

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SACRAMENTO CHILDREN'S HOME Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2750 SUTTERVILLE ROAD City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95820 | D Employer identification number 94-1156588 E Telephone number 916-452-3981 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | G Gross receipts \$ 31,589,531. |
| J Website: ▶ KIDSHOME.ORG/ | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1964 M State of legal domicile: CA |
| F Name and address of principal officer: DAVID BAKER SAME AS C ABOVE | | |
| H(c) Group exemption number ▶ | | |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: PROVIDER OF CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT SERVICES. | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 346 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 247 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 7,575,679. | 10,992,021. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,106,233. | 14,168,295. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,500,166. | 935,405. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 648,414. | 813,732. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 21,830,492. | 26,909,453. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 15,639,142. | 18,420,987. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 481,274. | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,702,885. | 4,952,105. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 20,342,027. | 23,373,092. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,488,465. | 3,536,361. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 44,009,456. | 42,542,720. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 4,308,619. | 4,905,771. |
| 22 | | 39,700,837. | 37,636,949. |

Part II Signature Block

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

| | | | |
|-------------------------------|---|---|--|
| Sign Here | Signature of officer COLLEEN M. CALANDRA, CFO Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name AMANDA H. WILLIAMS C.P.A. | Preparer's signature AMANDA H. WILLIAMS | Date 01/27/23 |
| | Firm's name ▶ GILBERT CPAS | Firm's EIN ▶ 68-0037990 | Check if self-employed <input type="checkbox"/> PTIN P01281212 |
| | Firm's address ▶ 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833 | Phone no. 916-646-6464 | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AT THE SACRAMENTO CHILDREN'S HOME, WE ARE COMMITTED TO OPENING DOORS TO THE FUTURE BY MAXIMIZING THE POTENTIAL OF CHILDREN AND FAMILIES.

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

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

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

4a (Code:) (Expenses \$ 6,056,850. including grants of \$) (Revenue \$ 4,813,037.) SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ 9,069,147. including grants of \$) (Revenue \$) SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS.

4c (Code:) (Expenses \$ 5,045,793. including grants of \$) (Revenue \$ 9,367,936.) SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,171,790.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 346 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 23 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 23 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **COLLEEN M. CALANDRA, CFO - 916-452-3981**
2750 SUTTERVILLE RD., SACRAMENTO, CA 95820

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID BAKER CEO | 40.00 | | | X | | | 286,537. | 0. | 15,333. | |
| (2) COLLEEN CALANDRA CFO | 40.00 | | | X | | | 185,285. | 0. | 6,267. | |
| (3) TODD KOOLAKIAN DIRECTOR OF PHILANTHROPY | 40.00 | | | | X | | 164,215. | 0. | 9,735. | |
| (4) CHRIS MCCARTY DIRECTOR OF MENTAL HEALTH | 40.00 | | | | X | | 155,946. | 0. | 10,540. | |
| (5) SHAHRUKH CHISHTY DIRECTOR OF CHILD & FAMILY PROGRAMS | 40.00 | | | | X | | 145,406. | 0. | 10,369. | |
| (6) KERRI KILLEBREW DIRECTOR OF HUMAN RESOURCES | 40.00 | | | | X | | 136,962. | 0. | 13,160. | |
| (7) ANNETTE JUMPER DIRECTOR OF CHILD & FAMILY PROGRAMS | 40.00 | | | | X | | 134,436. | 0. | 10,825. | |
| (8) LISA YARBROUGH BOARD PRESIDENT | 0.80 | X | | X | | | 0. | 0. | 0. | |
| (9) ALLEN WALDROP VICE PRESIDENT | 0.80 | X | | X | | | 0. | 0. | 0. | |
| (10) MARK NORIEGA SECRETARY/PAST PRESIDENT | 0.80 | X | | X | | | 0. | 0. | 0. | |
| (11) RAYNE MCKENZIE ASSISTANT SECRETARY | 0.80 | X | | X | | | 0. | 0. | 0. | |
| (12) MEREDITH GRANDINETTI TREASURER | 0.80 | X | | X | | | 0. | 0. | 0. | |
| (13) LEAH ELLIS ASSISTANT TREASURER | 0.80 | X | | X | | | 0. | 0. | 0. | |
| (14) TODD AQUILINA IMMEDIATE PAST PRESIDENT | 0.80 | X | | | | | 0. | 0. | 0. | |
| (15) NICK CLEVINGER MEMBER/PAST PRESIDENT | 0.80 | X | | | | | 0. | 0. | 0. | |
| (16) GENEVA FARAIMO MEMBER | 0.80 | X | | | | | 0. | 0. | 0. | |
| (17) JUDI BAGGARLEY GIEM MEMBER | 0.80 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ANGELICA GONZALEZ MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (19) RILEY HAYEK MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (20) MUSTAFA HESSABI MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (21) JOE HUNT MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (22) BHAVNESH MAKIN MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (23) STEPHEN MARMADUKE MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (24) LISA MILANES MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (25) DUSTY MILLER MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (26) CASEY MORRIS MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,208,787. | 0. | 76,229. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,208,787. | 0. | 76,229. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| TAMMI JAMES, M.D. 10284 SHELDON RD, ELK GROVE, CA 95624 | PSYCHIATRIC COUNSELING | 229,110. |
| | | |
| | | |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) VIDHU SHEKHAR MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (28) COLIN SUEYRES MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (29) AMY THOMA TAN MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| (30) COLLEEN HUNT MEMBER | 0.80 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|---------------|------------------------------------|----------------------------|--|-------------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 47,434. | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 23,635. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 7,383,844. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 3,537,108. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 424,382. | | | | | |
| | h Total. Add lines 1a-1f | | | | | | | 10,992,021. |
| Program Service Revenue | 2 a GOVERNMENTAL PROGRAMS | Business Code | 624200 | 14,168,295. | 14,168,295. | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | | 14,168,295. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 724,338. | | | 724,338. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 469,893. | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | b Less: rental expenses ... | 6b | | 0. | | | | |
| | c Rental income or (loss) | 6c | | 469,893. | | | | |
| | d Net rental income or (loss) | | | | 469,893. | | | 469,893. |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 4,831,887. | | | | |
| | | | (ii) Other | 16,777. | | | | |
| | | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 4,630,351. | | | | |
| | c Gain or (loss) | 7c | | 201,536. | | | | |
| d Net gain or (loss) | | | | 211,067. | | | 211,067. | |
| 8 a Gross income from fundraising events (not including \$ 23,635. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 373,642. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b Less: direct expenses | 8b | | 42,481. | | | | | |
| c Net income or (loss) from fundraising events | | | | 331,161. | | | 331,161. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b Less: direct expenses | 9b | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| Miscellaneous Revenue | 11 a OTHER RELATED INCOME | Business Code | 900099 | 12,678. | 12,678. | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | | 12,678. | | | |
| 12 Total revenue. See instructions | | | | 26,909,453. | 14,180,973. | 0. | 1,736,459. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 493,090. | 429,049. | 54,676. | 9,365. |
| 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 | 14,961,964. | 13,005,159. | 1,667,728. | 289,077. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 272,818. | 242,570. | 26,947. | 3,301. |
| 9 Other employee benefits | 1,548,275. | 1,376,617. | 152,926. | 18,732. |
| 10 Payroll taxes | 1,144,840. | 1,011,337. | 114,259. | 19,244. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 22,200. | 18,368. | 3,567. | 265. |
| c Accounting | 48,251. | 39,922. | 7,753. | 576. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 103,551. | | 103,551. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 528,004. | 442,819. | 78,797. | 6,388. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 58,342. | 51,314. | 5,587. | 1,441. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 684,115. | 565,024. | 111,866. | 7,225. |
| 17 Travel | 200,257. | 196,940. | 2,693. | 624. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 70,080. | 38,565. | 2,828. | 28,687. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 507,679. | 324,086. | 179,465. | 4,128. |
| 23 Insurance | 205,964. | 163,135. | 40,812. | 2,017. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a DIRECT SUPPORT | 1,423,250. | 1,423,250. | | |
| b COMMUNICATIONS | 347,740. | 322,567. | 13,491. | 11,682. |
| c EQUIP. REPAIRS/RENTAL | 256,037. | 152,131. | 72,264. | 31,642. |
| d WORKERS COMP. INSURANCE | 190,277. | 168,089. | 18,990. | 3,198. |
| e All other expenses | 306,358. | 200,848. | 61,828. | 43,682. |
| 25 Total functional expenses. Add lines 1 through 24e | 23,373,092. | 20,171,790. | 2,720,028. | 481,274. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|--|------------------------|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 8,469,615. | 1 | 7,541,279. |
| | 2 Savings and temporary cash investments | 2,281,886. | 2 | 3,754,166. |
| | 3 Pledges and grants receivable, net | 8,349. | 3 | 9,344. |
| | 4 Accounts receivable, net | 2,407,778. | 4 | 2,670,674. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 359,458. | 9 | 366,747. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,551,121. | | |
| | b Less: accumulated depreciation | 10b 8,191,852. | | |
| | 11 Investments - publicly traded securities | 5,676,736. | 10c | 5,359,269. |
| | 12 Investments - other securities. See Part IV, line 11 | 24,805,634. | 11 | 22,841,241. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 44,009,456. | 15 | | |
| | | 16 | 42,542,720. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,732,329. | 17 | 1,684,353. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,482,356. | 19 | 3,127,484. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 93,934. | 25 | 93,934. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,308,619. | 26 | 4,905,771. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 25,464,924. | 27 | 25,413,115. |
| | 28 Net assets with donor restrictions | 14,235,913. | 28 | 12,223,834. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 39,700,837. | 32 | 37,636,949. |
| 33 Total liabilities and net assets/fund balances | 44,009,456. | 33 | 42,542,720. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 26,909,453. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 23,373,092. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,536,361. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 39,700,837. |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,194,183. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -1,406,066. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 37,636,949. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **SACRAMENTO CHILDREN ' S HOME** Employer identification number **94-1156588**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 ... | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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 VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,878,824. | 6,987,116. | 7,678,083. | 7,575,679. | 10,992,021. | 40,111,723. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 6,836,725. | 8,400,928. | 10,818,966. | 12,106,233. | 14,168,295. | 52,331,147. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 13,715,549. | 15,388,044. | 18,497,049. | 19,681,912. | 25,160,316. | 92,442,870. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 60,228. | 37,455. | 31,497. | 33,865. | 59,580. | 222,625. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | 60,228. | 37,455. | 31,497. | 33,865. | 59,580. | 222,625. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 92,220,245. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6 | 13,715,549. | 15,388,044. | 18,497,049. | 19,681,912. | 25,160,316. | 92,442,870. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 842,065. | 1,031,291. | 999,914. | 867,437. | 1,194,231. | 4,934,938. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 842,065. | 1,031,291. | 999,914. | 867,437. | 1,194,231. | 4,934,938. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 337,204. | 302,517. | 332,099. | 212,022. | 343,839. | 1,527,681. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 14,894,818. | 16,721,852. | 19,829,062. | 20,761,371. | 26,698,386. | 98,905,489. |

