

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED ADD & A LUIS

Form **990** 

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

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

AF	or the	2008 calendar year, or tax year beginning and end	aing		
B c	heck if	Please C Name of organization		D Employer identifi	cation number
	7Addre:	INTERPOLATION COMMINITARY FOITHDATTO	N		
	_chang _Name _chang	type S - S	1	94-2	891517
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone numbe	
	Termir	Instruction 1 40 OH 1 V DITE 2 11 V DITE 2	.0	(916	
<u>X</u>	Ameno return	City or town, state or country, and zir + 4		G Gross receipts \$	7,373,469.
	Application pendir	SACRAMENTO, CA 95825  F Name and address of principal officer. JAMES MCCALLUM		H(a) Is this a group re for affiliates?	Yes X No
		SEE ADDRESS ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c) ( 3			list. (see instructions)
		e: ► WWW.SACREGFOUNDATION.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1983 N	A State of legal domicile: CA
Pa		Summary  Briefly describe the organization's mission or most significant activities: SEE SC	HEDU	LE O	
ဥ	•	briefly describe the organization's mission of most significant activities.			
Governance	2	Check this box   If the organization discontinued its operations or disposed	of more	than 25% of its asset	s.
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	23
8		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	23 14
ties		Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)	•	. 5	0
Activities		Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.
٩		Net unrelated business taxable income from Form 990-T, line 34		. 7b	1,414.
				Prior Year	Current Year
9		Contributions and grants (Part VIII, line 1h)	-	16,635,021.	2,778,161.
Revenue		Program service revenue (Part VIII, line 2g)	$\vdash$	5,058,941.	586,292.
₽		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	318,307.	<35,441,363.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,012,269.	<32,076,910.
ᅱ		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	🗀	8,447,611.	5,154,087.
		Benefits paid to or for members (Part IX, column (A), line 4)		500 000	007 661
Ses		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	788,929.	887,661.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			
ă		Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	907,595.	1,552,126.
		Total expenses Addings (13/1) (must equal Part IX, column (A), line 25)	. —	10,144,135.	7,593,874.
	19	Revenue less expenses. Subtract line 18 from line 12		11,868,134.	<39,670,784.
nces				Beginning of Year	End of Year
Bala		Total Seets Halt XIII 6 1311 C		23,772,670. 10,193,929.	80,129,884.
Fund Balanc		Total naplinies (Part X, line 26)		13,578,741.	74,501,263.
핅	rt II	Net assets or tund balances. Subtract line 21 from line 20		13,3,0,,121	71730172000
		Under penalties of pertury, of clare that I have examined this return, including accompanying schedules and state and complete because of preparer (other than officer) is based on all information of which preparer has any k	atements, a	nd to the best of my knowledg	ge and belief, it is true, correct,
		and complete decidation of preparer (duter trial direct) is based on all illumination of which preparer has any k	morniougo		- 10 - 1 -
Sigr	1			1 6/19	12010
ier	9	Signature of officer		Date	•
		TAMES MCCALLUM, CFO Type or print name and title			
1014		Preparer's Date	Che self-		ar's identifying number structions)
Paid Pren	arer's	signature Makeuw (L. D. D. D. L. Son (C. 124)	O emp	oloyed 🕨 🔲	P00178869
•	Only	Firm's name (or VERRY - SMITH LLP yours if		EIN ► 68-	0041802
		sett-employed) 400 CAPITOL MALL, SUITE 1200 CA 95814		Phone no. ► (	916) 441-1000
Mari	the II	SACRAMENTO, CA 95814 S discuss this return with the preparer shown above? (see instructions)		Prione no.	X Yes No
ococc	40.10	as I HA For Privacy Act and Panenwork Reduction Act Notice see the senat	rate inet	ructions.	Form <b>990</b> (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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

(Expenses \$ including grants of \$

) (Revenue \$

e Total program service expenses ►\$

6,208,054. (Must equal Part IX, Line 25, column (B)

Form **990** (2008)

## Part IV Checklist of Required Schedules

				1.10
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_1_	X	<b> </b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	—
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١.	l	
_	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	├	Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	۱ ـ	l	X
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	-	<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice		х	
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
_	Schedule D, Part III	┝	ļ	<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	9		х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	10	Х	<u> </u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	"	<u> </u>	_
11	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<del>                                     </del>	71	<del>                                     </del>
12	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	]
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	.	ĺ	х
_	If "No", go to question 25	24a		
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-	1	
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	-	
<b>2</b> 58	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	- }	х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	200		
U	pnor year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			<del></del>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ĺ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		-	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
	المراب والمناز والمراب	Form	990 (2	
			1-	-,

## Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	1	ļ	
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other		<u> </u>	<u> </u>
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?	1	]	
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990 (	2008)

832004 12-18-0

Page 5

Form 990 (2008) SACRAMENTO REGION COMMUNITY FOUNDATION

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

					Tv	N		
4-	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı	I	_	Yes	No		
ıa	U.S. Information Returns Enter -0- if not applicable	1a	3:	3				
<b>.</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		5				
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ible gaming	7	[	ļ		
C	(gambling) winnings to prize winners?	<b></b>	9	1c	X	<del>                                     </del>		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	I	<u> </u>	<del> </del> -			
20	filed for the calendar year ending with or within the year covered by this return	2a	14	4				
<b>.</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	<del></del>		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		ctions)	<del></del>				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		*	3a	Х	<del>                                     </del>		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		ins retaini	3b	X	<del> </del>		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over a	100				
40	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	х	!		
b If "Yes," enter the name of the foreign country:  CAYMAN ISLANDS								
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank :	and					
	Financial Accounts.	Dank	2110					
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	ection?	,	5b		X		
b	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity							
·		, logui	ding i romanod	5c				
62	Tax Shelter Transaction?  6a Did the organization solicit any contributions that were not tax deductible?							
	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	raifts	6a		X		
were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).			6b				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$75?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>4.0.</b>	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired	<u> </u>				
·	to file Form 8282?			7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al	1				
	benefit contract?			7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		Х		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		quired?	7h		X		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec							
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or							
	excess business holdings at any time during the year?			8		X		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a		X		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х		
10	Section 501(c)(7) organizations. Enter: N/A							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		J				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		]				
11	Section 501(c)(12) organizations. Enter: N/A			]				
а	Gross income from members or shareholders	11a		]				
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	•	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b						

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	1		
	processes, or changes in Schedule O. See instructions.	1	1	
1a	Enter the number of voting members of the governing body	3		
b	Enter the number of voting members that are independent	3]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ļ	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ĺ	ĺ	ĺ
	of officers, directors or trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	Ŀ		
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8ь		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11	<u> </u>	X_
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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:	Į		
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	<b></b>	
	JAMES MCCALLUM - (916) 921-7723			
	740 UNIVERSITY AVENUE, SUITE 110, SACRAMENTO, CA 95825			
832006 12-18-0	08	Form	<b>990</b> (	2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours	ر ا		Pos k ali		app	dv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated E	Ü	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LARRY GILZEAN	0.40	X						0.	0.	0
CHAIRMAN ROBERT EARL	0.40	≏	⊢	-	-	$\vdash$	┝	<u> </u>	<u> </u>	0.
VICE PRESIDENT	0.40	x						l o.	0.	0.
STEVEN BOUTIN	0.40	┝		-	-	├	-	0.		
SECRETARY	0.40	x						l o.	0.	0.
NICHOLAS ALEXANDER	0.10	<del> </del>	╁╌		-	H	-			
DIRECTOR	0.40	x						0.	0.	0.
STEPHEN BRANDENBURGER										
DIRECTOR	0.40	X						0.	0.	0.
SCOTT HANSON										
DIRECTOR	0.40	X	<u> </u>					0.	0.	0.
DAN COLE		l								
DIRECTOR	0.40	X	╙			Ш		0.	0.	0.
MICHAEL DUNLAVEY	0.40	x			,			0.	0.	0.
DIRECTOR WILLIAM HEGG	0.40	^	<b> </b> -	H		Н		U•	<u> </u>	<u> </u>
DIRECTOR	0.40	x	]					o.	0.	0.
OLETA LAMBERT	0.10	<u>^</u>		H		Н		- 0.		
DIRECTOR	0.40	x						0.	0.	0.
ROBERT LORBER		-			-					
DIRECTOR	0.40	х						0.1	0.	0.
DAVID LUCHETTI										
DIRECTOR	0.40	X						0.	0.	0.
DANIEL PARRISH										
DIRECTOR	0.40	X						0.	0.	0.
ELYSSA LEE						ł				•
DIRECTOR	0.40	X	Щ			$\Box$		0.	0.	0.
JEANNE REAVES	0 40				- 1	ı				^
DIRECTOR ELIZABETH RINDSKOPF-PARK	0.40	X	$\vdash$			$\dashv$		0.	0.	0.
DIRECTOR	0.40	x						0.	0.	0.
PATRICIA COCHRAN	0.40	_	$\vdash$		$\dashv$	$\dashv$				<u> </u>
DIRECTOR	0.40	x					ĺ	0.	0.	0.
022007 10 10 00	2.40	41								Form <b>990</b> (2008)

832007 12-18-08

Form **990** (2008)

Part VII Section A. Officers, Directors, Tru	istees, Key E	mpl	oye	es, a	ınd	Higt	hest	t Compensated Employ	yees (continued)		<del></del>		
· (A)'	(B)	(C)						(D)	(E)			(F)	
Name and title	Average hours	/,	hecl	Pos			-h4	Reportable compensation	Reportable compensation		ı -	stimat mount	
	per	1	T	T	Illai	T	T	from	from relate		ا	other	
	week	l gg		l	l	_		the	organization	าร	con	pens	
		0 8	럞	i	ŀ	Sate	ı	organization	(W·2/1099-MI	SC)		rom th	-
		I ts	교		8	ad .		(W-2/1099-MISC)				janiza id rela	
		ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Ē				1	anızat	
		트	Ë	ਝ	3	五章	18						
FRED TEICHERT													
DIRECTOR	0.40	X	<u> </u>	L	L			0.		0.	<u> </u>		0
JANE EINHORN		l		ĺ	ĺ		i		Ì		ľ		_
DIRECTOR	0.40	X	<u> </u>	_	<u> </u>	<u> </u>	$\vdash$	0.		0.	<u> </u>		0
CASSANDRA JENNINGS	0.40									^			^
DIRECTOR MICHAEL ZIEGLER	0.40	X	-	<del> </del>		├	├	0.		0.	├		0
DIRECTOR	0.40	X	ĺ	ĺ	ĺ	ľ	ĺ	0.		0.			0
STEPHEN TSE	0.40	<u> </u>	├	$\vdash$	┢	├	┢╌			<u> </u>	<del> </del>		
DIRECTOR	0.40	x	1			ŀ		0.		0.			0
RUTH BLANK		<del>                                     </del>	$\vdash$	-	$\vdash$		┢	1		<del></del>	<del></del>		Ť
CEO	40.00			$ \mathbf{x} $	1		ĺ	171,298.		0.	1	2,6	40
JAMES MCCALLUM		Г	Π				1		-				
CFO	40.00	<u>L_</u>		Х				101,351.		0.		8,9	60
						}	]	J .					
		<u> </u>	_				┡				<u> </u>		
							l						
				$\vdash$	⊢	-	-		<del></del> -		<b> </b>		
		ļ					1	1		l			
1b Total	<u> </u>			ш		┢	L	272,649.		0.	2	1,6	00
2 Total number of individuals (including those	in 1a) who re	COIV	ed n	nore	tha	n \$1	00,	000 in reportable					
compensation from the organization								<u> </u>		<u> </u>			
												Yes	No
3 Did the organization list any former officer,			, ke	y em	ploy	yee,	or h	nighest compensated er	nployee on				-,-
line 1a? If "Yes," complete Schedule J for si											_3_		X
4 For any individual listed on line 1a, is the su	-								the organization			Х	
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a									one randared to		4	^	
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schede				10111	any	uni	BIAL	ed organization for serv	ices rendered to		5		X
Section B. Independent Contractors	die d for sacri	pers	011			<del></del>							_==
Complete this table for your five highest con-	mpensated in	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100,000 of con	npens	ation 1	from	
the organization. NONE	·												
(A)								(B)			(0		
Name and business	address						_	Description of s	ervices		ompe	nsatio	<u> </u>
									J				
	<del> </del>							<del> </del>					
							$\dashv$	<del></del>	<del></del>				
							Į						
	·						ヿ						
							Ī	<del></del>					
2 Total number of independent contractors (in		ın 1	I) wr	o re	ceiv	/edir	mor	e than \$100,000 in com	pensation				
from the organization						_				—	Fo (	000 //	

