | | c, or Form 99 1 to Form 990 | | , line 38a or 4 0-EZ. | 40b. | | | | 2(| 11 | 8 |
| | | | ⊳ Go te | | | | | st informatio | n. | | | | | | |
| epartment of the Tre ternal Revenue Serv | I | | | | | | | | | | | 9 | | to Pu Jecti | ublic on |
| Name of the org | anızatıon | | | | | | | | Er | mplo | yer ide | entifica | | | |
| SACRAMENTO REG | ION COMMUNI | ITY FOU | NDATION | | | | | | 94 | 1-289 | 1517 | | | | |
| Part I Exce | ss Benefit | t Tran | sactions (| section | 501(0 | :)(3), section ! | 501(c)(4), and | 501(c)(29) o | | | | | | | |
| Comp | lete if the or | ganıza | tion answered | | on Fo | rm 990, Part | IV, line 25a or | 25b, or Form | 990-E | Z, Pa | rt V, III | | | | |
| 1 (a |) Name of d | ısqualıf | ned person | | (b) R | | tween disqual organization | lified person ai | nd | | escript ansacti | | of (d) Corr | | |
| | | | | | | | organization | | | | | | + | es | No |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | + | | |
| | | | | | | | | | + | | | | + | | |
| | | | | | 1 | | | | | | | | | | |
| Cor | nplete if the orted an amo | organi ount or onship | n Form 990, I | ered "Ye Part X, (d) L | es" on line 5 Loan to organ | Form 990-EZ, , 6, or 22 o or from the ization? | (e)Original principal amount | 8a, or Form 99 (f) Balance due | (g) | art IV, line 26, o i) In ault? Approved board of committee | | | d by agreemer or ee? | | |
| | | | | '' | 0 | From | | | res | No | Yes | No | Yes | | No |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| otal | | | | <u> </u> | | • | <u> </u> | | | | <u> </u> | <u> </u> | | | |
| 2ariiii Gra | nts or Ass | sistan | nce Benefit | tina Tı | ntere | sted Perso | ns | | | | | | | | |
| | | | | _ | | s" on Form 9 | | line 27. | | | | | | | |
| a) Name of Inter | rested perso | |) Relationship erested perso organizat | on and | | (c) Amount | of assistance | (d) Type | of assi | stanc | e | (e) Pu | rpose (| of assi | ıstance |
| | | | | | \dashv | | | | | | _ | | | | |
| | | | | | \dashv | | | | | | \dashv | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | 1 | | | 1 | | | | |
| | | | | | | | | | | | | | | | |

Explanation

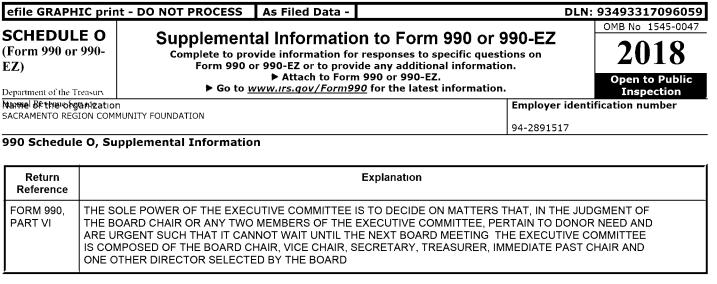
Schedule I (Form 990 or 990-F7) 2018

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317096059 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1,260,390 AVERAGE HIGH & LOW 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests Χ 50,000 MATURITY VALUE OF 3 YEAR 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

| Schedule M (Form 990) (2018) | Page 2 | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | | | | |
| Return Reference | Explanation | | | | | | | |
| PART I, COLUMN (B) | NUMBER OF CONTRIBUTIONS | | | | | | | |
| , | FROM A POLICY PERSPECTIVE, THE ORGANIZATION MAY HIRE A SPECIALIZED THIRD PARTY TO SELL A COMPLEX, NONCASH GIFT AS APPROPRIATE A COMMON EXAMPLE IS HIRING A REALTOR TO SELL REAL ESTATE PROPERTY | | | | | | | |
| | Schedule M (Form 990) (2018) | | | | | | | |



Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990, | COPIES ARE PROVIDED TO THE FULL BOARD & REVIEWED INDIVIDUALLY BY THE BOARD MEMBERS PRIOR T |
|------------|--|
| PART VI, | O FILING THE RETURN ANY QUESTIONS BY BOARD MEMBERS ARE ANSWERED BY MANAGEMENT BEFORE RATI |
| SECTION B, | FICATION OF THE RETURN BY THE BOARD OR, IN CASE OF ADJUSTMENTS, IS RETURNED TO MANAGEMENT |
| LINE 11B | FOR CHANGES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL BOARD MEMBERS, STAFF AND VOLUNT EERS ANNUALLY STAFF IS MADE AWARE OF ANY CONFLICTS OF INTEREST AND MONITOR GIFT, GRANT AN D VENDOR PAYABLES ACTIVITY THROUGHOUT THE YEAR FOR ANY RECEIPTS OR DISBURSEMENTS WHICH MAY CREATE CONFLICTS OF INTERESTS OR WOULD BE OTHERWISE PROHIBITED IN CONDUCTING THE AFFAIRS OF THE FOUNDATION, DUALITY OR CONFLICT OF INTEREST SHALL BE PRESUMED WHEN A PERSON TO WHO M THIS POLICY APPLIES OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY SERVES AS A TRUSTEE, OFFI CER, STAFF MEMBER OR HOLDER OF MORE THAN TEN PERCENT OF CORPORATE STOCK OF AN AFFECTED ORG ANIZATION OR FIRM, HAS A FORMAL AFFILIATION OR INTEREST IN AN AFFECTED ORGANIZATION OR FIRM, HAS A FORMAL AFFILIATION OR INTEREST IN AN AFFECTED ORGANIZATION OR FIRM AND AFFECTED ORGANIZATION OR FIRM, HAS A FORMAL AFFILIATION OR INTEREST WITH THE FOUNDATION HE/SHE SHALL FILE WITH THE COOD OF THE FOUNDATION A LIST OF HIS OR HER PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS OR ANY OT HER AFFILIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST THAT LIST WILL BE UPDATED ANNU ALLY IN ADDITION TO THE DISCLOSURE REQUIRED BY THE PREVIOUS PARAGRAPH, EACH MEMBER IS UND ER AN OBLIGATION TO THE FOUNDATION, TO HIS OR HER FELLOW STAFF OR VOLUNTEERS, AND TO THE C OMMUNITY SERVED BY THE FOUNDATION TO INFORM THE FOUNDATION OR POLICY, AT THE TIME SUCH GRAN TO A PROSIBLE CONFLICT OF INTEREST OR BIAS FOR OR AGAINST A PARTICULAR GRANTEE, ACTION OR POLICY, AT THE TIME SUCH GRAN TACTURE OF THE FOUNDATION OR POLICY IS UNDER CONSIDERATION BY THE BOARD OR ANY VOLUNTEER COMMITTEE OF THE FOUNDATION ANY DUALITY OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY MEMBER SHALL BE DISCLOSED TO THE CHAIR OF THE BOARD, IN THE GASE OF VOLUNTEERS, OR THE COO, IN THE CASE OF STAFF MEMBERS, AND MADE A MATTER OF RECORD AS SOON AS THE ISSUE IN QUESTION IS RAISED A ND A POSSIBLE CONFLICT IS KNOWN WHEN THE BOARD, COMMITTEE OR STAFF IS TO DECIDE UPON AN I SELE ABOUT WH |

990 Schedule O, Supplemental Information

Return Explanation

Deference

| Reference | |
|------------|--|
| FORM 990, | COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD U |
| PART VI, | SING COMPARABLE DATA OF SIMILAR POSITIONS FOR COMMUNITY FOUNDATIONS ACROSS THE COUNTRY, AD |
| SECTION B, | JUSTED FOR REGIONAL DIFFERENCES, FROM THE COUNCIL ON FOUNDATIONS AND OTHER NONPROFIT ENTIT |
| LINE 15A | IES THE REVIEW IS DONE ANNUALLY NEAR THE BEGINNING OF EACH YEAR |

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990, | REALIZED GAIN/(LOSS) FOR BOOK, NOT FOR TAX RETURN 3,731,625 CHANGES IN VALUE OF SPLIT-INT |
|-----------|---|
| PART XI, | EREST AGREEMENTS -85,455 CHANGES IN VALUE OF BENEFICIAL INTEREST -1,910 UNRELATED BUSINE |
| LINE 9 | SS INCOME FROM PASS-THROUGH 210,962 AGENCY ENDOWMENTS ACTIVITY -270,166 CHANGES IN VALUE |
| | OF STOCK GIFT 374,277 RETURNED GRANTS 16,400 |

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

As Filed Data -

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 2018

Employer identification number

DLN: 93493317096059

Open to Public Inspection

SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) (d) (e) Primary activity Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) SRCF HOLDINGS LLC REAL ESTATE HOLDINGS CA 0 SACRAMENTO REGION COMMUNITY FOUNDATION 955 UNIVERSITY AVENUE SUITE A SACRAMENTO, CA 95825 94-2891517 (2) SRCF HOLDINGS 2 LLC REAL ESTATE HOLDINGS CA SACRAMENTO REGION COMMUNITY 955 UNIVERSITY AVENUE SUITE A FOUNDATION SACRAMENTO, CA 95825 94-2891517 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) (c) (d) (e) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1) SRCF SUPPORTING ORGANIZATION SUPPORTING THE MISSION CA 501(C)(3) 12A-I SACRAMENTO REGION Yes 955 UNIVERSITY AVENUE SUITE A OF SACRAMENTO REGION COMMUNITY FOUNDATION COMMUNITY FOUNDATION SACRAMENTO, CA 95825 46-5335623 (2) CENTRAL VALLEY FOUNDATION EDUCATIONAL CA 501(C)(3) 12A-I No 2255 WATT AVENUE GRANTMAKING N/A SACRAMENTO, CA 95825 68-0283878 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