14 First 5 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

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 93.24 % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 92.72 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | 4.99 % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | 5.29 % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | Yes | No |
| 2a | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|---|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2021 | | |
| a | From 2016 | | |
| b | From 2017 | | |
| c | From 2018 | | |
| d | From 2019 | | |
| e | From 2020 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2021 distributable amount | | |
| i | Carryover from 2016 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2021 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2017 | | |
| b | Excess from 2018 | | |
| c | Excess from 2019 | | |
| d | Excess from 2020 | | |
| e | Excess from 2021 | | |

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2017 AMOUNT: \$ 11,754.

2018 AMOUNT: \$ 3,401.

2019 AMOUNT: \$ 63,774.

2020 AMOUNT: \$ 24,916.

2021 AMOUNT: \$ 12,678.

FUNDRAISING EVENTS RECEIPTS

2017 AMOUNT: \$ 325,450.

2018 AMOUNT: \$ 299,116.

2019 AMOUNT: \$ 268,325.

2020 AMOUNT: \$ 187,106.

2021 AMOUNT: \$ 331,161.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

SACRAMENTO CHILDREN ' S HOME

Employer identification number

94-1156588

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>8,300.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>11,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>66,117.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>12,254.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>7,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 29,547. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 9,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 5,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 5,220. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ 11,667. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ 59,754. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | <hr/> <hr/> <hr/> | \$ 8,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | <hr/> <hr/> <hr/> | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | <hr/> <hr/> <hr/> | \$ 11,458. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | <hr/> <hr/> <hr/> | \$ 10,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | <hr/> <hr/> <hr/> | \$ 6,364. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | <hr/> <hr/> <hr/> | \$ 75,650. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 25 | <hr/> <hr/> <hr/> | \$ 13,010. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | <hr/> <hr/> <hr/> | \$ 5,380. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | <hr/> <hr/> <hr/> | \$ 89,915. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | <hr/> <hr/> <hr/> | \$ 7,630. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 31 | <hr/> <hr/> <hr/> | \$ 143,142. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | <hr/> <hr/> <hr/> | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | <hr/> <hr/> <hr/> | \$ 12,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 37 | <hr/> <hr/> <hr/> | \$ 362,094. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | <hr/> <hr/> <hr/> | \$ 1,003,095. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | <hr/> <hr/> <hr/> | \$ 5,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | <hr/> <hr/> <hr/> | \$ 8,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 43 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | <hr/> <hr/> <hr/> | \$ 79,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | <hr/> <hr/> <hr/> | \$ 6,756. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | <hr/> <hr/> <hr/> | \$ 8,413. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | <hr/> <hr/> <hr/> | \$ 5,425. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 49 | <hr/> <hr/> <hr/> | \$ 12,376. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | <hr/> <hr/> <hr/> | \$ 140,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | <hr/> <hr/> <hr/> | \$ 26,943. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | <hr/> <hr/> <hr/> | \$ 65,476. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | <hr/> <hr/> <hr/> | \$ 49,248. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 55 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | <hr/> <hr/> <hr/> | \$ 45,697. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | <hr/> <hr/> <hr/> | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | <hr/> <hr/> <hr/> | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 61 | <hr/> <hr/> <hr/> | \$ 23,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | <hr/> <hr/> <hr/> | \$ 104,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | <hr/> <hr/> <hr/> | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 67 | <hr/> <hr/> <hr/> | \$ 18,477. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | <hr/> <hr/> <hr/> | \$ 33,985. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

SACRAMENTO CHILDREN'S HOME

94-1156588

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 73 | | \$ 38,392. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | | \$ 7,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | | \$ 12,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | | \$ 1,415,803. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | | \$ 3,751,511. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | | \$ 267,108. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 79 | <hr/> <hr/> <hr/> | \$ <u>1,406,066.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | <hr/> <hr/> <hr/> | \$ <u>9,465.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | <hr/> <hr/> <hr/> | \$ <u>13,750.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | <hr/> <hr/> <hr/> | \$ <u>7,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | <hr/> <hr/> <hr/> | \$ <u>7,180.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 85 | <hr/> <hr/> <hr/> | \$ <u>6,790.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | <hr/> <hr/> <hr/> | \$ <u>5,230.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| <u>4</u> | <u>BED DONATIONS</u> _____ _____ _____ | \$ <u>66,117.</u> | <u>06/30/22</u> |
| <u>11</u> | <u>EVENT TICKETS</u> _____ _____ _____ | \$ <u>5,220.</u> | <u>06/30/22</u> |
| <u>19</u> | <u>EVENT TICKETS</u> _____ _____ _____ | \$ <u>11,458.</u> | <u>06/30/22</u> |
| <u>25</u> | <u>FILLED BACKPACKS, STUFFED ANIMALS AND COOKIES</u> _____ _____ _____ | \$ <u>7,310.</u> | <u>06/30/22</u> |
| <u>29</u> | <u>GIFT CARDS AND HOLIDAY GIFTS</u> _____ _____ _____ | \$ <u>89,915.</u> | <u>06/30/22</u> |
| <u>30</u> | <u>GIFT CARDS</u> _____ _____ _____ | \$ <u>7,630.</u> | <u>06/30/22</u> |

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|---|---|
| Name of organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 31 | GIFT CARDS AND HOLIDAY GIFTS _____ _____ _____ | \$ 143,142. | 06/30/22 |
| 71 | LAPTOPS, FOOTWEAR, TICKETS _____ _____ _____ | \$ 5,235. | 06/30/22 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization SACRAMENTO CHILDREN ' S HOME | Employer identification number 94-1156588 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SACRAMENTO CHILDREN ' S HOME Employer identification number 94-1156588