832009 02-02-09 Form 990 (2008)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (A) but are not required to complete columns (B) (C) and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	3,716,557.	3, <u>716</u> ,557.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22	1,437,530.	1,437,530.							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	317,636.		317,636.						
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	487,965.		487,965.						
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)	13,627.		13,627.						
9	Other employee benefits	13,740.		13,740.						
10	Payroll taxes	54,693.		54,693.						
11	Fees for services (non-employees):		1							
а	Management									
b	Legal .	34,753.	8,593.	26,160.						
C	Accounting	59,121.	5,250.	53,871.	<del></del> _					
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	193,152.	184,907.	8,245.						
9	Other	135,852.	64,431.	71,421.						
12	Advertising and promotion	3,087.		3,087.	<u>-</u>					
13	Office expenses	104,985.	45,869.	59,116.						
14	Information technology .	54,507.	17,821.	36,686.	<del></del>					
15	Royalties .									
16	Occupancy .	91,372.	10.054	91,372.						
17	Travel	32,924.	10,854.	22,070.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	- 61 647		C1 C22						
19	Conferences, conventions, and meetings	61,647.	24.	61,623.						
20	Interest									
21	Payments to affiliates	11,097.		11,097.						
22	Depreciation, depletion, and amortization	41,315.	35,907.	5,408.						
23	Insurance	41,313.	35,90/.	5,408.						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
а	CRT BENEFICIARY DISTRIB	679,760.	679,760.	<del></del>	·					
b	DUES AND SUBSCRIPTIONS	37,266.	20.	37,246.	·····					
c	SPONSORSHIPS	9,700.		9,700.						
d	MISCELLANEOUS	1,588.	531.	1,057.						
e										
f	All other expenses		· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·					
25	Total functional expenses. Add lines 1 through 24f	7,593,874.	6,208,054.	1,385,820.	0.					
26	Joint Costs. Check here  if following									
	SOP 98-2. Complete this line only if the organization	i								
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
	<del></del>				F 000 (2008)					

832010 12-18-08

Pal	π λ	Balance Sneet		·				
		,		(A) Beginning of year			B) of year	
	1	Cash · non-interest-bearing		193,796.	1	1:	57,:	337
	2	Savings and temporary cash investments	•	8,041,141.	2	21,0		
	3	Pledges and grants receivable, net		304,595.	3		91,	
	4	Accounts receivable, net			4	5,5	18,8	370
	5	Receivables from current and former officers, of	firectors, trustees, key		<b>f</b>	<del></del>		
	•	employees, or other related parties. Complete			5			
	6	Receivables from other disqualified persons (a						
		4958(f)(1)) and persons described in section 49						
		Part II of Schedule L			6			
ιχ	7	Notes and loans receivable, net	•		7			
Assets	8	Inventories for sale or use	•		8			
As	9	Prepaid expenses and deferred charges			9		6,1	107
1	1	Land, buildings, and equipment: cost basis	10a   2,897,186.		<del>                                     </del>			
		Less: accumulated depreciation. Complete		1	ĺ			
		Part VI of Schedule D	10ь 106,600.	21,184,300.	10c	2,79	90,5	586
	11	Investments - publicly traded securities		79,601,593.	11	43,43		
	12	Investments - other securities. See Part IV, line	11		12	6,83		
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets	• •		14			
	15	Other assets. See Part IV, line 11		14,447,245.	15		5,8	338
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	123,772,670.	16	80,12	29,8	384
	17	Accounts payable and accrued expenses			17		76,9	
	18	Grants payable		109,413.	18		98,8	
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
s	21	Escrow account liability. Complete Part IV of Se	chedule D	<del></del>	21			
Liabilities	22	Payables to current and former officers, director						
ią		highest compensated employees, and disquali		•				
ت		of Schedule L	·		22			
	23	Secured mortgages and notes payable to unre	lated third parties		23			
	24	Unsecured notes and loans payable	•		24			
	25	Other liabilities. Complete Part X of Schedule D	, , ,	10,084,516.	25	5,45	52,8	307
	26	Total liabilities. Add lines 17 through 25	·	10,193,929.	26	5,62	28,6	21
		Organizations that follow SFAS 117, check h	ere X and complete					
S		lines 27 through 29, and lines 33 and 34.						
nces	27	Unrestricted net assets		1,086,836.	27	1,01	15,3	387
ala	28	Temporanly restricted net assets		43,013,413.	28	21,06	55,3	31
Fund Bala	29	Permanently restricted net assets		69,478,492.	29	52,42	20,5	45
2		Organizations that do not follow SFAS 117, o	check here 🕨 🔲 and					
ö		complete lines 30 through 34.						
Net Assets or	30	Capital stock or trust principal, or current funds			30			
1550	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31			
et A	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32			
Ž	33	Total net assets or fund balances		113,578,741.	33	74,50	1, 2	63
	34	Total liabilities and net assets/fund balances	·	123,772,670.	34	80,12	9,8	84.
Pai	t XI	Financial Statements and Reporting					TVos	No
	۸۵۵۵	unting method used to prepare the Form 990:	Cash X Accrual	Other		_	Yes	No
1 2a		the organization's financial statements compile				28	<del> </del>	X
_		-	•	accountant?	•	2b	X	<del> </del>
b		the organization's financial statements audited is to lines 2a or 2b, does the organization have	•	neihilithi for avamicht of the	audė	20	1	$\vdash$
U		w, or compilation of its financial statements and	·	•	auuit,	2c	х	
3=		result of a federal award, was the organization re	· · · · · · · · · · · · · · · · · · ·		le Audit	_	<del></del> -	<del>                                     </del>
Ja		nd OMB Circular A-133?		and an ook folds as allo only	.s r wuit	3a		X
b		s,* did the organization undergo the required au	drt or audrts?		• •	3b	<del>                                     </del>	
	12-18-						990	(2008)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number 94-2891517

Part I	Reason	for Public Cha	rity Status (All organi	izatıons mı	ust comple	te this pa	rt.) (see in:	structions)				
The organ	zation is not	a private foundation	n because it is: (Please cl	heck only	one organ	zation.)						
1 🔲	A church, co	nvention of church	es, or association of chu	rches desc	cribed in <b>s</b>	ection 170	X(b)(1)(A)(i	i).				
2 🗀	A school des	scnbed in section 1	1 <b>70(b)(1)(A)(ii).</b> (Attach Sc	chedule E.	)							
з 🗀	A hospital or	a cooperative hosp	oital service organization	described	in section	170(b)(1)	( <b>A</b> )(iii). (A	ttach Sch	edule H.)			
4 🗀	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed ın se	ection 170	D(b)(1)(A)(i	iii). Enter th	ne hospital	l's nam	10,
	city, and stat											
5 📖	An organizat	ion operated for the	e benefit of a college or u	ıniversıty o	wned or o	perated by	y a govern	imental un	it describe	ed in		
	section 170	<b>(b)(1)(A)(iv).</b> (Comp	lete Part II.)									
6 🖳	A federal, sta	ate, or local govern	ment or governmental un	nt describe	d in <b>secti</b>	on 170(b)(	1)(A)(v).					
7 📖	_	-	ceives a substantial part	of its sup	port from a	governm	ental unit (	or from the	e general p	oublic desc	ribed ı	n
	section 170	<b>(b)(1)(A)(vi).</b> (Compl	lete Part II.)									
8 <u>X</u>	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizat	ion that normally re	ceives: (1) more than 33	1/3% of its	s support	from contr	ibutions, r	nembersh	ip fees, an	d gross red	ceipts 1	from
	activities rela	ated to its exempt fo	unctions - subject to certa	aın except	ions, and	2) no more	than 33	1/3% of its	s support f	rom gross	ınvest	ment
			taxable income (less sec	tion 511 to	ex) from bu	ısınesses	acquired t	by the orga	anızatıon a	fter June 3	0, 197	5.
		<b>509(a)(2).</b> (Complete	· ·			_						
10	_	<u> </u>	perated exclusively to te	· ·			•		•		_	
11	•	•	perated exclusively for the						•	•		or
	• •		zations described in secti		•	, , ,	2). See <b>se</b>	ction 509	a)(3). Che	ck the box	that	
			g organization and compl							T	<b>34</b> 1	
. —	a Type		— <i>*</i> '		e III - Fund	•	•			Type III - C		_
e 🗀	-		at the organization is not				-					n .
		-	than one or more publich						9(a)(1) or s	ection 509	(a)(2).	
f	-		itten determination from	me ino m	atitisa 1)	pe i, Type	ii, or typ	8 111				
_	• • •	rganization, check t	organization accepted a	 nu sift os o	ootsbutio	from any	of the fall	outag per				L
9			directly controls, either a							ſ	Yes	No
			supported organization?	ione or tog	terrier mirri	persons	162011060	iii (ii) ai iu (	in) DeiOw,	11g(i)	163	140
	_		on described in (i) above?		•	•				11g(ii)		
			a person described in (i)		 e?	•				11g(iii)	$\vdash$	
h		•	n about the organizations	• •		pports		•	•	[119(11)]		
••	1 104100 010 1	Ollowing information	rabout the organizations	s ti lo orgai	ileation 30	pporto.						
(i) Nama	of supported	/ii\ CIM	(iii) Type of	(iv) is the	organization	(v) Did voi	notify the	(vi) Is	the	(vii) Am	ount of	
• •	of supported	(ii) EIN	organization	în col. (i) la	sted in your	organizat	ion in col.	lorganizáti	on in col.	Supp		
J. <b>3</b> 2			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
_			l	L					ll			
				l	Í							
				{								
				<u> </u>								
					}			1				
								L				
				}	}							
			<u> </u>	ļ								
P- 4-1												
[otal		ı	1	I	ı	1		I				

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 10,581,845. 5,641,864 6,832,194 5,885,847. 2,278,238 31,219,988. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5,641,864. 6,832,194 5,885,847, 2,278,238 31,219,988. 4 Total. Add lines 1 - 3 10,581,845. 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) 13,892,929. 17,327,059. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 10,581,845 5,641,864 6,832,194 5,885,847 2,278,238, 31,219,988. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,292,734. 1,869,288 2,572,020. 2,802,675 2,040,761, 10,577,478. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 41,797,466, 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 41.45 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 50.00 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. 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 - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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) 2008

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Pa	rt III Support Schedule for	Organizations	Described in	Section 509(a	(Complete onl	y if you checked the b	ox on line 9 of Part I.
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	1	ĺ	ľ	ľ		
	membership fees received. (Do not						
	include any "unusual grants.")	ļ			ļ		
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in				1		
	any activity that is related to the	ì					Ì
	organization's tax-exempt purpose	<del></del>			ļ	<del></del>	
3	Gross receipts from activities that	J	]				}
	are not an unrelated trade or bus-						i
_	iness under section 513			<del></del>			
4	Tax revenues levied for the organ-	1	ì	ł	ł	1	i
	ization's benefit and either paid to					İ	
_	or expended on its behalf	<u> </u>			<del> </del>	<u> </u>	
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5	<u> </u>	<u> </u>			<del> </del>	
_	Amounts included on lines 1, 2, and	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	
	3 received from disqualified persons		į			İ	
b	Amounts included on lines 2 and 3 received			·	<del></del>		
	from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	}			1	ł	
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources				<u> </u>	ļ	
þ	Unrelated business taxable income						
	(less section 511 taxes) from businesses				ĺ	l	
_	acquired after June 30, 1975				<del></del>	<del></del>	<del></del>
	Add lines 10a and 10b  Net income from unrelated business			<del></del>	<del> </del>	<del> </del>	
••	activities not included in line 10b,						
	whether or not the business is regularly carned on						
12	Other income. Do not include gain			<del>,</del> ,	<del></del>	<del>   </del>	
	or loss from the sale of capital					]	
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				-		
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
	check this box and stop here			-,	,		▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		<del></del>	· <u>·</u> ·	<u> </u>
	Public support percentage for 2008 (			column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g .			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>108</b> (line 10c, colur	nn (f) divided by lìr	ie 13, column (f))		17	%
	Investment income percentage from				•	18	%
19a	33 1/3% support tests - 2008. If the	-					7 is not
	more than 33 1/3%, check this box a						
þ	33 1/3% support tests - 2007. If the	_					ınd
	line 18 is not more than 33 1/3%, che			•		_	<b>▶</b>  -
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
					Sch	edule A (Form 990	) or 990-EZ) 2008