| (a) Name, address, and EIN of related organization | | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | Disprop | h) ortionate itions? | (i) Code V amount 20 (Schedul (Form 1 | 7-UBI In box of le K-1 1065) | (j) Gener mana partn | alor F ging d ner? | (k) Percent owners |
|---|---|---------------|---|---------------------------------------|--|-------------------------------------|--|---------|---------------------------------|---|--|-------------------------------|--------------------------|--------------------------|
| | | | | | | | | Yes | No | | | Yes | NO | |
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| | | | | | | zation ansv | vered "Yes | " on F | orm 9 | 90, Par | t IV, | line : | 34 | |
| IV Identification of Related Or because It had one or more re (a) Name, address, and EIN of related organization | | a corporation | on or trus (c) .egal .micile or foreign | st during th | (d) t controlling Type entity (C c | | vered "Yes (f) Share of tota Income | l Share | orm 9 (g) e of end year assets | $\overline{}$ | (h) Percent |) tage | Sec (13 |) con entit |
| because it had one or more re (a) Name, address, and EIN of | Plated organizations treated as (b) Primary activity GENERATE INCOME FOR | a corporation | on or trus (c) .egal .micile | Direct | (d) t controlling Type entity (C controlling C c c controlling C c c c controlling C c c c c c c c c c c c c c c c c c c | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | $\overline{}$ | (h) Percent |) tage | Sec (13 |) cont entity es |
| because it had one or more re (a) Name, address, and EIN of related organization RITABLE REMAINDER TRUSTS (5) VERSITY AVENUE | elated organizations treated as (b) Primary activity | a corporation | on or trus (c) .egal .micile or foreign untry) | Direct SACRA REGIO COMM | (d) t controlling entity MENTO N | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | $\overline{}$ | (h) Percent |) tage | Sec (13 |) cont entit |
| because it had one or more re (a) Name, address, and EIN of related organization | Related organizations treated as (b) Primary activity GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY | a corporation | on or trus (c) .egal .micile or foreign untry) | Direct SACRA REGIO COMM | (d) t controlling entity MENTO N UNITY | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | $\overline{}$ | (h) Percent |) tage | Sec (13 | - |
| because it had one or more re (a) Name, address, and EIN of related organization RITABLE REMAINDER TRUSTS (5) | Related organizations treated as (b) Primary activity GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY | a corporation | on or trus (c) .egal .micile or foreign untry) | Direct SACRA REGIO COMM | (d) t controlling entity MENTO N UNITY | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | | (h) Percent |) tage | Sec (13 |) cont entity es |
| because it had one or more re (a) Name, address, and EIN of related organization RITABLE REMAINDER TRUSTS (5) IVERSITY AVENUE | Related organizations treated as (b) Primary activity GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY | a corporation | on or trus (c) .egal .micile or foreign untry) | Direct SACRA REGIO COMM | (d) t controlling entity MENTO N UNITY | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | | (h) Percent |) tage | Sec (13 |) cont entit |
| because it had one or more re (a) Name, address, and EIN of related organization RITABLE REMAINDER TRUSTS (5) IVERSITY AVENUE | Related organizations treated as (b) Primary activity GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY | a corporation | on or trus (c) .egal .micile or foreign untry) | Direct SACRA REGIO COMM | (d) t controlling entity MENTO N UNITY | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | | (h) Percent |) tage | Sec (13 |) cont entit |
| because it had one or more re (a) Name, address, and EIN of related organization RITABLE REMAINDER TRUSTS (5) IVERSITY AVENUE | Related organizations treated as (b) Primary activity GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY | a corporation | on or trus (c) .egal .micile or foreign untry) | Direct SACRA REGIO COMM | (d) t controlling entity MENTO N UNITY | (e) pe of entity orp, S corp, | (f) Share of tota | l Share | (g) e of end year | | (h) Percent |) tage | Sec (13 |) cont entity es |

| Schedule R (Form 990) 2018 | | | | | Pa | ge 3 |
|---|---|------------------------|--------------------------------|------------|---------|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "You | es" on Form 990, Par | t IV, line 34, 35b | , or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more relate | ed organizations listed in | Parts II-IV? | | П | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | | | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1 d | | No |
| e Loans or loan guarantees by related organization(s) | | | | 1e | | No |
| f Dividends from related organization(s) | | | | 1f | | No |
| f g Sale of assets to related organization(s) | | | | 1 g | | No |
| h Purchase of assets from related organization(s) | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | 1 i | | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | No |
| o Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1 q | | No |
| ${f r}$ Other transfer of cash or property to related organization(s) | | | | 1r | | No |
| s Other transfer of cash or property from related organization(s) | | | | 1s | | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this | line, including covered r | elationships and tra | insaction thresholds | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | mount in | ıvolved | |
| (1)SRCF SUPPORTING ORGANIZATION | С | 211,224 | CASH | | | |
| | | | | | | |

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

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

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