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 20,156,438. | 15,884,695. | 14,935,310. | 13,687,186. | 11,779,518. |
| b Contributions | 569,500. | 559,000. | 1,019,000. | 904,000. | 1,387,000. |
| c Net investment earnings, gains, and losses | -2,463,136. | 3,801,597. | 143,079. | 719,280. | 614,713. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 658,480. | 88,855. | 212,694. | 375,156. | 103,045. |
| f Administrative expenses | | | | | |
| g End of year balance | 17,604,322. | 20,156,438. | 15,884,695. | 14,935,310. | 13,687,186. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 96.0600 %
 - b Permanent endowment 3.9400 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 469,350. | | 469,350. |
| b Buildings | | 12,560,714. | 7,711,367. | 4,849,347. |
| c Leasehold improvements | | | | |
| d Equipment | | 148,378. | 129,993. | 18,385. |
| e Other | | 372,679. | 350,492. | 22,187. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 5,359,269. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) REFUNDABLE ADVANCE | 93,934. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 93,934. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 21,255,334. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -4,194,183. |
| b | Donated services and use of facilities | 2b | 7,200. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 42,481. |
| e | Add lines 2a through 2d | 2e | -4,144,502. |
| 3 | Subtract line 2e from line 1 | 3 | 25,399,836. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 103,551. |
| b | Other (Describe in Part XIII.) | 4b | 1,406,066. |
| c | Add lines 4a and 4b | 4c | 1,509,617. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 26,909,453. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 23,319,222. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 7,200. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 42,481. |
| e | Add lines 2a through 2d | 2e | 49,681. |
| 3 | Subtract line 2e from line 1 | 3 | 23,269,541. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 103,551. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 103,551. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 23,373,092. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD FOR A VARIETY OF USES INCLUDING: LONG-TERM STRATEGICAL ENDEAVORS, LONG-TERM MAINTENANCE OF THE CAMPUS, MUSIC FUNDS, CARE OF CHILDREN AT THE COWELL CENTER, SCHOLARSHIPS, AND SHORTFALLS IN THE OPERATIONS BUDGET.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED TO REVENUE ON FORM 990 42,481.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TAX TREATMENT OF PPP LOAN PURSUANT TO REV. RUL. 2020-27 1,406,066.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|---------------------------------|---------------------|---------------------------------|----------|
| | | LUXE FOR LIFE (event type) | SCH GUILD EVENT (event type) | 1 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 178,975. | 209,852. | 8,450. | 397,277. |
| | 2 | Less: Contributions | 4,100. | 19,535. | | 23,635. |
| | 3 | Gross income (line 1 minus line 2) | 174,875. | 190,317. | 8,450. | 373,642. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | 4,065. | | 4,065. |
| | 7 | Food and beverages | | 19,755. | 4,844. | 24,599. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | 13,817. | | 13,817. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 42,481. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 331,161. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SACRAMENTO CHILDREN ' S HOME

Employer identification number

94-1156588

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) DAVID BAKER CEO | (i) | 219,863. | 51,250. | 15,424. | 8,596. | 6,737. | 301,870. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) COLLEEN CALANDRA CFO | (i) | 167,926. | 16,550. | 809. | 5,559. | 708. | 191,552. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) TODD KOOLAKIAN DIRECTOR OF PHILANTHROPY | (i) | 149,286. | 14,713. | 216. | 4,927. | 4,808. | 173,950. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) CHRIS MCCARTY DIRECTOR OF MENTAL HEALTH | (i) | 140,717. | 13,485. | 1,744. | 4,678. | 5,862. | 166,486. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SHAHRUKH CHISHTY DIRECTOR OF CHILD & FAMILY PROGRAMS | (i) | 125,555. | 11,947. | 7,904. | 3,635. | 6,734. | 155,775. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) KERRI KILLEBREW DIRECTOR OF HUMAN RESOURCES | (i) | 124,779. | 11,617. | 566. | 4,109. | 9,051. | 150,122. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SACRAMENTO CHILDREN'S HOME** Employer identification number **94-1156588**

| Part I | | Types of Property | | | |
|---------------|---|----------------------------|---|--|---|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | X | | 95,021. | EQUIVALENT SALES PRI |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (HOLIDAY GIVIN) | X | 0 | 249,363. | EQUIVALENT SALES PRI |
| 26 | Other ▶ (NURSERY SUPPL) | X | 0 | 33,705. | EQUIVALENT SALES PRI |
| 27 | Other ▶ (TICKETS) | X | 0 | 24,403. | EQUIVALENT SALES PRI |
| 28 | Other ▶ (SILENT AUCTION) | X | 0 | 19,535. | EQUIVALENT SALES PRI |
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | | 29 | | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | | | Yes No 30a X |
| b | If "Yes," describe the arrangement in Part II. | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | 31 X |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | | | 32a X |
| b | If "Yes," describe in Part II. | | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | | |

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

Schedule M (Form 990) 2021

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

PART I, OTHER TYPES OF PROPERTY:

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2355.

(D) METHOD OF DETERMINING REVENUE: EQUIVALENT SALES PRICE

SCHEDULE M, LINE 32B:

THE EVENT LIVE AND SILENT AUCTIONS ARE CONDUCTED BY PROFESSIONAL AUCTIONEERS WHO DONATE THEIR TIME OR ARE PAID PER EVENT. THE HOME ALSO HAS AN AGREEMENT WITH A THIRD PARTY FUNDRAISER FOR THE VEHICLE DONATION PROGRAM. THE HOME RECEIVES COMPENSATION FROM THE SALE OF THESE VEHICLES LESS EXPENSES THROUGH THE THIRD PARTY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SACRAMENTO CHILDREN'S HOME

Employer identification number

94-1156588

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

OVERALL PROGRAM SERVICE ACCOMPLISHMENTS

ALL PROGRAMS - THIS PAST FISCAL YEAR (2021/2022), THE SACRAMENTO CHILDREN'S HOME (SCH) HAS CONTINUED TO LEAD THE WAY IN BEING A TIRELESS ADVOCATE FOR THE MOST VULNERABLE CHILDREN AND FAMILIES IN OUR COMMUNITY. OVER THE LAST YEAR, THE SACRAMENTO CHILDREN'S HOME HAS NOT MISSED A BEAT IN PROVIDING THE HIGHEST QUALITY OF EVIDENCE-BASED AND PROVEN PROGRAMS AND SERVICES FOR THE YOUTH AND FAMILIES THAT NEED THEM MOST THROUGHOUT THE SACRAMENTO REGION. OVER THE COURSE OF THE LAST COUPLE OF YEARS, WE HAVE ALL BEEN CHALLENGED BY THE MANY HURDLES PRESENTED BY THE PANDEMIC, A DIFFICULT HIRING ENVIRONMENT AND A TOUGH ECONOMY, BUT THE SACRAMENTO CHILDREN'S HOME HAS ANSWERED THE CALL AND CONTINUES TO BE THERE AS AN ESSENTIAL SERVICE PROVIDER FOR THE MOST VULNERABLE YOUTH AND THEIR FAMILIES AT A TIME WHEN THEY NEEDED US MOST. SINCE 1867, THE SACRAMENTO CHILDREN'S HOME HAS BEEN COMMITTED TO PROVIDING HIGH QUALITY CARE TO THE SACRAMENTO REGION'S MOST VULNERABLE CHILDREN AND FAMILIES. OUR 155-YEAR HISTORY HAS POSITIONED OUR AGENCY AT THE FOREFRONT OF CARING FOR AT-RISK YOUTH AND HELPING TO BUILD STRONG FAMILIES THROUGHOUT OUR COMMUNITY, AND TODAY, WE ARE THE PREEMINENT PROVIDER OF CHILDREN AND FAMILY SERVICES IN THE REGION. FROM PROVIDING CRISIS SUPPORT FOR FAMILIES WITH INFANTS AND TODDLERS TO PROVIDING SHORT TERM RESIDENTIAL CARE TO FOSTER YOUTH WHO HAVE SUFFERED TRAUMA SCH FOCUSES ON CHILD ABUSE PREVENTION, INTERVENTION, AND MENTAL HEALTH TREATMENT FOR OUR AREA'S MOST AT-RISK CHILDREN AND FAMILIES. OUR PROGRAMS PROMOTE CHILD SAFETY, POSITIVE PARENTING, EDUCATION, AND

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

Schedule O (Form 990) 2021

Name of the organization

SACRAMENTO CHILDREN'S HOME

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94-1156588

MENTAL HEALTH, AND IMPROVE THE HEALTHY FUNCTIONING OF FAMILIES. THROUGH OUR PORTFOLIO OF PROGRAMS, WE PROVIDE SERVICES TO NEARLY 5,500 CLIENTS CONSISTING OF 3,528 CHILDREN AND YOUTH FROM 2,714 FAMILIES. AT 155 YEARS OLD, THE SACRAMENTO CHILDREN'S HOME IS THE OLDEST AND ONE OF THE MOST HIGHLY RESPECTED NONPROFITS IN SACRAMENTO AND MAKES A SIGNIFICANT DIFFERENCE IN THE LIVES OF OUR COMMUNITY'S MOST VULNERABLE CHILDREN AND FAMILIES. WHEN FAMILIES ARE IN CRISIS, WHEN PARENTS NEED GUIDANCE, OR WHEN CHILDREN ARE DESPERATE FOR A LOVING HOME, THE SACRAMENTO CHILDREN'S HOME IS THERE TO ANSWER THE CALL.