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number 94-2891517

Pai			Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	11- X 12	J
		(a) Donor advised funds	(b) Fui	nds and other accounts
1	Total number at end of year .	178		227
2	Aggregate contributions to (during year)	864,235.		1,968,681.
3	Aggregate grants from (during year)	2,838,228.		2,315,859.
4	Aggregate value at end of year	58,521,724.		32,539,448.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds	
	are the organization's property, subject to the organization's			X Yes No
6	Did the organization inform all grantees, donors, and donor a			F==1
	for chantable purposes and not for the benefit of the donor of			
Pa			V, line 7	<u> </u>
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an historic	ally imp	ortant land area
	Protection of natural habitat	Preservation of certified h	istoric s	tructure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conserva	ation ea	sement on the last day
	of the tax year.			
			<u> </u>	Held at the End of the Year
а	Total number of conservation easements	•	2a	
b	Total acreage restricted by conservation easements	•	2b	
С		• •	2c	<del></del>
d	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anizatio	n during the taxable
_	year >	annual to Innated N		
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	modic monitoring, inspection, violations, and		Yes No
•	enforcement of the conservation easements it holds?	and enforcing agreements during the year		res no
6	Staff or volunteer hours devoted to monitoring, inspecting, a Amount of expenses incurred in monitoring, inspecting, and			<del></del>
7	Does each conservation easement reported on line 2(d) above		\(B)(i)	
8		ve satisfy the requirements of section 17 of the	,(0),(1)	Yes No
	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservat	ion assements in its revenue and evinense stat	ement	
9	include, if applicable, the text of the footnote to the organiza			
	conservation easements.	and a state of the control of the co	J. 9 C. 112 C	inorro accounting to:
Pai	t III   Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Simi	ar Assets.
	Complete if the organization answered "Yes" to Form			
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and balance	ce sheet	works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	the footnote to its financial statements that describes these			
ь	If the organization elected, as permitted under SFAS 116, to		heet wo	rks of art, historical treasures,
	or other similar assets held for public exhibition, education, of			
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	n, provid	le
	the following amounts required to be reported under SFAS 1			
а	Revenues included in Form 990, Part VIII, line 1	-	•	\$
ь	Assets included in Form 990, Part X		<b>&gt;</b>	\$ 
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.		Schedule D (Form 990) 2008

832051 12-23-08

		NTO REGION					<u>-2891517</u>	
Pai	t III Organizations Maintaining C							
3	Using the organization's accession and other	records, check any	of the following th	at are a sign	ificant use	e of its collecti	on items (check a	all
	that apply):							
а	Public exhibition	d		change prog	rams			
þ	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further	the organiza	tion's exe	mpt purpose i	n Part XIV.	
5	During the year, did the organization solicit or			•	her sımıla	r assets	<del></del>	_
	to be sold to raise funds rather than to be ma						Yes	No
Pai	Trust, Escrow and Custodial		. Complete if organ	nization answ	ered "Ye	s" to Form 990	), Part IV, line 9, o	or
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contributio	ns or other a	ssets not	included		
	on Form 990, Part X?						L Yes [	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
							Amount	
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year		•			1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			-	Yes L	No
	If "Yes," explain the arrangement in Part XIV.							
Pai	t V Endowment Funds. Complete if							
	<u> </u> -	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back (e) Four yea	ars back
1a	Beginning of year balance	65,837,362.		<b></b>				
þ	Contributions	2218549.	<del></del>		<u>_</u>			
С	Investment earnings or losses	<17,222,211.	<u> </u>	<b></b>				
d	Grants or scholarships	1562799.	· · · · · · · · · · · · · · · · · · ·					
е	Other expenditures for facilities							
	and programs		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
f	Administrative expenses	870,649.		<u> </u>				
g	End of year balance	48,400,252.	<del></del>	<u> </u>				
2	Provide the estimated percentage of the year							
а	Board designated or quasi-endowment	2.56	_%					
b	Permanent endowment ► 97.44	%						
C	Term endowment ► .00 9							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administ	ered for th	he organizatio		<del></del>
	by:						Ye	
	(i) unrelated organizations			••	•		3a(i)	X
	(ii) related organizations			•			3a(ii)	X
_	If "Yes" to 3a(ii), are the related organizations						3b	
<del>D</del> O:	Describe in Part XIV the intended uses of the			Dort V. Jose	10			
<u> </u>	t VI Investments - Land, Building	· · · · · · · · · · · · · · · · · · ·					1 (-n o )	
	Description of investment	(a) Cost or ot basis (investm	1 ' '	t or other (other)	(c) D	epreciation	(d) Book va	liue
		Dasis (investin		32,500.		· · · · ·	2 702	500
	Land		4,/0	2,300.		<del></del>	2,782,	300.
	Buildings	<del></del>					<del> </del>	
	Leasehold improvements		- 11	1 606		06 600		005
	Equipment	·		4,686.		.06,600.	8,	086.
	Other  Add lines 1a-1e. (Column (d) should equal For	m 000 Post V safe	mp (D) (mp 10(c) )				2,790,	586
ı utal	. Aug intes Tarte. (Column IO) snould edual rol	m 330, raπ 入, colul	ini (D), iii(C I ()(C).)				. 4,130,	J U U •

Schedule D (Form 990) 2008

5,452,807. Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) 