STRTP PROGRAM (RESIDENTIAL TREATMENT PROGRAM) - THE SCH RESIDENTIAL TREATMENT PROGRAM OFFERS OUR MOST INTENSIVE LEVEL OF TRAUMA CARE FOR ABUSED, NEGLECTED, TRAUMATIZED AND EMOTIONALLY DISTURBED MALES AGE 6 THROUGH 20 YEARS. SINCE SEPTEMBER 2018 OUR PROGRAM HAS BEEN LICENSED AS A SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP) TO CARE FOR AS MANY AS 30 CHILDREN AND YOUTH AT ONE TIME AND PREPARES THEM TO THRIVE IN A HOME SETTING. THIS PROGRAM FILLS AN INVALUABLE AND NECESSARY NICHE IN OUR COMMUNITY BY ENSURING THAT ALL ABUSED AND NEGLECTED CHILDREN HAVE A SAFE, CARING AND SUPPORTIVE LIVING ENVIRONMENT WHERE THEY CAN DEVELOP THE SOCIAL SKILLS, ANGER MANAGEMENT SKILLS AND LIFE SKILLS NECESSARY TO LIVE FULL, HEALTHY AND PRODUCTIVE LIVES.

WRAPAROUND PROGRAM - THE WRAPAROUND PROGRAM PROVIDES INDIVIDUALIZED SERVICE AND SUPPORT TO FAMILIES TO ENSURE THAT RESIDENTS SUCCESSFULLY MOVE FROM GROUP CARE TO FAMILY-DRIVEN CARE. THE WRAPAROUND PROGRAM USES A HIGH-FIDELITY, EVIDENCE-BASED APPROACH THAT IS SUCCESSFUL IN REUNIFYING FAMILIES AND HELPING CHILDREN MOVE BEYOND THE CYCLE OF ABUSE TO A HEALTHY AND PROSPEROUS FUTURE. THE PROGRAM INCREASES CHILDREN'S

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AND FAMILIES' SUFFICIENCY, BUILDING ON THEIR UNIQUE STRENGTHS AND ENCOURAGING GREATER COHESION AND SELF-RELIANCE. THIS, IN TURN, AFFORDS FAMILIES AN OPPORTUNITY TO SUPPORT OTHERS IN NEED IN THEIR COMMUNITY TOWARD SELF-RELIANCE.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

FAMILY RESOURCE CENTERS - SCH OPERATES THREE OF SACRAMENTO COUNTY'S NINE BIRTH AND BEYOND FAMILY RESOURCE CENTERS (FRCS) IN SOME OF OUR AREA'S HIGHEST-RISK NEIGHBORHOODS - NORTH SACRAMENTO, MEADOWVIEW, AND VALLEY HI. THE FAMILY RESOURCE CENTERS HELP BUILD STRONG FAMILIES THROUGH EDUCATION, INTERVENTION, AND SOCIAL SUPPORT. LOCATED IN THREE OF SACRAMENTO'S MOST DIVERSE COMMUNITIES, OUR FAMILY RESOURCES CENTERS OFFER A WIDE ARRAY OF SERVICES THAT OPEN DOORS TO NEW OPPORTUNITIES FOR SACRAMENTO'S MOST AT-RISK CHILDREN AND FAMILIES. WITH A "NO WRONG DOOR" POLICY, OUR FAMILY RESOURCE CENTERS HELP MAXIMIZE POTENTIAL IN ALL FAMILIES WE SERVE AND NEVER TURN AWAY A FAMILY IN NEED.

CRISIS NURSERY PROGRAM - SCH OPERATES SACRAMENTO COUNTY'S ONLY CRISIS NURSERY. THE SACRAMENTO CHILDREN'S HOME CRISIS NURSERY PROTECTS OUR COMMUNITY'S MOST VULNERABLE CHILDREN BY OFFERING A SAFE, SUPPORTIVE ENVIRONMENT DURING TIMES OF CRISIS. WITH TWO LOCATIONS IN NORTH AND SOUTH SACRAMENTO, THE CRISIS NURSERY PROVIDES FREE, EMERGENCY CHILDCARE AND OVERNIGHT CARE FOR CHILDREN FROM BIRTH TO AGE FIVE, 24 HOURS PER DAY, 365 DAYS PER YEAR. THE CRISIS NURSERY ALSO PROVIDES CASE MANAGEMENT SERVICES TO PARENTS AND CAREGIVERS, HELPING THEM WORK THROUGH VERY DIFFICULT TIMES IN THEIR LIVES. WHEN FAMILIES ARE FACING STRESSFUL SITUATIONS ALONE WITH NO SUPPORT, THE INCIDENCE OF FAMILY

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VIOLENCE INCREASES. BY OFFERING A SAFE ALTERNATIVE FOR CHILDREN AND SUPPORTIVE SERVICES TO PARENTS, THE CRISIS NURSERY EFFECTIVELY REDUCES AND/OR PREVENTS CHILD ABUSE AND NEGLECT AND DECREASES FAMILY VIOLENCE. WHEN A FAMILY IS IN CRISIS AND HAS NOWHERE ELSE TO TURN, THE CRISIS NURSERY PROVIDES CHILDREN A SAFE PLACE TO STAY WHEN THEY NEED IT MOST.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

COUNSELING CENTER - THE EXPANDED SCH COUNSELING CENTER IS SERVING MORE CHILDREN AND YOUTH WITH THEIR CAREGIVERS THAN EVER BEFORE. THE COUNSELING CENTER USES INNOVATIVE TECHNIQUES TO IMPROVE PARENT-CHILD RELATIONSHIPS AND HELP CHILDREN HEAL FROM TRAUMA, ABUSE, OR NEGLECT. THIS COHESIVE PROGRAM FOSTERS THE DEVELOPMENT OF CLIENTS' INHERENT STRENGTHS TO PROMOTE REACHING THEIR LIFE GOALS. THE COUNSELING CENTER OFFERS CLIENTS A SUPPORTIVE ATMOSPHERE THAT IS RICH IN SELF-DISCOVERY, LAUGHTER, HUMILITY, AND HOPE IN THE THROES OF DAILY LIFE CHALLENGES.

EVIBE (EARLY VIOLENCE INTERVENTION BEGINS WITH EDUCATION) - EVIBE IS CHANGING OUR COMMUNITY - ONE CHILD, ONE FAMILY AT A TIME - AND IS UNITED IN ITS GOAL TO EDUCATE AGAINST BULLYING AND VIOLENCE. EVIBE PROGRAMS EQUIP YOUTH AND THEIR FAMILIES WITH THE TOOLS NECESSARY TO NAVIGATE AWAY FROM BULLYING AND VIOLENCE AND DEVELOP SAFER, HEALTHIER RELATIONSHIPS AT SCHOOL AND AT HOME.

THE SOURCE -THE SOURCE PROVIDES 24/7 HOTLINE SUPPORT SERVICE FOR YOUTH AND FAMILIES LIVING IN SACRAMENTO COUNTY. THE PROGRAM CONNECTS YOUTH UP TO AGE 21 AND FAMILIES TO LICENSED PROFESSIONALS WHO PROVIDE GUIDANCE, SUPPORT, AND CONNECTION TO CRITICAL RESOURCES.

| | |
|--|--|
| Name of the organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|--|--|

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

CAL-FURS - THE CALIFORNIA FAMILY URGENT RESPONSE SYSTEM, OR "CAL-FURS," IS A STATEWIDE URGENT RESPONSE HOTLINE TO PROVIDE 24/7 SUPPORT SERVICE FOR FOSTER YOUTH AND RESOURCE FAMILIES LIVING THROUGHOUT CALIFORNIA.

CAL-FURS CONNECTS CURRENT OR FORMER FOSTER YOUTH UP TO AGE 21 AND THEIR CAREGIVERS TO LICENSED PROFESSIONALS WHO PROVIDE GUIDANCE, SUPPORT, AND CONNECTION TO CRITICAL RESOURCES. YOUTH THROUGHOUT CALIFORNIA AND THEIR CAREGIVERS CAN CALL AND GET IMMEDIATE HELP FOR ANY BIG OR SMALL ISSUES THEY MAY BE HAVING, 24/7, 365 DAYS A YEAR FROM CARING AND TRAINED PROFESSIONALS FROM THE SACRAMENTO-BASED CALL CENTER.

FOSTER YOUTH TUTORING - THE SACRAMENTO CHILDREN'S HOME NOW OPERATES A TUTORING PROGRAM FOR LOCAL FOSTER YOUTH THAT ARE ENROLLED IN THE SACRAMENTO CITY SCHOOL DISTRICT. THE PROGRAM FOCUSES ON FOUR MAIN PILLARS: TUTORING, HOMEWORK HELP, MENTAL HEALTH SUPPORT, INCLUDING REFERRALS TO OTHER SERVICES, AND RELATIONSHIP BUILDING. DUE TO FOSTER YOUTH HAVING HIGH ADVERSE CHILDHOOD EXPERIENCES, WHICH HAVE DEEP TRAUMATIC IMPACTS, ASSISTING WITH SCHOOLING ALONE MAY NOT BE AS IMPACTFUL. OUR NEW PROGRAM WILL BE A HOLISTIC TUTORING SERVICE THAT TAKES INTO ACCOUNT MORE THAN JUST ACADEMIC DEFICITS AND LOOKS AT THE ENTIRE PICTURE OF CHILDREN'S TRAUMA, WHICH AS A RESULT WILL PROVIDE THE YOUTH WE SERVE WITH MEANINGFUL SUPPORT AND A MORE LASTING POSITIVE IMPACT.

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

THE EXECUTIVE COMMITTEE CONSISTS OF THE ELECTED OFFICERS OF THE BOARD OF

Name of the organization

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DIRECTORS, THE IMMEDIATE PAST PRESIDENT AND MAY INCLUDE THE CHAIRS OF ALL STANDING COMMITTEES AT THE DISCRETION OF THE BOARD PRESIDENT. THE EXECUTIVE COMMITTEE ACTS FOR THE BOARD IN EMERGENCIES WHEN IT IS NOT POSSIBLE TO CONVENE THE BOARD AND MAY ACT FOR THE BOARD AS AUTHORIZED. MEETINGS ARE CALLED BY THE PRESIDENT. ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE WHICH HAS NOT PREVIOUSLY BEEN AUTHORIZED BY THE BOARD MUST BE REPORTED TO THE BOARD AT ITS NEXT REGULAR OR SPECIAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW THE RETURN. UPON THEIR ACCEPTANCE, THE CHAIR OF THE FINANCE COMMITTEE WILL PRESENT THE RETURN TO THE FULL BOARD FOR APPROVAL.

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

EVERY REGULARLY ELECTED BOARD MEMBER SIGNS A CONFLICT OF INTEREST STATEMENT. IF ANY CONFLICTS ARISE, THE BOARD MEMBER(S) RECUSES THEMSELVES FROM VOTING ON ANY ACTION PERTAINING TO THEIR CONFLICT. WE ALSO HAVE A BID PROCESS TO ENSURE WE GET COMPETITIVE PRICES.

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

HUMAN RESOURCES CONDUCTS SALARY SURVEYS WITH LIKE NON-PROFITS IN THE AREA. THE CEO'S COMPENSATION PACKAGE IS REVIEWED EVERY YEAR AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

ALL EXECUTIVE LEVEL POSITIONS ARE REVIEWED WITH A SALARY SURVEY AND RECOMMENDATIONS BY HUMAN RESOURCES AND APPROVED BY THE CEO.

ALL POSITIONS ARE REVIEWED EVERY 2-3 YEARS WITH FORMAL SALARY SURVEYS.

| | |
|---|---|
| Name of the organization SACRAMENTO CHILDREN'S HOME | Employer identification number 94-1156588 |
|---|---|

HOWEVER GIVEN THE CURRENT LABOR MARKET WE HAVE BEEN HIGHLY FOCUSED ON COMPENSATION FOR EVERY DEPARTMENT AND INCREASED ALL SALARY SCALES AND PAID RETENTION BONUSES THIS YEAR. IN ADDITION, AS POSITIONS ARE VACATED, THE POSITION CONTENT AND SALARY ARE REVIEWED.

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

AVAILABLE UPON REQUEST. AUDITED FINANCIALS STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---|-------------|
| TAX TREATMENT OF PPP LOAN PURSUANT TO REV. RUL. 2020-27 | -1,406,066. |
|---|-------------|

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

2021

California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

| | | | |
|--|--------------------------------|---|--|
| Corporation/Organization name SACRAMENTO CHILDREN'S HOME | | California corporation number 0077012 | |
| Additional information. See instructions. | | FEIN 94-1156588 | |
| Street address (suite or room) 2750 SUTTERVILLE ROAD | | PMB no. | |
| City SACRAMENTO | State CA | ZIP code 95820 | |
| Foreign country name | Foreign province/state/country | Foreign postal code | |

| | |
|--|---|
| <p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> | <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|--|---|

Part I Complete Part I unless not required to file this form. See General Information B and C.

| | | | | | |
|------------------------------|----|--|----|------------|----|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 20,597,510 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 10,992,021 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 This line must be completed. If the result is less than \$50,000, see General Information B | 4 | 31,589,531 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 4,637,597 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 4,637,597 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 26,951,934 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 23,415,573 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 3,536,361 | 00 |
| Filing Fee | 11 | Total payments | 11 | | 00 |
| | 12 | Use tax. See General Information K | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |

| | | | | |
|---------------------------------|---|------------------------------------|---|------------------------------------|
| Sign Here | Signature of officer | Title CFO | Date | • Telephone |
| | Preparer's signature AMANDA H. WILLIAMS | Date 01/27/23 | Check if self-employed <input type="checkbox"/> | • PTIN P01281212 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address GILBERT CPAS 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833 | • Firm's FEIN 68-0037990 | | |
| | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | • Telephone 916-646-6464 |

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|------------|------------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 373,642 | 00 | |
| | 2 | Interest | • | 2 | 28,619 | 00 | |
| | 3 | Dividends | • | 3 | 695,719 | 00 | |
| | 4 | Gross rents | • | 4 | 469,893 | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) STATEMENT 3 | • | 6 | 4,848,664 | 00 | |
| | 7 | Other income SEE STATEMENT 4 | • | 7 | 14,180,973 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 20,597,510 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 5 | • | 11 | 493,090 | 00 | |
| | 12 | Other salaries and wages | • | 12 | 14,961,964 | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | 1,144,840 | 00 |
| | | 15 | Rents | • | 15 | 684,115 | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 507,679 | 00 |
| | | 17 | Other expenses and disbursements SEE STATEMENT 6 | • | 17 | 5,623,885 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 23,415,573 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|------------|---------------------|--------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 10,751,501 | | • 11,295,445 |
| 2 Net accounts receivable | | 2,407,778 | | • 2,670,674 |
| 3 Net notes receivable | | | | • |
| 4 Inventories | | | | • |
| 5 Federal and state government obligations | | | | • |
| 6 Investments in other bonds | | | | • |
| 7 Investments in stock | | | | • |
| 8 Mortgage loans | | | | • |
| 9 Other investments STMT 7 | | 24,805,634 | | • 22,841,241 |
| 10 a Depreciable assets | 13,071,784 | | 13,081,771 | |
| b Less accumulated depreciation | (7,864,398) | 5,207,386 | (8,191,852) | 4,889,919 |
| 11 Land | | 469,350 | | • 469,350 |
| 12 Other assets STMT 8 | | 367,807 | | • 376,091 |
| 13 Total assets | | 44,009,456 | | 42,542,720 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 1,732,329 | | • 1,684,353 |
| 15 Contributions, gifts, or grants payable | | | | • |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities STMT 9 | | 2,576,290 | | 3,221,418 |
| 19 Capital stock or principal fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | 39,700,837 | | • 37,636,949 |
| 22 Total liabilities and net worth | | 44,009,456 | | 42,542,720 |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|--------------|---|--------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 Net income per books | • -2,063,888 | 7 Income recorded on books this year not included in this return. Attach schedule * | • -4,194,183 |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year. | |
| 3 Excess of capital losses over capital gains | • | Attach schedule | • |
| 4 Income not recorded on books this year. Attach schedule STMT 10 | • 1,406,066 | 9 Total. Add line 7 and line 8 | -4,194,183 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | • | 10 Net income per return. | |
| 6 Total. Add line 1 through line 5 | -657,822 | Subtract line 9 from line 6 | 3,536,361 |