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Pert XI   Reconcilitation of Change in Net Assets from Form 990 to Financial Statements   1   <32,075,910   1   Total sequences (Form 990, Part IV, column (A), line 29)   2   7,593,874   2   Total sequences (Form 990, Part IV, column (A), line 29)   3   3(39,670,786   4   Net unrealized gains (passeq) on investments   4   4   5   5   Donated services and use of facibles   5   6   7   7   7   6   Part Parend digistrines   7   7   7   7   7   7   7   7   7	Sche	dule D (Form 990) 2008 SACRAMENTO REGION COMMUNITY					2891517	Page 4
2 Total expenses (Form 990, Part IX, column (A), Inva 28) 2 Cockes or discribility for the year, Subtract line 2 from line 1 3 Cockes or discribility for the year of the control of the c	Par	t XI   Reconciliation of Change in Net Assets from Form 990 to	Finan	ncial Stat	ements			
2 Total expenses (Form 980, Part N. column (A), Inv 25) 2 Excess or (discrit) for the year, Subtract line 2 from line 1 3 < <33 , 670 , 784 4 Not unrealized gains (soses) on investments 5 Conacto survices and use of facibles 6 Investment expenses 7 Prior period adjustments (eq.), Add lines 4.8 10 Charle (Section) in Part XIV) 9 Total adjustments (eq.), Add lines 4.8 10 Excess or (discrit) for the year part financial statements. Combine lines 3 and 9 10 < 3.3 , 0.777, 4.78 Part XIII (Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited Financial Statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Not unrealized gains on investments 4 Denated services and use of facilities 5 Denated services and use of facilities 6 Recoveries of prox year grants 6 Other (Describe in Part XIV) 6 Add lines 2 attrough 2d 2 attrough 2d 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 6 Other (Describe in Part XIV) c Add lines 2 attrough 2d 3 Subtract line 26 from line 1 5 Total expenses and lioseses per audited financial statements With Expenses per Return 1 Total expenses and lioseses per audited financial statements With Expenses per Return 1 Total expenses and lioseses per audited financial statements (Part XIII) 2 Total expenses and lioseses per audited financial statements (Part XIII) 2 Total expenses and lioseses per audited financial statements (Part XIII) 2 Total expenses and lioseses per audited financial statements (Part XIII) 3 Total expenses and lioseses per audited financial statements (Part XIII) 4 Total expenses and lioseses per audited financial statements (Part XIII) 4 Total expenses and lioseses per audited financial statements (Part XIII) 5 Total expenses and lioseses per audited financial statements (Part XIIII) 6 Total expenses and lioseses per audited financial statements (Part XI	1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		<32,076	,910.
3 Subtract line 2 from line 1  4 Net unrealized gains (losses) on investments  5 Dended services and use of facilities  6 Investment expenses  7 Prior panel adjustments  8 Other (Describe in Part XIV)  9 S93,306  10 Excess or (deletit) for the year per functional statements. Combine lines 3 and 9  10 Excess or (deletit) for the year per functional statements. Combine lines 3 and 9  10 Excess or (deletit) for the year per functional statements. Combine lines 3 and 9  10 Excess or (deletit) for the year per functional statements. Combine lines 3 and 9  10 Excess or (deletit) for the year per functional statements. Combine lines 3 and 9  10 Excess or (deletit) for the year per functional statements. With Revenue per Return  1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements. Amounts included on in Endetties  2 Recoveries of prior year graints  1 Call revenue per function of Excess and use of Excess or (and times 2 and 2 a	2	·		·	2			
4 Not unrealized gains (passes) on investments 5 Contacted services and use of facilities 6 Investment appearses 7 Prior period adjustments (equ.) Add lines 4-8 10 Clater (Describe in Part XIV) 9 Total adjustments (equ.) Add lines 4-8 10 Ecases of electify for they par per financial statements. Combine lines 3 and 9 10 Clater (Describe in Part XIV) 11 Total review, gains, and other support per audited Financial Statements With Revenue per Return 1 Total review, gains, and other support per audited Financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Not unrealized gains on investments 4 Donated services and use of facilities 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services not included on Form 990, Part VIII, line 7b 8 Add lines 2 through 2d 9 Clater (Describe in Part XIV) 9 Add lines 2 through 2d 9 Clater (Describe in Part XIV) 9 C Add lines 4a and 49 1 Total expenses not included on Form 990, Part VIII, line 7b 9 Chiefr (Describe in Part XIV) 1 Total expenses and isosess per audited financial statements 1 Total expenses and isosess per audited Financial International Statements With Expenses per Return 1 Total expenses and isosess per audited Financial International Statements With Expenses per Return 1 Total expenses and isosess per audited Financial International Statements With Expenses per Return 1 Total expenses and isoses per audited Financial International Statements With Expenses per Return 1 Total expenses and isoses per audited Financial Internation Statements With Expenses per Return 1 Total expenses and isoses per audited Financial Internation Statements With Expenses per Return 1 Total expenses and isoses per audited Financial Internation Statements With Expenses per Return 1 Total expenses and isoses per audited Financial Internation Statements With Expenses per Return 2 Part XIII Supplemental Internation Stateme					3	•		
5 Donated services and use of facilities 6 investment expenses 8 investment expenses 9 investment expenses 9 investment expenses 9 investment expenses 9 investment (e.g., Add ines 4.8 investment) 2 investment (e.g., Add ines 4.8 investment) 3 investment (e.g., Add ines 4.8 investment) 3 investment (e.g., Add ines 4.8 investment) 4 investment (e.g., Add ines 4.8 investment) 5 investment (e.g., Add ines 4.8 investment) 6 investment		• • •			4			
8 Investment expenses 7 Prior period adjustments (epith) for the prior period adjustments (epith) for the prior period adjustments (epith) for the year per Intancial Statements. Combine lines 3 and 9 8 593, 306 9 593, 306 9 593, 306 9 593, 306 9 593, 306 10 <39, 077, 478 Part XIII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recovertee of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total reverus. Add lines 3 and 4c. (This should equal Form 990, Part II, line 12:) 1 Total expenses and losses per audited financial Statements 2 Amounts included on in 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 1 Total expenses and losses per audited financial statements 2 Amounts included on In 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 1 Total expenses and losses per audited financial statements 2 Amounts included on Form 1 but not on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total expenses and losses per audited financial statements 2 Amounts included on Form 1 but not on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total expenses and losses per audited financial statements 2 Amounts included on Form 1 but not on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 and 46. Part IV, lines 1					<del></del>	•		
7   Prior penod adjustments   7   8   593,306   8   593,306   9   593,30								
8 Other (Describe in Pert XIV) 9 Total adjustments (inst). Add lines 48 9 593, 306 10 <a href="#assessments-left-adjustments">assessments-left-adjustments-left</a>	_	·						
9 Total adjustments (nei). Acid Ines 48 10 Scoss or (seliciti) for the year par financial statements. Combine lines 3 and 9 11 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Contact services and use of facilities c Recoveries of pior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 10: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4e. (This should equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Contact services and use of facilities b Prior year adjustments 2 Contact services and use of facilities b Prior year adjustments 2 Contact services and use of facilities b Prior year adjustments 2 Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact services and use of facilities C Contact Services C Contact Services C C Contact Services C C C C C C C C C C C C C C C C C C C	_	•					593	306
Secses or (tefficit) for the year per financial statements. Combine lines 3 and 9   10   <39,077,478     Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return   1   <32241000     Audit of the year of the support per audited financial statements   1   <32241000     Audit of the year of the support per audited financial statements   1   <32241000     Audit of the year of the year of the support per audited financial statements   2a   2b		•						
Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized garns on investments b Conated services and use of facilities c Recoveries of prory year grants d Cither (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Cither (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Call contacted services and use of facilities b Prior year adjustments 1 Total expenses and losses per audited financial statements 2 Amounts included on In 1but not on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 1 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 1 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: a Conated services and use of facilities b Prior year adjustments 2 Lasses reported on Form 990, Part IX, line 25: b Conated services and use of facilities b Prior year adjustments 5 Lasses reported on Form 99	_	• • • •			$\vdash$			
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 Add lines 2a through 24 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12: but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 44 and 46 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) 5 Total revenue. Add lines 3 and 4c. (This should squal Form 990, Part II, line 12) 7 Part XIII (Reconcillation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Lasses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investme				iah Bassa		Date		,4/0.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Contacted services and use of facilities c Recoveries of prior year grants d Cther (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 17: b Cther (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and idesses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25: a Contacted services and uses of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Contacted services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: d Cother (Describe in Part XIV) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IX, line 25: b Other (Describe in Part XIV) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part III, line 18) 5 Total expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25 b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part III, line 18) 5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Par		ents w	ith Reve	nue per			1000
a Net urreatized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) Add lines 2 through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Catal lines are included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Pitor year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Catal Revenue, Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25: a Donated services and use of facilities b Pitor year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Catal Revenue, Add lines 3 and 4c. (This should equal Form 990, Part III, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not lincluded on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and lincord on Form 990, Part IX, line 25, but not on line 1: b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total sevences and lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XII, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	1					1	<3224	1000.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses in tincluded on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 7 Amounts included on ine 1 but not on Form 990, Part I, line 12) 8 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) A Amounts included on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 b Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 b Other (Describe in Part XIV) c Add lines 2a through 2d c 193, 152. b Other (Describe in Part XIV) c Add lines 2a through 2d c 193, 152. b Other (Describe in Part XIV) c Add lines 2a through 2d c 193, 152. b Other (Describe in Part XIV) c Add lines 4a and 4b c 7, 026. c 186, 126 c 7, 593, 874 Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV, Part XI, line 8; Part XIV, Part XI, line 8; Part XIV, Part XI, line 8; Part XIV, Part XIV, Part XIV, Part XIV, Part XIV,	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1			1	
c Recoveries of pnor year grants d Other (Describe in Part XIV) e Add lines 2 through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and included on Form 990, Part VIII, line 17b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 1 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 3 Consider services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IX, line 25 b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Ty 407, 748 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV, line 6; Part XIV, line 2d and 4b; and 4b. PART V , LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENT SUPPORT A VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XII , LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS . TAX.  UNREALIZED LOSSES/INVESTMENT FEES.	а	Net unrealized gains on investments	2a				ľ	
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Call Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 d Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 2a through 2d 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part III, lines 7b b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV, Supplemental Information Complete thus the descriptions required for Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 8; Part XII, lines 2d and 4b. PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XII, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	b	Donated services and use of facilities	2b		···			
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IVIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b for Included on Form 990, Part IVII, line 25 c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2 and 4c. (This should equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 2a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18.)  Part XIV Supplemental Information Complete thus the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF MONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	C	Recoveries of prior year grants	2c			_		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 \$ < 32076910  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and uses of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a linvestment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part III, line 18) 6 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part III, line 18) 7 Again State 1 186, 126 7 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part III, line 18) 7 Agart XIV Supplemental Information 7 Agart XIV Supplemental Information 8 Agart XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. 8 Agart XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. 9 Agart XII, Line 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  Part XII, Line 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	đ	Other (Describe in Part XIV)	2d				]	
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 6 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Pior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 7, 407, 748 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 12. b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 8; ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.	е	Add lines 2a through 2d .				2e		0.
a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  6 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  7 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  8 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  9 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, and 10 total expenses experted in Form 990, Part II, lines 18.)  1 Total expenses and 10 total expenses experted in Form 990, Part I	3	Subtract line 2e from line 1				3	<3224	1000.
a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  5 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  6 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  7 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  8 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  9 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  1 Total expenses, and 10 total expenses experted in Form 990, Part II, lines 18.)  1 Total expenses and 10 total expenses experted in Form 990, Part I	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not not Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIV, LINE 4; Part XI	а		4a	19	3,152			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 3 Prior year adjustments 4 C Losses reported on Form 990, Part IX, line 25: 2 C C C C C C C C C C C C C C C C C C C	_	, , , , , , , , , , , , , , , , , , , ,	<del></del>					
Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)  Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Losses reported on Form 990, Part IX, line 25  d Other (Describe in Part XIV)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Complete this part to provide the descriptions required for Part III, lines 18.)  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part IIII, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; Part XII, lines 4; Part XII, lines 4; Part XII, lines 8; ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 8; ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B; NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.		•				_	164	.090.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 6 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 7 Type Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, Part X, Part XII, line 8; Part XII, lines 2d and 4b; Part XII, Line 8; A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XII, LINE 8; ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B; NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.								
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b; Dart XIII, Line 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, Line 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XIII, lines 2d and 4b; Dart XII		t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	enses pe	r Retu		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Losses reported on Form 990, Part IX, line 25  d Other (Describe in Part XIV)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part III, lines 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 25 and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.					•		7.456	.000.
a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Fart XIV Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part X, line 8; Part XII, lines 2d and 4b; Descriptions required for Part III, lines 10 and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	_						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part IIII, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	_		20					
c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18.)  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	_		<del></del>	<del> </del>		┥		
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, ine 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b; Part IV, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.						⊣		
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part II, line 18.)  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XII, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	_		$\rightarrow$	1	8 252	<b>⊣</b> [		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XII, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.		•	20		0,232		19	252
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	_	·		•			7 407	7/0
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	3	· · · · · · · · · · · · · · · · · · ·		•		3	7,407	, / 40 •
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	4		1.1	1.0	2 152	1		
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.		•	-					
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  5 7,593,874  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	þ	Other (Describe in Part XIV)	4b		7,026		100	100
Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	-	•						
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.				•		5	1,593	,0/4.
X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH  ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.								<del></del>
PART V, LINE 4: A BOARD DESIGNATED FUND SUPPORTS THE ORGANIZATION WITH ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.			II, lines 1	la and 4; Pa	art IV, lines	1b and	2b; Part V, line	4; Part
ANNUAL DONATIONS TO ITS OPERATING FUND. ALL OTHER ENDOWMENTS SUPPORT A  VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.								
VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	PAF	T V, LINE 4: A BOARD DESIGNATED FUND SUPPO	ORTS	THE O	RGANI	ZATI	ON MITH	
VARIETY OF NONPROFIT ORGANIZATIONS WITH ANNUAL GRANTS.  PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.								_
PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.	ANN	TUAL DONATIONS TO ITS OPERATING FUND. ALL	OTH.	ER END	OWMEN	TS S	UPPORT A	<u> </u>
PART XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY VS. TAX.  PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR  UNREALIZED LOSSES/INVESTMENT FEES.			_					
PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.	VAF	RIETY OF NONPROFIT ORGANIZATIONS WITH ANNUA	AL G	RANTS.				
PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.								
PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.							<u> </u>	
PART XII, LINE 4B: NET ADJUSTMENT FOR FAS 136 ENDOWMENT LIABILITY FOR UNREALIZED LOSSES/INVESTMENT FEES.								
UNREALIZED LOSSES/INVESTMENT FEES.	PAF	T XI, LINE 8: ADJUSTMENT FOR FAS 136 ENDOV	WMEN.	T LIAB	ILITY	vs.	TAX.	
UNREALIZED LOSSES/INVESTMENT FEES.								
UNREALIZED LOSSES/INVESTMENT FEES.								
UNREALIZED LOSSES/INVESTMENT FEES.	<b></b>	IM VII I ING AD. NOM ADTROMESIAM DAD DAG 120	C 17324	DOMESTICS.	m	ד דים	WA 500	
	PAL	TT ALL, LINE 4B: NET ADJUSTMENT FUR FAS 130	o EN	DOMMEN	т пти	דחדם	II FUK	
	TIME	FAI.TZED I.OSSES/INVESTMENT PPPS						
Schedile Difform 990) ZVV	OTAL	ARRITAED BOODED/INVESTREAT FEES.				Sched	ule D (Form 9	90) 2008

Schedule D (Form 990) 2008	SACRAMENTO	REGION	COMMUNITY	FOUNDATION	94-2891517 Page 5
Schedule D (Form 990) 2008 Part XIV Supplemental	I Information (continued)				
•	-				
	_				
PART XIII, LINE	4B: INCLUDES A	DJUSTME	IT FOR FAS	136 ENDOWME	ENT LIABILITY.
ALSO, FINANCIAL	STATEMENTS ARE	ISSUED	WITH AMOU	NTS ROUNDED	TO THE NEAREST
					_
\$1,000. A PORT	ION OF THE AMOU	NT IS DI	EEMED A RO	UNDING ERROR	·
	·····				
		·	<del></del>		
				· · · · · · · · · · · · · · · · · · ·	
					··
		<del></del>	<del></del>		
				<del></del>	
	<del></del>	<del></del>			
<del></del>					<del></del>
	···				
				<del></del>	
		<del></del>			
			· · · · ·		

### **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990. Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

(vi) Amount paid

to (or retained by)

organization

15,275.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(i) Name of individual

or entity (fundraiser)

LEE BENNETT

**Employer identification number** Name of the organization 94-2891517 SACRAMENTO REGION COMMUNITY FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations Solicitation of non-government grants b X Email solicitations Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (v) Amount paid (iii) Did fundraiser

have custody or control of contributions?

Νo

X

Yes

(ii) Activity

RENT GOLF COURSE

(iv) Gross receipts

from activity

27,624.

to (or retained by)

fundraiser

listed in col. (i)

12,349.

			<del>                                     </del>	<del> </del>		<del></del>
			<del>  </del>			<u> </u>
			1 1	1		
<u></u>			<del>                                      </del>			
				<del> </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
			<b>&gt;</b>	27,624.	12,349.	
List all states in which	n the organization is registe	ered or licensed to solici	t funds or has			
3 List all states in which	the organization is registe	ered or licensed to solici	t funds or has			
3 List all states in which	n the organization is registe	ered or licensed to solici	t funds or has			
3 List all states in which	the organization is registe	ered or licensed to solici	t funds or has			
3 List all states in which	the organization is registe	ered or licensed to solici	t funds or has			
otal 3 List all states in which	the organization is registe	ered or licensed to solici	t funds or has			15,275 or licensing.
3 List all states in which	the organization is registe	ered or licensed to solici	t funds or has			

Schedule G (Form 990 or 990-EZ) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Page 2

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with	-		,		,	
	Γ		(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota	al Eve	nts
				PINK & WHITE		(Add col.		
	ĺ		SAVE A DAY	BALL	3		l. (c))	
e n			(event type)	(event type)	(total number)	<u> </u>		
Revenue	1	Gross receipts	27,624.	58,358.	36,419.	12	22,4	101.
	2	Less: Charitable contributions	18,539.	500.	3,290.	2	22,3	329.
_	3	Gross revenue (line 1 minus line 2)	9,085.	57,858.	33,129.	10	0,0	72.
	4	Cash prizes						
Sesu	5	Non-cash pnzes			4,796.		4,7	796.
Direct Expenses	6	Rent/facility costs						
Direc	7	Other direct expenses .	12,584.	21,265.	9,607.	4	13,4	156.
	8	Direct expense summary. Add lines 4 through	n 7 ın column (d)		•	( 4	8,2	252.)
	9		in column (d)			5	1,8	20.
Pa	irt]		answered "Yes" to Form	990, Part IV, line 19, or re	ported more than			
	—-	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/Instant	4 3 200	(d) Total ga	amıng	(Add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) thro		
364	l							
<u> </u>	1	Gross revenue						
sə	2	Cash prizes .						
Direct Expenses	3	Non-cash prizes						
Direct I	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No [	No			
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		<b>•</b>	(		)
	8	Net gaming income summary. Combine lines	1 and 7 in column (d)	<u> </u>				
							Yes	No
		ter the state(s) in which the organization opera	_		<del></del>	-	├—	لـــــــا
		he organization licensed to operate gaming ac No," Explain:	tivities in each of these s	states /	•	9a	<del> </del>	
_	•••	ito, Espain.					ļ	
	_						<u> </u>	
		ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax ye	ar?	10a	ļ	<u> </u>
b		Yes,* Explain:	<del></del>					
		the american areas and a second areas are a second are a second areas are a second areas are a second areas are a second areas are a second areas are a second areas are a second are a second areas are a second areas are a second areas are a second areas are a second areas are a second areas are a second areas a	wh			-		<b> </b>
11 12		es the organization operate gaming activities whe organization a grantor, beneficiary or truste		of a partnership or other s	entity formed to	11	<del>  </del>	
		minister charitable gaming?		or a paraneromp or outer t	may formed to	12		
_			<u> </u>		Schedule G (For		30-EZ	2008