* SEE STATEMENT

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--|--|--------------|---------|
| 2 RIVERS FOUNDATION | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | 06/30/22 | 8,300. |
| ACCENTURE, LLP | 1610 R STREET, SUITE 240 SACRAMENTO, CA 95811-6685 | 06/30/22 | 11,400. |
| ADAMSON, KENNETH | 725 ESTATES DRIVE SACRAMENTO, CA 95864-7212 | 06/30/22 | 25,000. |
| ASWELL, LOUISE | 6305 BARCELONA COURT GRANITE BAY, CA 95746-5809 | 06/30/22 | 12,254. |
| BANNER BANK | 1 PARK CENTER DRIVE #100 SACRAMENTO, CA 95825-8347 | 06/30/22 | 7,500. |
| BENEVITY: AMERICAN ONLINE GIVING FOUNDATION | 5700 DARROW RD STE 118 HUDSON, OH 44236-5026 | 06/30/22 | 29,547. |
| BLACK VOTTERI, ROSA LEE | 5871 SHEPARD AVENUE SACRAMENTO, CA 95819-2536 | 06/30/22 | 9,050. |
| BOHART, RUSSELL J. | 69 LINCOLN BOULEVARD, SUITE A #245 LINCOLN, CA 95648-6304 | 06/30/22 | 5,000. |
| BOYERS, LINDA G. | 1455 46TH STREET SACRAMENTO, CA 95819-4140 | 06/30/22 | 5,400. |
| CAPC OF SAC., INC. | 4700 ROSEVILLE ROAD NORTH HIGHLANDS, CA 95660-5143 | 06/30/22 | 11,667. |
| CAPITAL VALLEY HOMES, LLC | 216 POWERS DR EL DORADO HILLS, CA 95762-4457 | 06/30/22 | 10,000. |
| CHARITABLE ADULT RIDES & SERVICES, INC. | 4669 MURPHY CANYON ROAD SAN DIEGO, CA 92123-4439 | 06/30/22 | 59,754. |
| CINCINNATI CHILDREN'S FOUNDATION | 3333 BURNET AVENUE CINCINNATI, OH 45229-3026 | 06/30/22 | 25,000. |
| COMBINED FEDERAL CAMPAIGN | 9128 RIVER LOOK LANE FAIR OAKS, CA 95628-6568 | 06/30/22 | 8,900. |
| CUNNINGHAM, GLENN A. | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | 06/30/22 | 7,000. |

SACRAMENTO CHILDREN'S HOME

94-1156588

| | | | |
|---------------------------------------|--|----------|------------|
| ED & BETTY MANOYAN FOUNDATION | 5409 GRANITE GROVE WAY GRANITE BAY, CA 95746-9047 | 06/30/22 | 10,000. |
| EVANS, COLE | 6306 FUEGO WAY ELK GROVE, CA 95758-4801 | 06/30/22 | 10,250. |
| FEDERATED MUTUAL INSURANCE COMPANY | 2900 HEINZ STREET SACRAMENTO, CA 95826-3819 | 06/30/22 | 5,000. |
| FLETTER, JOANNE | 10850 GOLD CENTER DRIVE, SUITE 150 RANCHO CORDOVA, CA 95670-6100 | 06/30/22 | 25,000. |
| FRONTSTREAM | 3939 WALNUT AVENUE, #110 CARMICHAEL, CA 95608-7316 | 06/30/22 | 6,364. |
| GENE AND JUDY MARQUART FAMILY FUND | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | 06/30/22 | 75,650. |
| GOSSELIN, ROBERT C. | 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95825-6735 | 06/30/22 | 5,700. |
| HAMILTON, ALICE SUZANNE | 1201 8TH AVENUE SACRAMENTO, CA 95818-4004 | 06/30/22 | 5,000. |
| HARTZOG, HILDEGARDE | 4950 S. ALBION STREET LITTLETON, CO 80121-2004 | 06/30/22 | 5,380. |
| HELLER, MICHIO | 914 FALLEN LEAF WAY SACRAMENTO, CA 95864-5318 | 06/30/22 | 5,000. |
| IN-N-OUT BURGER FOUNDATION | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | 06/30/22 | 15,000. |
| KAISER PERMANENTE | 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612-8604 | 06/30/22 | 60,000. |
| KOENIG, WILLIAM J. | 1650 RESPONSE ROAD SACRAMENTO, CA 95815-4807 | 06/30/22 | 5,000. |
| KP PUBLIC AFFAIRS | 4027 GARDEN HIGHWAY SACRAMENTO, CA 95834-9609 | 06/30/22 | 7,500. |
| LAWRENCE PROPERTIES | 621 CAPITOL MALL, SUITE 1900 SACRAMENTO, CA 95814-4746 | 06/30/22 | 12,300. |
| LOS NINOS SERVICE LEAGUE | 5740 WINDMILL WAY, SUITE 11 CARMICHAEL, CA 95608-1379 | 06/30/22 | 362,094. |
| MACMILLAN, CATHERINE COPE | 2760 SUTTERVILLE ROAD SACRAMENTO, CA 95820-1040 | 06/30/22 | 10,000. |
| MCCALL, ANNE | 451 WYNDGATE ROAD SACRAMENTO, CA 95864-5936 | 06/30/22 | 1,003,095. |

SACRAMENTO CHILDREN'S HOME

94-1156588

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| MEYER, ROBERT T. | 9631 CLUS DU LAC CIRCLE LOOMIS, CA 95650 | 06/30/22 | 5,750. |
| NELSON, DONALD G. | 5204 CROWN BEACH CIRCLE ELK GROVE, CA 95757 | 06/30/22 | 5,000. |
| NEWLAND, REBECCA | 6865 WATERVIEW WAY SACRAMENTO, CA 95831-2501 | 06/30/22 | 8,100. |
| O'BRIEN, MARK | P.O. BOX 160141 SACRAMENTO, CA 95816-0141 | 06/30/22 | 5,000. |
| OEHLER, MARLENE M. | 5101 FLORIN PERKINS ROAD SACRAMENTO, CA 95826-4817 | 06/30/22 | 79,975. |
| OLESON, NATE | 29 SUNLIT CIRCLE SACRAMENTO, CA 95831-1656 | 06/30/22 | 5,000. |
| ONCORE CONSULTING, LLC | 1010 COLUMBIA PLACE DAVIS, CA 95616-2316 | 06/30/22 | 6,756. |
| PATINO, DOUGLAS X. | 1100 POND VIEW DRIVE FOLSOM, CA 95630-7655 | 06/30/22 | 8,413. |
| PAUL, MARK | 4536 FRANCIS COURT SACRAMENTO, CA 95822-1210 | 06/30/22 | 5,425. |
| PAYPAL GIVING FUND | 4805 HILLSBORO LANE SACRAMENTO, CA 95822-1611 | 06/30/22 | 12,376. |
| PFUND FAMILY FOUNDATION | 1250 I STREET NW, SUITE 1202 WASHINGTON, WA 20005-3935 | 06/30/22 | 5,000. |
| PINC SACRAMENTO INC. | 420 LARCH LANE SACRAMENTO, CA 95864-5724 | 06/30/22 | 140,000. |
| POWERS FAMILY 1997 TRUST | P.O. BOX 221298 SACRAMENTO, CA 95822-8298 | 06/30/22 | 26,943. |
| ROTARY CLUB OF SACRAMENTO FOUNDATION | 14604 135TH COURT NE WOODINVILLE, WA 98072-4607 | 06/30/22 | 65,476. |
| SACRAMENTO REGION COMMUNITY FOUNDATION | P.O. BOX 2528 FAIR OAKS, CA 95628-9528 | 06/30/22 | 49,248. |
| SARABI FAMILY FUND OF THE BESSEMER GIVING FUND | 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95825-6735 | 06/30/22 | 5,000. |
| SCHERRER FAMILY TRUST | 2760 SUTTERVILLE ROAD SACRAMENTO, CA 95820-1039 | 06/30/22 | 45,697. |
| SMITH, MARTHA ANNE | 958 GOLD NUGGET CIRCLE LINCOLN, CA 95648-8336 | 06/30/22 | 12,000. |

SACRAMENTO CHILDREN'S HOME

94-1156588

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|--|---|----------|----------|
| SMITH, RICHARD G. | 6844 HAVENSIDE DRIVE SACRAMENTO, CA 95831-2173 | 06/30/22 | 10,000. |
| SOCOTRA CAPITAL, INC. | 950 DUSTY STONE LOOP ROCKLIN, CA 95765-5677 | 06/30/22 | 7,000. |
| STONE, MARY LOU | 2208 29TH STREET, SUITE 100 SACRAMENTO, CA 95817-1129 | 06/30/22 | 5,000. |
| STRAHLER, RICHARD G. | 930 LOS MOLINOS WAY SACRAMENTO, CA 95864-5254 | 06/30/22 | 23,000. |
| STROH, CRAIG | 2501 38TH AVENUE SACRAMENTO, CA 95822-3619 | 06/30/22 | 5,000. |
| TERRA FAMILY FOUNDATION | 11775 BEAVER BAR COURT GOLD RIVER, CA 95670-8325 | 06/30/22 | 104,000. |
| THE COLLET FOUNDATION | 144 TOMLINSON DRIVE FOLSOM, CA 95630-7401 | 06/30/22 | 8,000. |
| THE CURRY/SEVERSON FUND | 915 HIGHLAND POINTE DRIVE, SUITE 300 ROSEVILLE, CA 95678-5420 | 06/30/22 | 15,000. |
| THE HOEFER FAMILY FOUNDATION | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | 06/30/22 | 15,000. |
| THE MARIE C. GROSS FAMILY TRUST | 10763 BUBBLING WELLS ROAD GRASS VALLEY, CA 95945-9321 | 06/30/22 | 18,477. |
| THE PESZYNSKI FOUNDATION | 4180 TRUXEL ROAD, SUITE 100 SACRAMENTO, CA 95834-3765 | 06/30/22 | 5,000. |
| THE RITE AID FOUNDATION | 1069 WILHAGGIN PARK LANE SACRAMENTO, CA 95864-5377 | 06/30/22 | 10,000. |
| THE SUNDT FOUNDATION | P.O. BOX 3165 HARRISBURG, PA 17105-3165 | 06/30/22 | 5,000. |
| TICKET TO DREAM FOUNDATION | 2620 SOUTH 55TH STREET TEMPE, AZ 85282-1903 | 06/30/22 | 28,750. |
| UMPQUA BANK CHARITABLE FOUNDATION | 1407 VALENTINE AVENUE SE #104 PACIFIC, WA 98047-2104 | 06/30/22 | 5,000. |
| UNITED WAY CALIFORNIA CAPITAL REGION | 10389 OLD PLACERVILLE RD SACRAMENTO, CA 95827 | 06/30/22 | 38,392. |
| WEAVER, MARY TOBIAS | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | 06/30/22 | 7,700. |
| WELLS FARGO CORPORATE PHILANTHROPY & COMM. RELATIONS GROUP | 1329 GAGLE WAY SACRAMENTO, CA 95831-2864 | 06/30/22 | 12,950. |

SACRAMENTO CHILDREN'S HOME

94-1156588

| | | | |
|---|---|----------|-------------------|
| SACRAMENTO COUNTY DEPT OF HEALTH AND HUMAN SERVICES | 7001-A EAST PARKWAY, STE 1000 SACRAMENTO, CA 95823 | 06/30/22 | 1,415,803. |
| FIRST 5 COMMISSION | 2750 GATEWAY OAKS DRIVE SACRAMENTO, CA 95833 | 06/30/22 | 3,751,511. |
| DCFAS | PO BOX 269057 SACRAMENTO, CA 95826-9057 | 06/30/22 | 267,108. |
| US SMALL BUSINESS ADMINISTRATION | 6501 SYLVAN RD CITRUS HEIGHTS, CA 95610 | 06/30/22 | 1,406,066. |
| YOCHA DEHE | P.O. BOX 18 BROOKS, CA 95606-0018 | 06/30/22 | 25,000. |
| MAITA, ROBIN | 6311 AGUA VISTA DR. RANCHO MURIETA, CA 95683 | 06/30/22 | 9,465. |
| RUFFO, PATRICIA | 2638 RIVIERA CIRCLE EL DORADO HILLS, CA 95762-4012 | 06/30/22 | 13,750. |
| SCOTLAND, SUSAN | 1659 10TH AVENUE SACRAMENTO, CA 95818-4130 | 06/30/22 | 7,400. |
| HELLER, MARK J. | 71 51ST STREET SACRAMENTO, CA 95819-2301 | 06/30/22 | 7,180. |
| NORIEGA, MARK | 7075 HEARST DRIVE EL DORADO HILLS, CA 95762-5485 | 06/30/22 | 6,790. |
| PESIKA, NEVIL | 5346 GARLEND A DR. EL DORADO HILLS, CA 95762-5485 | 06/30/22 | 5,230. |
| TOTAL INCLUDED ON LINE 3 | | | <u>9,593,836.</u> |

CA 199 NONCASH CONTRIBUTIONS STATEMENT 2
 INCLUDED ON PART I, LINE 3

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|---|--------------------------------------|--------------------|---------------------|
| ASHLEY FURNITURE HOMESTORE'S HOPE TO DREAM PROGRAM | 755 ASHLEY WAY COLTON, CA 92324-4010 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| BED DONATIONS | 06/30/22 | 66,117. | 66,117. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|--|--------------------|---------------------|
| CAMBRIA SOLUTIONS, INC. | 731 K STREET, 3RD FLOOR SACRAMENTO, CA 95814-3416 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| EVENT TICKETS | 06/30/22 | 5,220. | 5,220. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|---|--------------------|---------------------|
| ETHLEY, ROBERT | 2190 MORLEY WAY SACRAMENTO, CA 95864-6964 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| EVENT TICKETS | 06/30/22 | 11,458. | 11,458. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|--|---|--------------------|---------------------|
| GOSSELIN, ROBERT C. | 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95825-6735 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| FILLED BACKPACKS, STUFFED ANIMALS AND COOKIES | 06/30/22 | 7,310. | 13,010. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|------------------------------|---|--------------------|---------------------|
| HOLIDAY ADOPT A FAMILY | 2533 6TH AVENUE SACRAMENTO, CA 95818-3905 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| GIFT CARDS AND HOLIDAY GIFTS | 06/30/22 | 89,915. | 89,915. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|--|--------------------|---------------------|
| HOLIDAY GIFT CARDS | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| GIFT CARDS | 06/30/22 | 7,630. | 7,630. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|------------------------------|--|--------------------|---------------------|
| HOLIDAY STARS | 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| GIFT CARDS AND HOLIDAY GIFTS | 06/30/22 | 143,142. | 143,142. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|---|--------------------|---------------------|
| TICKET TO DREAM FOUNDATION | 2620 SOUTH 55TH STREET TEMPE, AZ 85282-1903 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>FMV OF GIFT</u> | <u>TOTAL AMOUNT</u> |
| LAPTOPS, FOOTWEAR, TICKETS | 06/30/22 | 5,235. | 33,985. |

| | | | |
|--------------------------|--|-----------------|-----------------|
| TOTAL INCLUDED ON LINE 3 | | <u>336,027.</u> | <u>370,477.</u> |
|--------------------------|--|-----------------|-----------------|

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|--------------------|---------------------|-----------|-----------------|-------------------|
| VARIOUS SECURITIES | 06/30/21 | 06/30/22 | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 4,630,351. | 0. | 0. | 4,831,887. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|-------------------|---------------------|-----------|-----------------|-------------------|
| VARIOUS EQUIPMENT | 06/30/21 | 06/30/22 | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 187,471. | 180,225. | 0. | 16,777. |

TOTAL TO FORM 199, PAGE 2, LN 6 4,817,822. 180,225. 0. 4,848,664.