Schedule G (Form 990 or 990-EZ) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Page 3 Yes No 13 Indicate the percentage of gaming activity operated in: 13a a The organization's facility % b An outside facility 13b % 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address: Name > Address > 16 Gaming manager information: Gaming manager compensation ▶ \$ Description of services provided Employee Independent contractor \_\_ Director/officer 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 17a retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$

832083 12-18-08

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE								OMB Ne	OMB No 1545-0047
(roughago)			Govern	Governments, and Individuals in the U.S.	uals in the U.S.	ã			2008
Department of the Treasury Internal Revenue Service		▶ Сошр	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	on answered "Yes," on F  ► Attach to Form 990.	," on Form 990, P. m 990.	art IV, lines 21 or 22.		Open	Open to Public Inspection
₽ .	on SACRAMENTO	O REGION	COMMUNITY F	FOUNDATION				Employer identification nùmber 94-2891517	tentification number 94-2891517
Part I General In	General Information on Grants and Assistance	nd Assistance		:					
1 Does the organiz	Does the organization maintain records to substantiate the amount	o substantiate th		s or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
critena used to av	critena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? scedures for mon	toring the use of grant	t funds in the United	d States.			X Yes	<b>2</b>
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments an	d Organizations in th	e United States. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check thi	s box if no one recipie	nt received more th	ian \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	lal space is needed	
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ince
SEE ATTACHMENT				0.	0				
SER ATTACHMENT				•	•				
See at inclining				i	0				
i									
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government o	rganizations						
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the	ction Act Notice,	see the Instructions	Instructions for Form 990.				Schedule I (Form 990) 2008	rm 990) 2008

Page 2

94-2891517

Schedule I (Form 990) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION

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

Use Schedule I-1 (Form 990) if additional space is needed.

appraisal, other)	•	NEW COMPUTERS		ormation.			TY					NG	4	Schedule I (Form 990) 2008
(e) Method of valuation (book, FMV, appraisal, other)		COST	 	r addıtional inf	LETTER	PROVIDED TO	RESPONSIBILITY	CHECK OF	ARDING		2) MUST	REPORTING	ETION O	
(d) Amount of non- cash assistance	• 0	890'6		line 2, and any othe	BY A	GRANTS PROV		INITIAL	ORGANIZATION REGARDING	ORGANIZATION'S	GRANTEE	EXPENDITURE	SUCCESSFUL COMPLETION OF	
(c) Amount of cash grant	2,995.	1,437,530.		in required in Part I,	ACCOMPANIED	IF ANY. G	AN EXPENDITURE	. AFTER AN	THE ORGANI	THE ORGANI	PARAMETERS, THE	FUNDS,	AFTER SUCCES	28
(b) Number of recipients		1207		de the informatio	IONS ARE	FUND,		SED FUND.	IS MADE TO	IS. IF	1	S USE OF	ISSUED AF	
(a) Type of grant or assistance	AWARDS TO RECOGNIZE OUTSTANDING COMMUNITY SERVICE	SCHOLARSHIPS		Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	GRANTS PROVIDED TO 501C3 ORGANIZATIONS	STATING THE USE RESTRICTIONS OF THE	ORGANIZATIONS OTHER THAN 501C3 GO THROUGH	PROCESS IF IT IS FROM A DONOR ADVISED	THE ORGANIZATION 1) AN INQUIRY IS	LEGAL ORGANIZATION AND MAJOR PROGRAM	INFORMATION FALLS WITHIN THE GRANT'S	SIGN A GRANT AGREEMENT WHICH COVERS	& RESPONSIBILITIES. THE GRANT IS I	832102 12-18-08

### SCHEDULE J (Form 990)

# **Compensation Information**

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

SACRAMENTO REGION COMMUNITY FOUNDATION 94-289

Employer identification number 94-2891517

Part I	Questions Regarding Compensation			
			Yes	No
ta Che	ck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Part	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	l		
	Travel for companions Payments for business use of personal residence			
X	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1 1
	e 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision	<u> </u>		
	I of the expenses described above? If "No," complete Part III to explain	1b	X	<b></b>
	the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		,,	
trus	tees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	<u> </u>
				1
3 Indi	cate which, if any, of the following the organization uses to establish the compensation of the organization's			
CEC	D/Executive Director. Check all that apply.			1
	Compensation committee			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			i l
				i
	n			ı
	ng the year, did any person listed in Form 990, Part VII, Section A, line 1a:	4a		X
	erve a severance payment or change of control payment?	4a 4b		X
	icipate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		X
	icipate in, or receive payment from, an equity-based compensation arrangement?	40		
IT "Y	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Ont	y 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	tingent on the revenues of:			
	organization?	5a		X
	related organization?	5b		X
-	es," to line 5a or 5b, describe in Part III.			
6 For	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
con	tingent on the net earnings of:			
a The	organization?	6a		X
b Any	related organization?	6b		Х
If "Y	es" to line 6a or 6b, describe in Part III.			]
7 For	persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
not	described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8 Wer	e any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ļ	
ınıtıa	al contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>

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

Schedule J (Form 990) 2008

SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517

Schedule J (Form 990) 2008 SACRA

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-{iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of M	N-2 and/or 1099-MISC compensation	3C compensation	()	( <u>0</u> )	(E)	(F)
(A)		(i) Base	(ii) Bonus &	(iii) Other	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior
		compensation	compensation	compensation	-			Form 990 or Form 990-EZ
	€	156,098.	15,200.	0	12,640.	0	183,938.	169,500.
RUTH BLANK	€	0	0	0	0	0	0	0
	ε							
	€							
	Θ							
	(III)							
	(0)							
	(ii)							
	(i)							
	(ii)							
	(1)							
	(II)							
	Θ							
	Œ							
	Θ							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	Ξ							
	8							
	€							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							

Schedule J (Form 990) 2008

### SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

### **Transactions with Interested Persons**

Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

2008

Open To Public Inspection

Name of the organization

**Employer identification number** 

SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) In by board or the organization? default? person and purpose amount agreement? committee? Yes Yes Yes To From No No Total Grants or Assistance Benefiting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount of grant or type the organization of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes Nο STEPHEN BOUTIN BOARD DIRECTOR 9,583.SEE SCH O

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2008

### SCHEDULE M (Form 990)

## **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization
SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number 94-2891517

Pa	rt I Types of Property								
•		(a) Check if	(b) Number of	(c) Revenues reported	Lon	(d) Method of det	orminu	20	
	•	applicable		Form 990, Part VIII, I		revenue		ıg	
	ı								
1	Art - Works of art			<u> </u>					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications			·					
5	Clothing and household goods								
6	Cars and other vehicles			· · · · · · · · · · · · · · · · · · ·					
7	Boats and planes								
8	Intellectual property								
9	Securities · Publicly traded .	X	12			FAIR MARKET V			
10	Securities - Closely held stock	Х	2	123,4	<u>33.</u>	REDEMPTION V	LUE		
11	Secunties - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution								
	(historic structures)								
14	Qualified conservation contribution (other)								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ (SOFTWARE )	X	1	17,5	56.	RETAIL PRICE			
26	Other ▶ (								
27	Other (								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	zation dunne	the tax year f	or contributions					
	for which the organization completed Form 828	83, Part IV, (	Donee Acknow	ledgment	29			0	
				•				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property	reported in Part I, line	s 1.28	3 that it must hold for			
	at least three years from the date of the initial of	contribution,	and which is i	not required to be use	d for e	xempt purposes for			
	the entire holding period?		_				30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the revi	ew of any non-standa	rd con	tributions?	31	X	
32a	Does the organization hire or use third parties of	•	•						
	contributions?		-	•			32a		Х
ь	If "Yes," describe in Part II.								
33	If the organization did not report revenues in co	olumn (c) for	a type of prop	erty for which column	(a) is	checked,			
	describe in Part II.	., -	· · ·	•		•			
LHA	For Privacy Act and Paperwork Reduction	Act Notice	see the Instr	uctions for Form 990		Schedule M	(Form	990)	2008

### **SCHEDULE 0**

(Form 990)

Department of the Treasury internal Revenue Service

# Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization

Employer identification number

SACRAMENTO REGION COMMUNITY FOUNDATION 94-2891517
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO 1) PROMOTE GIVING AND PHILANTHROPY AND 2) ENHANCE ITS IMPACT FOR THE
BETTERMENT OF THE GREATER SACRAMENTO REGION
FORM 990, PART VI, SECTION A, LINE 8B: EACH COMMITTEE MAY RECOMMEND
ACTIONS TO THE FULL BOARD; ONLY A QUORUM OF THE FULL BOARD AUTHORIZES
ACTION OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 10: THE TAX RETURN WAS MADE AVAILABLE
ELECTRONICALLY TO ALL MEMBERS OF THE BOARD FOR REVIEW. ALL QUESTIONS AND
ISSUES WERE APPROPRIATELY CHANGED ON THE RETURN PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICIES ARE
COMPLETED BY ALL BOARD MEMBERS ANNUALLY. STAFF IS MADE AWARE OF ANY
CONFLICTS OF INTEREST AND MONITOR GIFT, GRANT AND VENDOR PAYABLES ACTIVITY
THROUGHOUT THE YEAR FOR ANY RECEIPTS OR DISBURSEMENTS WHICH MAY CREATE
CONFLICTS OF INTEREST OR WOULD BE OTHERWISE PROHIBITED.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE CEO AND CFO ARE
REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD USING COMPARABLE DATA OF
SIMILAR POSITIONS FOR COMMUNITY FOUNDATIONS ACROSS THE COUNTRY, ADJUSTED
FOR REGIONAL DIFFERENCES, FROM THE COUNCIL ON FOUNDATIONS. AFTER
CONSULTATION WITH OTHER MEMBERS OF THE BOARD REGARDING PERFORMANCE, THE
CHAIRMAN SENDS A SIGNED LETTER APPROVING COMPENSATION LEVELS TO THE CEO FOR
PROCESSING. THE REVIEW IS DONE ANNUALLY NEAR THE BEGINNING OF EACH YEAR
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** 

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number 94-2891517

AND WAS LAST COMPLETED FEBRUARY 25, 2009 FOR THE 2009 YEAR.
FORM 990, PART VI, SECTION C, LINE 19: CONFLICTS OF INTEREST POLICIES,
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: STEPHEN BOUTIN
(D) DESCRIPTION OF TRANSACTION: SEE SCH O - PAYMENTS FOR LEGAL SERVICES
TO LAW FIRM OF WHICH MR. BOUTIN IS A PARTNER.
FORM 990, PART V, LINE 7G:
FORM 8899 WAS NOT FILED BECAUSE THE SOFTWARE DONATED, COMMERCIALLY
AVAILABLE FOR PURCHASE & NONEXCLUSIVELY LICENSED, DID NOT PRODUCE
INCOME DURING THE TAXABLE YEAR. THE SOFTWARE WAS GRANTED OUT SHORTLY
AFTER RECEIPT TO BENEFIT THE DIGITAL INCLUSION INITIATIVE.
SCHEDULE G, PART I, LINE 2B(III):
INDIVIDUAL MANAGED RENTAL OF THE GOLF COURSE AND THE RELATED MEALS FOR THE
EVENT. MANAGEMENT OF THE RECEIPTS WAS ADMINISTERED BY A SEPERATE
VOLUNTEER.
SCHEDULE G, PART I, LINE 2B(V):
INDIVIDUAL IS A VOLUNTEER AND RECEIVED NO COMPENSATION. AMOUNTS ARE FOR
REIMBURSEMENTS FOR COSTS OF RENTING THE GOLF COURSE AND THE CATERING OF
MEALS.

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	SACRAMENTO R	EGION COMMU	NITY FOUN	DATION	94-28	91517
SCHEDULE A, PAR	T II, LN 1			_ · _ · _ · _ · _ · · · · · · · · · · ·		
EXPLANATION OF	AMENDMENT					
SCHEDULE A, PAR	T I LINE 1 WAS	S AMENDED T	O EXCLUDE	UNUSUAL	GRANTS	AND ITS
EFFECTS ON LINE	5.			·		
					<del></del>	
					<del></del>	
				·· <del>·</del>	<u> </u>	
						<del></del>
	<del></del>		·			·
	<del></del>					
				<del>-</del>		
		<del></del>				
		<u></u>				
					<del></del>	
		<del></del>		<del></del>		
				<del></del>		

SCHEDULE R

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection 0 COMMUNITY FOUNDATION Direct controlling Direct controlling SACRAMENTO REGION 94-2891517 entity Œ Ē NONE status (if section 501(c)(3)) End-of-year assets 509A3, III-FI Public charity ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ (iii) 0 Total income Exempt Code section 9 9 501C3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ნ</u> ► See separate instructions. CALIFORNIA CALIFORNIA SACRAMENTO REGION COMMUNITY FOUNDATION LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. REAL ESTATE TITLE HOLDING PROVIDE EDUCATINAL GRANTS Primary activity Primary activity 9 9 Identification of Related Tax-Exempt Organizations CENTRAL VALLEY POUNDATION - 68-0283878 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization SRCF HOLDINGS, LLC - 94-2891517 of disregarded entity 740 UNIVERSITY AVENUE, #110 SACRAMENTO, CA 95825 SACRAMENTO, CA 95825 Department of the Treasury Internal Revenue Service Name of the organization 2255 WATT AVENUE (Form 990) Part II Parti

38

94-2891517

Page 2

Schedule R (Form 990) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION

General or managing partner? Percentage ownership Schedule R (Form 990) 2008 £ Code V-UBI amount in box m 20 of Schedule U K-1 (Form 1065) Share of end-of-year assets g te allocations? Dispropartion-Yes No  $\Xi$ Share of total income E Share of end-of-year assets Type of entity (C corp, S corp, or trust) Œ Share of total income E Direct controlling entity ē Predominant income (related, investment, unrelated) Œ Legal domicile (state or foreign country) © Direct controlling entity Primary activity 0 <u>e</u> Part IV Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Part III Identification of Related Organizations Taxable as a Partnership <u>ত</u> Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 3 832162 12-23-08

Schedule B (Form 990) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION	94-	94-2891517 Page 3
Related Organizations		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
		, ×
		×
		╀
d Loans or loan guarantees to or for other organization(s)  e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)	•	1
h Exchange of assets	•	
i Lease of facilities, equipment, or other assets to other organization(s)	٠	×
1		×
		<del> -</del>
	•	+
n Sharing of paid employees		t x
o Reimbursement paid to other organization for expenses		to X
	,	t X
q Other transfer of cash or property to other organization(s)		
Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	insaction thresholds	
(A)	(B)	(0)
Name of other organization(s)	type (a-r)	Amount involved
(1) CENTRAL VALLEY FOUNDATION	υ	10,000.
	!	
(3)		
(4)		
(5)		
832163 12-23-08	Sct	Schedule R (Form 990) 2008

94-2891517

Page 4

4

Schedule R (Form 990) 2008 SACRAMENTO REGION COMMUNITY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

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.

Country)  Legal domicile retension Stitled Stitled of foreign retension Stitled Stitled of foreign retension Stitled Stitled Stitled of foreign retension Stitled Stit	(A)	(8)	(0)	<u>0</u>	(E)	(F)	(9)	£
(State or foreign actions 200 Vest assets a linearing country)  Yes No Y	Name, address, and Ein	Primary activity		Are all partners			Code V.1181	
Aes No	of entity			section 501(c)(3) organizations?			amount in box 20	
Schedie R Farm 980 200				Yes No			(Form 1065)	Yes
Schedie R Ferm 990 200								
Schedule R Form 860 2008								
Schedule R F Frances						_		
Schedule R F From 880) 2008								-
Schedule Rifferin 880) 2008								
Schedule R Iform 8801 2008								
Schedule R Form 880 2008								
Schedule R (Form 980) 2008						_		
Schedule R Forn 990 2008								
Schedule R Form 990 2008								
Schedule R Form 990 2008					_			
Schedule R (Form 890 2008								
Schedule R   Form 890 2008								
Schedule Riferm 860 2008								
Schedule R (Form 860) 2008								
Schedule R (Form 890) 2008								
Schedule R (Form 880) 2008								
Schedule R (Form 980) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 980) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 880) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								<del></del> .
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								
Schedule R (Form 990) 2008								
Schedule B (Form 990) 2008						_		_
Schedule B (Form 990) 2008								
							Schedule R (Forn	990) 2008

ACHAMENTO REGION COMMUNITY FOUNDATION THE SE-ZB1131 ORM 990, SOL I, PART II	
ACIAMENTO REGION CC THE 94-2891517 ORM 990, SOL 1, PART II	Cante
SACHAMENTO RE EN# 94-2891537 FORM 990, SOL (	Grama

FORM 990, SOL I, PART II			•	despendent formation of the party of the par			
Gemil Genter	<u>134451</u>	<u> </u>	IRC code yection	Eran)	essystence method of saluetion	description of non-cash assistance	purpose of grant of arthriance
20080013 Access to Art, Inc.	417 E. Pacific Avenue, Cape May Count Hoose. NJ 08210	22-3175078	50.03	9 300	<b>5</b>		NA in homor of Aureita Mike Chang penest
20080549 American Red Cross	8928 Volumer Lane Sute 100 Sacramento CA 95826-3221 53-0199805	21 53-0196805	200	21 905			Connect a publication
2000548 Arthrita Foundation-Sezzamento Chapter	3040 Explorer Once Suite 1 Secremento CA, 95627	94-1528396	50.63	19 805	•		
20081061 Aulan Renources Inc	5709 Starkfan Bine Bacramento CA, 65824	2658135	8	98 98			promote primary/secondary education of children from imagnant fembes, general support
2008/1057 Bring Me A Book. Sacramento Regional Office	PO Ber 41002 Sacramenta, CA 95841	77-0481924	ទ	29 042			promote prunery/secondary education of ctilities from immersel families, defends under
20081077 ByDesign Financial Soutoms	4000 Well Ave 2nd Floor North Highlands CA, 95660	95-2481868	25	12,500			Fest acts First program
20080876 Cal Poly Foundation	Parties Constitution Della 13 San Lus Condo, LA	95-1648160	20.02	3 3 3 5			for the Edgar A. Hyer endowment fund
20080415 Celifornia Scortan Rea Foundation	655 Em Avenue Long Basch, CA, 90813	94-6078726	20102	50 135			Grantse receives 100% of evelable balance
20080754 Caltona State University Long Beach	1250 Betfower Bivd MS-0103, Long Beach, CA, 90840	93-1150363	State of Caldoma	10 000	•		for REF Scalerter Scholershop
20080441 Capital Public Radio, Inc.	7055 Folsom Bodievard. Sarramento. CA, 95626	1/222274	501c2	B 761			"Bach's Lunch" event general support
20081063 Center for Multipratural Cooperation	P O 90s 27442 Freeto CA 93729	77-010-04	Ş	8			promote primary/secondary education of children
20080392 Chapman Educational Foundation	1445 NW 28th Avenue Portand OR, 97210	83-1121853	8 5 5	8 8			som erengrant Limiters, general auggest to help care for teaching cod
20081141 Child Abuse Prevention Council of Bezramento Inc.	4700 Reservite Rd # 102, North Highlands CA, 95000	94-2833431	8	1001			ganeral support
							Early Chethood Programs captal campagn early childhand als amoromerats Action
20080785 Children's Receiving Home of Secrements	3555 Aubum Bivd Secrements CA 95821	94-1323166	25125	43 600			division general support
20080152 Christ Academy	3801 Louis J. Rodriguez Drive Wichita Falls TX, 76306	75-0006389	ដូច	2 000	•		tor the "ABA" project for extrain criticion
20060477 Christian Brothers High School of Secrements Inc.	4315 Martin Luther King Jr. Blvd., Secrementa, CA, 95620	88-0322380	50163	86 1			ror de boarding en die Tradicon Campaign Phase II
20081014 College of Willem and Mary	P.O. Box 8705 Williamabum VA 23187-8795	54.6001718	commonwealth of				for the Drew Yameds-Hoday Endowed
				3			Schoelists for international Study and Travel for the Collegate School Armael Fund of home
20060839 Collegiste School, Inc.	ZED West 78th Street, New York, NY 10024	13 1634986	50103	1 900			or Cemerators A, bouchs and Aures Most Chang general support
20061145 Colusa Regional Medical Certar	SSELZ	31-1750849	50163	192.81			for suppless
20080994 Cristo Ray High School	6700 McMahan Onve Sacraciento CA 95824 3153	04.1872027	S	80 64			for the scholarship pregram, subject tertbooks,
			3		•		general support for the Art Art Education Program, general
2000/3/ Crocker An Museum Association 2000/30 Date: School School School	216 O Moret, Settemento DA 95814	94-2552488	9	6 250			peadns
20060700 El Derado Community Foundation	3097 Cedar Rayen Road Phoenate CA 95667	44 0055000	7 S	8 8	•		general support
20060244 Food for Fernies	P.O. Box 15616 Secrements CA 85532	2905310-99	3 T	8 9			for the GABT program
20081158 Fountation Aiding the Elberty	P O Box 254849 Secramento CA 95805-4649	68-0198413	200	800			
20061101 Francis House of Septembers	1422 C Street, Sacratrema CA, 95814	94-2437147	50163	6,242			general support
20080303 Framont Prespitanten Church	5770 Carton Drive Secremento CA 95919	PA-1279824	200	22 908			to Premies Cantal Company rehard control
200802293 Friends For High	P.O. Box 100466 Satramento CA, 95616	66-0243235	25.	10 000			For PCBP Derby Day 2008
20080793 Friendship Club The	138 New Mohawit Road, Suce 275 Neveda City CA 95959	98-0262000	501G	2005	•		General support
20060114 Georgeban Unversity	37th & O Breets At W Box 571252, G-19 Healy Hall, Whishergton DC, 20057-1252	53-0199603	25	10 900			the the Colene Deen a demotranse hand
Symptom Comment of the Comment	Council Service Center P O Box 13558 Secremento CA, ocesta		į	į			
2000 1000 Great Valley Contract free	201 March Court Motors Co. 2012	22-7627-52	200	55 1 66 1	•		for scout camps: general support
20050835 Greenkouse The	P.O. Box 346136 Secrements CA 25534-6138	W.0118551	8 8 8 8				general support
			3	3	•		general support for KSG Center for Public Leadership Director's
COMMISSION TOTAL STATE OF THE PARTIES OF SCHOOL OF COMMISSIONS			30,50	200			Fund
2000070 Hes Gross The	13130 Burbach Redesord Charmes Cate Ca 01401	20-5534052	501G	8 8			geheral susport, he grand opening
	The same property, was made of the state	NE 7529 CE	200	18,000	•		general support terration programmes and continues of children
2008 1084 Himpay Women's Herizage Association		68-0350323	50102	7 500			from enumerat tendes bookland
Marian Charles of Consoca	C DOL CARGO C SECURITION C VORCE-COL	228251	0 0	9 000 9			for Gegory Bers Schokrahle fund for the unrestrated fund of the JCC Thursday
20080641 Jewish Community Center on the Pathades	411 East Carton Averue, Tenaty NJ 07870	22 1487220	Ş	8			School of Mysic in honor of Ansides and
20080274 Junior Achievement	P.O. Bas 225802 Sattamento CA, 95885-5002	94-8080888	3	87.5			MODES (Source)