CA 199 OTHER INCOME STATEMENT 4

| DESCRIPTION | AMOUNT |
|------------------------------------|-------------|
| OTHER RELATED INCOME | 12,678. |
| GOVERNMENTAL PROGRAMS | 14,168,295. |
| TOTAL TO FORM 199, PART II, LINE 7 | 14,180,973. |

| CA 199 | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT | 5 |
|---|--|--------------|---|
| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION | |
| DAVID BAKER 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | CEO 40.00 | 300,716. | |
| COLLEEN CALANDRA 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | CFO 40.00 | 192,374. | |
| LISA YARBROUGH 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | BOARD PRESIDENT 0.80 | 0. | |
| ALLEN WALDROP 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | VICE PRESIDENT 0.80 | 0. | |
| MARK NORIEGA 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | SECRETARY/PAST PRESIDENT 0.80 | 0. | |
| RAYNE MCKENZIE 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | ASSISTANT SECRETARY 0.80 | 0. | |
| MEREDITH GRANDINETTI 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | TREASURER 0.80 | 0. | |
| LEAH ELLIS 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | ASSISTANT TREASURER 0.80 | 0. | |
| TODD AQUILINA 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | IMMEDIATE PAST PRESIDENT 0.80 | 0. | |
| NICK CLEVINGER 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER/PAST PRESIDENT 0.80 | 0. | |
| GENEVA FARAIMO 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. | |

| | | |
|--|----------------|----|
| JUDI BAGGARLEY GIEM 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| ANGELICA GONZALEZ 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| RILEY HAYEK 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| MUSTAFA HESSABI 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| JOE HUNT 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| BHAVNESH MAKIN 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| STEPHEN MARMADUKE 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| LISA MILANES 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| DUSTY MILLER 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| CASEY MORRIS 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| VIDHU SHEKHAR 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| COLIN SUEYRES 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |
| AMY THOMA TAN 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820 | MEMBER 0.80 | 0. |

COLLEEN HUNT
 2750 SUTTERVILLE ROAD
 SACRAMENTO, CA 95820

MEMBER
 0.80

0.

TOTAL TO FORM 199, PART II, LINE 11

493,090.

CA 199 OTHER EXPENSES STATEMENT 6

| DESCRIPTION | AMOUNT |
|---------------------------------------|------------|
| DIRECT SUPPORT | 1,423,250. |
| COMMUNICATIONS | 347,740. |
| EQUIP. REPAIRS/RENTAL | 256,037. |
| WORKERS COMP. INSURANCE | 190,277. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 42,481. |
| PENSION PLAN CONTRIBUTIONS | 272,818. |
| OTHER EMPLOYEE BENEFITS | 1,548,275. |
| LEGAL FEES | 22,200. |
| ACCOUNTING FEES | 48,251. |
| INVESTMENT MANAGEMENT FEES | 103,551. |
| OTHER PROFESSIONAL FEES | 528,004. |
| OFFICE EXPENSES | 58,342. |
| TRAVEL | 200,257. |
| CONFERENCES AND CONVENTIONS | 70,080. |
| INSURANCE | 205,964. |
| ALL OTHER EXPENSES | 306,358. |
| TOTAL TO FORM 199, PART II, LINE 17 | 5,623,885. |

CA 199 OTHER INVESTMENTS STATEMENT 7

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| INVESTMENTS | 24,805,634. | 22,841,241. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 24,805,634. | 22,841,241. |

| CA 199 | OTHER ASSETS | STATEMENT | 8 |
|--|--------------|---------------------|--------------------|
| <u>DESCRIPTION</u> | | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
| PLEDGES AND GRANTS RECEIVABLE | | 8,349. | 9,344. |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 359,458. | 366,747. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 367,807. | 376,091. |

| CA 199 | OTHER LIABILITIES | STATEMENT | 9 |
|--|-------------------|---------------------|--------------------|
| <u>DESCRIPTION</u> | | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
| REFUNDABLE ADVANCE | | 93,934. | 93,934. |
| DEFERRED REVENUE | | 2,482,356. | 3,127,484. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 2,576,290. | 3,221,418. |

| CA 199 | INCOME NOT RECORDED ON BOOKS THIS YEAR | STATEMENT | 10 |
|---|--|---------------|----|
| <u>DESCRIPTION</u> | | <u>AMOUNT</u> | |
| TAX TREATMENT OF PPP LOAN PURSUANT TO REV. RUL. 2020-27 | | 1,406,066. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 4 | | 1,406,066. | |

| CA 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT | 11 |
|---|---|---------------|----|
| <u>DESCRIPTION</u> | | <u>AMOUNT</u> | |
| UNREALIZED GAIN/(LOSS) ON INVESTMENTS | | -4,194,183. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | | -4,194,183. | |

TAXABLE YEAR
2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|-------------------------------------|--------------------|
| Exempt Organization name | Identifying number |
| SACRAMENTO CHILDREN ' S HOME | 94-1156588 |

Part I Electronic Return Information (whole dollars only)

| | | |
|--|----------|-------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 31,589,531 |
| 2 Total gross income (Form 199, line 8) | 2 | 26,951,934 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 23,415,573 |

Part II Settle Your Account Electronically for Taxable Year 2021

| | | |
|---|------------------|--|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|-------------------------------|--|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

| | | | |
|------------------|----------------------|------|-------|
| Sign Here | | | |
| | Signature of officer | Date | Title |

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|------------------|---|--|---|---|--|
| ERO | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01281212 |
| Must Sign | Firm's name (or yours if self-employed) and address | GILBERT CPAS 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA | | | Firm's FEIN 68-0037990 ZIP code 95833 |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|----------------------|---|-------------------------|---|----------------------|
| Paid Preparer | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Must Sign | Firm's name (or yours if self-employed) and address | Firm's FEIN ZIP code | | |

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|---|---|
| <p>SACRAMENTO CHILDREN'S HOME Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>2750 SUTTERVILLE ROAD Address (Number and Street)</p> <hr/> <p>SACRAMENTO, CA 95820 City or Town, State, and ZIP Code</p> <hr/> <p>916-452-3981 COLLEEN.CALANDRA@KIDSHOME.ORG Telephone Number E-mail Address</p> | <p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT1983</p> <hr/> <p>Corporation or Organization No. 0077012</p> <hr/> <p>Federal Employer ID No. 94-1156588</p> |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 26,909,453 Noncash Contributions \$ 424,382 Total Assets \$ 42,542,720
 Program Expenses \$ 20,171,790 Total Expenses \$ 23,373,092

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 12 | X | |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | X |
| 7. Does the organization conduct a vehicle donation program? SEE STATEMENT 13 | X | |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | X | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

COLLEEN M. CALANDRA **CFO**
 Signature of Authorized Agent Printed Name Title Date

FIRST 5 COMMISSION (HOME VISITATION, EFFECTIVE PARENTING, CRISIS INTERVENTION)
2750 GATEWAY OAKS DRIVE
SACRAMENTO, CA 95833
CONTACT: TROY CORONADO
916-876-7522

FIRST 5 COMMISSION (FRC - CALWORKS)
274 BECK AVENUE, SACRAMENTO, CA 95833
CONTACT: TROY CORONADO
916-876-7522

DCFAS (CULTURAL BROKER)
PO BOX 269057
SACRAMENTO, CA 95826-9057
CONTACT: CHRIS BREWSTER, ASO II
916-875-7131

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CAL-FURS)
744 P STREET, MS 9-6-747
SACRAMENTO, CA 95814
CONTACT: COLIN WILLIAMS

SACRAMENTO COUNTY - BEHAVIORAL HEALTH SERVICES (THE SOURCE)
7001-A EAST PARKWAY, STE. 1000
SACRAMENTO, CA 95823
CONTACT: RHAPSODY FLORES
916-876-5675

FOSTER CARE TITLE IV-E INCLUDING STRTP AND WRAP AFDC
SACRAMENTO, CA 95824
CONTACT: PAUL VOSSEN
916-875-6186

US SMALL BUSINESS ADMINISTRATION
6501 SYLVAN RD
CITRUS HEIGHTS, CA 95610
CONTACT: HEATHER LUZZI
916-735-1700

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 7

STATEMENT 13

THE ORGANIZATION CONTRACTED WITH A COMMERCIAL FUNDRAISER DURING THE
FISCAL YEAR - "INSURANCE AUTO AUCTIONS".