dedicated to a production in recognition of UC. Deers Contential Collections for two contents assessed the Content An Managem refers contents.	undans	promote primary secondary execution or children from arrangual families	general support Resultance Research, general support	for KSSD Leadership	to the Contralinity College student emergency and	For Find & With entering canada surfact	For BSI Schools	general support	perenal support	general support	for the Captal Cumpagn	general support	for the destried children's socialization program	general support	for the Predations of the Sevenget general support		general support, Lorente Lana regints propert for the GABY program	to 14. 24 Grade Resting Retains Progren, for 14. 5th Ceste Mane Program, to the Warmer His Judie School, Sestarished Undorms, Warmer His lacke School for to be the Strakespane Festival in Authoric Oregon	con user, trans recoverance, test such to control or co	Center for the Study of Regional Change for scholarships	frenetal support	Transpire (Transpire)	summer lide camp general support	Several aupport.	matching grants program, general support	to estables publishing center engrove sports program and hard vasting alizas program		ScholenshaffCoverde High Echool monade commendational and antition	from thengrant termines, suderit tounge &	Combal late contents Assessed Sciences	for 2008 Book of Drugsta program	crash nursery general support	for Summerbridge Ladiem Campus Capital Campaga, general support	for the Soderquist femily matching grant	general support	general support	Program, Homeway Remel Fund general		First Crew project \$3,000 for Adams Brubech symphony	remainder for general support	podotti jarobou	general support	for the President's Errangency Fund
																																						software donated by Mcrosoft for use in the	Digital Inchrision project				
						•	•	•					•	•								•		•		,											,	. ;	17 558 00 cost				
	56.311	2000	\$ 000	900	17 500	27.00	22 000	000 8	2000	2000	51 178	9 000	000 OF	000 01	\$ 000 \$ 000		8 8	83.786	31 000	922.5	12 228	900	2 200	\$ 600	74 800	5,000		989	1	8 8	15 815	24 100	10 SO	90 PZ	192 0	5 8	Ę		8	95 Q	86	17 650	10 000
	50163	<b>5</b>	86 CG CD CG	Solet	50.02	519	3	50.63	50162	Soles	20.02	501c3	2	8	ខ្លួន		3 3	Placer Hills Union School District	25	50162	20.80	50.05	80162	50.03	5016	SO1c.3 Roseville Jord Union High	School Defrict.	Place: County	:	3 S	3	<b>501c3</b>	50103	50163	200	<b>3</b>	ş		<b>2</b> 010 <b>2</b>	50.03	2008	2015	218
	94.1421463	20-0499043	94-6178680 62-0547746	94.2614102	16206591	68-0027351	72-0505250	54-0360672	8294040-53	20-5787732	94 2159659	94-3330846	66-0309705	95-703838	93-0718337 91-1623841	0.00000		666-2003-148	13-1844147	M-8036494	28-2104531	04-2519003	68-0470557	81-0537508	68-0147193	20-3350863		94-3373673		CENTRAL PR		84-1156588	SA-1597352	94 3007888	94-1375586	20-00/00/00	68.0189897		XIXED A	91-1841408	84-1312343	P4-2625294	94-1158599
	2000 W El Camino Avenue Secremento CA, 95833	4500 Roosewel Ave , Secremento, CA, 85520	855 Emeral Bay Road South Late Tentos CA 96150-0410 40 Galesi Onte Wayns NJ 07470	1031 Response Road, Suse 300 Sacramento CA 95815	1919 Sparme Court, Secremento CA, 95825-3961	3841 N. Freeway Blvd., Buts 185, Septembers CA, 95834	11715 Bretsom Avenue 8-13 Baton Rouge LA 70816	2891 32nd Avenue, Secremento CA 95824	1905 Mountain Road, NW Abequenços NOA 87104	201 Misson Street, 4th Floor San Francuco, CA, 94105	6785 Green Valley Road Placendle CA, 95667	314 West Man Street, Grass Valley, CA, 85945	96 West Marn Street, Surte B Woodland CA 95005	PO Box 2428, Truches, CA, 80180	4001 SW Canyon Rasel, Portland, OR 97221 P.O. Box 276800, Servanento CA 95427-6500	1000 A) street 300 cast of cas	PO Bes 9207 Aubum, CA, 95604-9207	1860) Placer His Rd Magiliaw Vigta CA, 95722		CA 95018	1420 Meritay Avenue Ste 3 West Secrements CA 95691	5030 El Camera Avenue, Sude 2000 Camerhael CA, 95608	770 Danna Avenue Secramento, CA, 95815	400 Rolling Clag Rench Lane Ovenda MT 59854	2555 49th Street, Saturation CA 85817	50 Corporators Yard Rid. Reservine CA, (2018)		1 Toper Way Rosewille CA \$5678	24 10 10 10 10 10 10 10 10 10 10 10 10 10	2411 Abarbas Bed Se 110 Secretario CA 95417	2100 G Street Secremento CA, 95816	2750 Suttenville Road Secremento, CA, 95620	2000 Lacuam Drive. Sucremento CA, 95864		3333 Therd Avente Secretario CA, 05817	551 Sequota Pacific Blvd Secremento CA, 85814	P.O. Box 2761; Secrements CA 65613		JAST 1651 Method Settlements, CA, 95817	3418 3rd Avenue Sacramento CA, 95817	6201 Florin-Pertura Road Sacrameda, CA, 95829-1095	101 Lathrop Way Suita D. Saramento, CA, 95815	P.O. Box 4300 Monga CA 94575
	2008 1003 KVIE, Inc.	20041065 Language Academy of Sactamento	2008/041 League to Bave Late Tahos 20080748 Lde Rat Group Inc.	20081076 Liliput Children's Bervers	20081062 Lan Ren Foundation	West-A-was Foundation of Sacraments & Northeadein 20080294 Cattorns	20080281 Moody Adams EvangeStic Association	20080350 Monti Veturs Program	20060357 National Approx Moseum Foundation	20080296 Nature Conservancy of California	20080470 New Morning Youth and Femily Services	20060792 Northern Californa Certae for the Arts	20080253 Northurn Cathorna Chibbert's Therapy Center	ZAUGIDAO Morthern Saerra Pertnership	2000241 Gegos Zoo Feundation 20081017 Pacific Justice Institue		2000000 Pacer Community Faundation	2000005 Perow Hith Umon School Despt.	20000005 Permed Permishood May Monte Inc	Regents of the University of Cattorius	20080434 Rising Tate Feundation of West Secrements	20050964 River Oath Centrer for Children	Reberts Family Center for Coldons	20060422 Rolling Dog Ranch Annual Sancturry Foundation	20050867 Ronald McDonald House Charters of Northern California	20080538 Rose-da Community School		20080338 Reservite High School	The state of the s	2008.100 Sectionary Area Emergency Manage Center	20080573 Secremento Bree	20050008 Secremento Children's Heme	20060787 Secrements Country Day School	20080243 Secremento Entrepeneurship Academy	20080157 Secrements Food Bank & Family Servess	2008) D44. Secritmento History Foundation	20060311 Secretario Louves and Faltes		2008 1171 Secremento Mutual riocising Authority	2008/1042 Sacramento Philhermonic Orchestra Association Inc.	Secretar SPCA	20081046 Secramento Tree Foundation	2008 1029 Sant Mary's College of Caldorna

11   12   12   12   12   13   13   13	of Coundstann  I vernent & Critician  Stan   # Fine CA 89425  # Fine CA 89425  ###################################	## 1250070 ## 255200 ## 2155200 ## 2155200 ## 2155200 ## 1255200 ## 1255200 ## 1256200 ## 1256200 ## 1256200 ## 125620 ## 125620 ## 125620 ## 125620	20 20 20 20 20 20 20 20 20 20 20 20 20 2	5 000 5 000 11 4 16 20 000 51,535 50 000 15 000 17 77 1 5 000 5 000 1 2 000 1 2 000 1 3 000 1 5 000		to the Markstab Centar for Appled Elbers Call analy Competent Cent For the Seron Mattern Program, general support For the Serons Mattern Program, general support for the Serons Mattern Program, general support for the Serons Serons program for the Mattern Forman program for the Serons Serons program for the Serons Serons program for the Serons Serons program for the Serons Serons for the Serons Serons program for the Serons Serons for the Serons Serons for the Serons Serons for the	
1156 Date band, Lorent Core   150 Date   1	of Coundation  I vernent & Critician  Sibn	# 1251075 # 215570 # 215570 # 215570 # 215570 # 125570 # 125646 # 1101700 # 1754646 # 115767 # 175804 # 175804		5 000 20 878 20 000 51,535 50 000 15 000 17 77 15 000 5 000 5 5 000 5 5 000 5 10 000 15 000 15 000 15 000 15 000 15 000 15 000		general support For the Serena Hetzton Program, general support for the Serena Hetzton Program, general grained support for the Hestin Ectevis proget for the Bostunistion Family proges conty, several by obtain relabilities several for transportures to obtain relabilities several general support for the Youth Mensity Fund general support general support	
1980   Johnson Admin CA, 1980)   19.19300   20.19300	s Vegrands & Criticians states the Reases	114 (S44) 31 (S44) 31 (S44) 31 (S44) 31 (S44) 31 (S44) 31 (S44) 31 (S44) 31 (S44) 32 (S44) 33 (S44) 34 (S44) 35 (S44) 36 (S44) 36 (S44) 37 (S44) 38	# 2152020 # 2152020 # 2152020 # 2152020 # 1252020 # 1252020 # 1252020 # 1252020 # 1252020 # 1788020		51,535 51,535 51,535 50 000 10 000 10,000 17,771 5 000 5 000 5 000 5 000 5 000 5 000 5 000 5 000 5 000 5 000		Service support
100   100	e Vegenen & Caldran Elber 18 Ross 20 S	mmras CA 65678  114  124  131  131  131  132  133  134  135  135  136  136  136  136  136  136	4.7155700 4.7255700 4.00072818 4.1256000 4.1256000 6.10790000 6.10790000 6.10790000 6.10790000 6.10790000 6.10790000 6.10790000 6.10790000 6.10790000 6.10790000		20 878 20 000 20 000 20 000 15 000 15 000 2 500 2 500 2 500 3 500		support  to the Heath Egents project to the Desiration Farrals project to the Desiration Farrals progect to the Desiration Farrals progect to transport on the vitually received Place Coorty severe to octain retribution services. In the expect carrying private support to the Youth Mentaly Fund general support general support general support
1987   Average Law Search Act   Average Law		ming CA 65676  114  114  124  131  131  134  135  135  136  137  138  138  138  138  138  138  138	#4.155020 #4.155020 #4.155020 #4.155020 #4.155020 #4.155020 #4.155020 #4.155020 #4.155020 #4.155020 #4.156020 #4.156020		11 416 51,533 50 000 15 000 10 000 10,000		general support to the Heath Express prograt to the Heath Express prograt to the Deviantion Family program, general respons County sevents to other restabilishing sevents to the captabilishing private sevents to the captabilish to other restabilishing sevents to the viacol family fund general support to the Vacol family fund general support general support
273 See See See Secretario C. (2616) 279 See See See Secretario C. (2616) 279 See See See Secretario C. (2616) 279 See See See Secretario C. (2616) 279 See See See See Secretario C. (2616) 279 See See See See Secretario C. (2616) 279 See See See See See Secretario C. (2617) 279 See See See See See Secretario C. (2617) 279 See See See See See See See See See Se		418 418 418 418 418 418 418 418 418 418	8-002278 8-002278 8-002278 8-023829 8-023829 8-023829 8-023829 8-023829 8-023829 8-023829 8-023829 8-023829 8-023829		51,535 50 000 110 000 110 000 115,000 17 77 1 5 000 5 000		To the Head's Extrates proper to the the Desiration Family program, general respons to the Desiration Family program, general respons to transportation for visitify areas to occur relabelation services, general support to the captul campagn, general support to the visitify fund general support to the visitify fund general support general support general support
### 1789 Con Brand, Encounter, Cat 641   11,01700   11,00		<b>5</b>	# 0002218 # 154606  -0197006 #-0197006  -0197006  -0197006  -0197006  -0197006  -0197006  -0197006		51,535 50 000 15 000 17 77 1 5 000 5 5 000		to the transferance is servery beginning general interpretation to white the received Places.  County, servery to obtain re-backstann services, to the captual carragency, perveral support for the expect carragency, perveral support for the Youth Meralty Fund general support.  General support.  General support.
1779   20   Black			4 1354006 11-0197006 4-1132946 4-1132946 8-113294 8-1132934 7-113290	**************************************	50 000 15 000 10 000 15 000 15,000 17 7 1 25 000 25 000		to transportural by visitely evolved Please County severa be obtained an evolves, County severa be obtained an evolves, general support for the experience and evolves are the obtained and evolves support perveral support general support
### 177 October 1874   11-10720   5010   500			4 134666 14.1787006 14.1787006 16.107806 16.107806 16.178734 17.188006 18.0374805	2	50 000 15 000 15 000 15 000 17 77 17 77 500 500 500 500 500 500 500 500 500 5		County sensors to obtain rehabiliston services, for the capital campagn, general support general support to the Youth Monalty Fund general support general support general support general support
00 Bit State		:956	1.0197006 H-1294946 H-1294946 H-1279948 H-178223 H-27723 H-278200	2	15 000 10		control support.  The The Youth Mensity Fund general support.  Grave is support.  Grave is support.
0. Ob Best Statement CA, 18617         10.000         90.01         10.000           7. Ob Best Statement CA, 18617         10.000         90.01         10.000           7. Ob Best Statement CA, 18617         10.000         90.01         11.000           7. Mark Wall schowers CA, 18614         10.700         90.01         11.000           7. Mark Wall schowers CA, 18614         10.700         90.01         11.000           7. Mark Wall schowers CA, 18614         10.700         90.01         11.000           7. Mark Wall schowers CA, 18614         10.700         90.01         11.000           7. Mark Wall Schowers CA, 18614         10.700         90.01         11.000           7. Mark Wall Wall Schowers CA, 18614         10.700         90.01         11.000           7. Mark Wall Wall Wall Wall Wall Wall Wall Wal		:956	M-1784946 M-1027968 M-1294948 M-1727334 M-1727234 M-1788006	2	6 993 6 993 7 5 900 7 5 900 7 5 900 7 5 900 7 5 900 7 9 900 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		grant to voice Managay Fund general support general support
70 Obe 6441 Secrement C. 18517		:986	6-102700 1-1294948 1-1294948 10-12034 10-12034 10-13034 10-13034 10-13034 10-13034	2	6 993 15,000 7 900 17 77 7 5 000 5 900 5 900 5 900 5 900 5 900 5 900		General support General support
225 State with Secrement C. P. Edit 1		;9 8	6-1527868 1-154946 8-0-12834 15-1762283 1-2785306 18-0374805	2	15,000 10,000 7 500 17 77 1 5 000 5 829,92 5 900 15 034		general support
735 Seed with Vertical Section 10 (1992)  110 (State Resonance Cut (1814)  111 (State Resonance Cut (1814)  112 (State Resonance Cut (1814)  113 (State College Section 10 (1814)  114 (State College Section 10 (1814)  115 (		;99 <b>%</b>	M 1294948 M-0132934 M-278293 M-2788908 M-0374905	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	2 500 2 500 3 500 500		General support
10   10   10   10   10   10   10   10		;98g	M-0112234 M-172783 M-2788006 M-0374805		500 500 500 500 500 500 500 500 500 500	,	
140 former in Market (L. M. Apples)   14 - 17   17   17   17   17   17   17   17		:9956	8-0132834 N-172283 H-2788308 R-0374805	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	5000 5200 500 500 500 500 500 500 500 50		States and an artist of the states of the st
100 to 3, and 20		:9956	M-1702283 H-2788908 M-0374805	20 20 20 20 20 20 20 20 20 20 20 20 20 2	5 000 5 000 5 000 13 034		Contract Contract
700 L S. Saw ECC Extramenta CA 6216,0005 1 171500 1 17150		9896:	H 2788908	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	595,822 5 000 5 040 81		the the New Buildren Common
2448 Sourmented Road Barta Road CA, 65425   24,017,4873   26,131,4873		1986	8-0374805	8 8 8 8 5 5 5 8 5 5 5 5	5 000 15 034		General support
989 Parma Street, Salar 201 Ved. Cyt. Cyt. 2010 1910 1910 1910 1910 1910 1910 1910		19866	d-U3/4603	8 8 8 8 8 8 8 8 8	15 034	•	:
1838 Parms States, State, St		19956		80163 80163	15 034		for the "Women's Heart Adventage" program.
100   Service Continue Data State   10   Seat			H-1000019	2 2 8 8		•	for B-Scan utratound
2000 Care Care Day Revision Conton CA, 65010   11,132,733   501-1   5,560			H-6068843	Sole3	19.805		See Heart Down
17   Sharinda Disha 964 UC 7128 New York NY 10115 115,5520200 Sold 250 000 Sold 200		Drive Rencho Cordova CA, 95670	H 1582420		980		deviend support
478 Rheusde D. Subs side u.C 7718 New York NY 10115 115558000 S01c3 25000			H-1464736	Sic	900 6		general support, for Trenty Welcome
4000 Barachery Suzu 1630 Surgerments, C.A. 66200 6+40194097 501c3 7-444		Suite 984 MC 7718 New York NY 10115	3.5588083		250 000	•	to the benefit of the Cotambia Come Described
### 100 but 18830 Secrement CA 66116 ED33   64-3201497   50121   7444							UC Repents Onto Seat Salary Program
6000 J Street, Secrement CA 60416-6053 64-1501359 501-2 74-223		Juda 1650 Becramento, CA, 95620	H-6036494	Soci	88		#342987942034
6000 J Street, Secrements CA, 69816-5003 64-3001359 501c3 7223		Secretaria CA Editio	B-0124097	50103	¥.	•	general support
Observed Secrements CA, 95619-8033         901c3         74223							promote principle conday education of children from transprant families for the Frank Fit
Development Office, 1460 Orew Averlue, Darfs, CA, 94-6031352 501-3 5790 5790 5790 5790 5790 5790 5790 5790		Committee CA, 95819-6053	4-3001350	50163	14.225		Collection for 2008 Summer Terms For the President's Curde
Overlogment Office, 1480 Drew Avenue, Dark, CA, 946081352         9616         5750           Hasts Edernes Accessement, 4200 Breathway e1150         846081352         90123         5750           Hasts Edernes Accessement, 4200 Breathway e1150         846081352         90123         27 300           McGestys School of Lew 2700 50 Avenue Sacramenta CA, 95811         84100000         94400000         27 300           2305 2405 School of Lew 2700 50 Avenue Sacramenta CA, 95811         84271457         97 1000         9440000           2305 2405 School of Lew 2700 50 Avenue Sacramenta CA, 95811         94271457         97 1000         944000           2305 2405 School of Lew 2700 50 Avenue Sacramenta CA, 95811         13427147         97 1000         944000           2305 2405 School of Lew 2700 50 Avenue Sacramenta CA, 95812         94 1540003         95 154         95 000           2507 2405 St Excenteriol CA, 95812         94 1540003         95 154         95 000           2507 2405 St Excenteriol CA, 95812         95 154000         95 000         95 000           260 Rescond Avenue Sacramenta CA, 95812         95 15400         95 000         95 000           277 Value Street Avenue Woodbreit, CA, 95812         95 000         95 000         95 000           277 Lau Street, Sacramenteriol CA, 95812         95 000         95 000         95 000							
Development Office, 1480 Drew Averting, Carlo (A)   S100							UC Devis Law School Annual Fund UC Devis
Mark Edward CA, 1952-64.31   STOL		ffice, 1460 Drew Avenue, Davis, CA,		,			3500 to Pen program & 4500 to Weber Robrer
March Sciences Accessioned, 4000 Broadway #1150   McCoards School of Law 2000 School Amount Sucrement CA, 9520-93.1   McCoards School of Law 2000 School of Law 200		•	M-6081352	2	5750	•	medical scholersky fant geteral aupport
MACCECUPS SCHOOL of Law 2000 on Awarus Sucramenta, CA. 95317  2270 Beachway Sucramenta CA, 95311 B-42714577 Solid 10 0000 2270 Beachway Sucramenta CA, 95311 B-42714577 Solid 10 0000 2501 Solid Sucramenta CA, 95311 Solid So		Control of 150 Brostoway #1150		Ş	į		to support of Paul Personalizants work as the Hefen & Christine Landgraf Versonal Research
Sell   200			#-01/04 P	3	BC (*	•	Turns In second the Deads Defended Deads
2270 Board-way Surgamento CA, 65411 64-721427 5511-5 1000 2015 J Sheet Surgamento CA, 65411 64-721427 5511-5 1000 2017 401 R1 Surgamento CA, 65427 94 156038 531-5 1000 2017 401 R1 Surgamento CA, 65427 94 156038 531-5 1000 2017 W Surga Surgamento CA, 65435 15-421427 5511-5 1000 2017 W Surga Surgamento CA, 65438 15-421427 5511-5 1000 2017 W Surga Surgamento CA, 65438 15-421427 5511-5 1000 2017 W Surga Surgamento CA, 65438 15-421427 5511-5 1000 2017 W Surga Surgamento CA, 65438 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga Surgamento CA, 65439 14-459124 5511-5 1000 2017 W Surga		Follow 3200 Shi Avenue Secrementa, CA.		7			program, encluding the "Living Internship"
2001 5 J Street Sectionaria CA, 65871   66-024055   501-01   5000   50		Secremento CA 858.16	1,30,00	3 5			region.
## 9007 740 St. Excamento, CA, 95427 94 1596038 38 157  P.O. Ber 13859 Bacamento, CA, 95815 15-427442 501c3 70 500  1401 El Camme Awares Sas 340 Sacramento, CA, 95815 15-427442 501c3 7000  P.O. Bea 8716 Deat W Federal Way WA, pecchi, 241 159574 501c3 7000  2021 W Surest, Sarramento, CA, 95815 41-159574 501c3 7000  217 State Street, Sarram Whoolemy, CA, 95875 41-159574 501c3 7000  P.O. Bear 200000, Surramento CA, 95875 23-7047079 501c3 5000  P.O. Bear 200000, Surramento CA, 95827 23-7047079 501c3 5000	raphic Art Centar	Cramento CA 95811	38-0240053	2	80		by advertor numero
## 500 April 20 Securement CA 19627							for expect construction of the Rive-Cats
1-00 El Carman Areaus Sea Ato Sacramento, CA 95015 13-427-1422 501-d 70500		Cusmento, CA, 93622	Se 1596638		751 95		Independence Fald
1401 El Carmon America CA 95315 13-4221432 501c3 7 000		SECONDATION OF SOCIETY	S-084444	Ç Â	<b>8</b> 5 R	•	Saverd support
P.O. Bear 8716 Dust: W Edward, Surgamenta CA, 97816 94-1150074 501cd 75000		wenus Sa 340 Sacramento, CA, 95815	13-4201432	50163	7 030		general support
2021 W Burnel Salvaniments CA, \$28.98         \$4-150074         501.21         7 600         .           7         428 Lincoh Avenima Woodsmit, CA, \$2607         47-20-1727         501.21         5 000           21) Bus Street, Saria, Bernima CA, \$3101         23-70-2729         501.21         6 000           PO Bus 700000, Surramente CA, \$3420         23-70-2729         501.21         5 000		hart W Federal Way WA, 96063-9715	S-1922270	59.63			peneral eupport
4 400 Lench Avenue Wooderst, CA, 85873 41-481722 501c3 5000 21) Salas Seret, Serial Bernes CA, 83101 23-1047029 501c3 6000 PO Box 788000, Secreterin CA, 83420 23-1047029 501c3 5000	ŧ	screments CA 95816	4-1150634	50103			general support, \$300 to the Foundation
436 Lenzoh Avenue Wooderny, CA, 65675 47-441752 501c3 5000 217 Suus Breek Sartu Berners CA, 57101 23-1042029 501c3 6 000 PO Ber 266003, Sarturento CA, 95828 23-1042029 501c3 5000							Grafton Recrustional Improvement Project
21) State Sant. Berker CA. 91(c) 23-1047079 501c3 6.000 PO Des 780003. Secremento CA. 95628 23-1042079 501c3 5.000		A Woodend, CA 95695	17-08/1252	50163	2000		(GROFI, You County Youth Leadership
PO Bes 780003, Sacramento CA, 95428 23-1042029 501c3 5000		Senta Bensera CA 93101	23-7042029	25.02	900		General Support
PO Ban 7480001, Secremento CA, 93428 27-1-720279 501-1-3 5000							
		Secremento CA 95825	23-7042029	252	2000		to promote the primary and secondary education of Children from emingrant families
775 D Storet, Merystala, CA, 85901 644 24.31163 501r.3 7 500 .	20060488 Yuba Sutar Lagsi Center 18075	yrute CA 85901	H 2431169	50103	7 500		to be unvestricted