

2022 TAX RETURN

CLIENT COPY

Client: 9595

Prepared for: STANISLAUS COMMUNITY FOUNDATION
100 SYCAMORE AVE. #200
MODESTO, CA 95354
(209) 576-1608

Prepared by: MICHELLE N MATOS
JOHNSON & MATOS CPAS INC
631 15TH ST
MODESTO, CA 95354
209-236-1040

Date: SEPTEMBER 27, 2023

Comments:

Route to: _____

JOHNSON & MATOS CPAS INC

631 15TH ST
MODESTO, CA 95354
209-236-1040

Client 9595
September 27, 2023

Stanislaus Community Foundation
100 Sycamore Ave. #200
Modesto, CA 95354
(209) 576-1608

FEDERAL FORMS

Form 990	2022 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule I	Grants and Other Assistance Inside U.S.
Schedule J	Schedule J
Schedule O	Supplemental Information
Form 8868	Application for Extension
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2022 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 8453-EO	California e-file Return Authorization for Exempt
Form RRF-1	2023 Registration/Renewal Fee Report
	California Depreciation Schedules

FEE SUMMARY

Preparation Fee

Thank You For Your Business,
Michelle



J&M

JOHNSON & MATOS CPAs, INC.

631 15th Street Modesto, CA 95354

Phone (209) 236-1040 • Fax (209) 236-1068

CASEY G. JOHNSON, CPA, CVA, MBA
MICHELLE N. MATOS, CPA, MBA

September 27, 2023

Stanislaus Community Foundation
100 Sycamore Ave. #200
Modesto, CA 95354

Dear Marian Kaanon, CEO:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. Please return this form on or before November 15, 2023. No tax is payable with the filing of this return.

Your 2022 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$400 payable by November 15, 2023. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2023 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Also enclosed is a "Public Disclosure" copy of Form 990. This copy should be used to comply with any public requests for your information return. This return excludes the confidential contribution information. Please be sure to call us if you have any questions.

Sincerely,

Michelle N Matos
Certified Public Accountant

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. STANISLAUS COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 68-0483054
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 100 SYCAMORE AVE. #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MODESTO, CA 95354	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

• The books are in the care of ▶ MARIAN KANON, CEO 100 SYCAMORE AVE. #200 MODESTO CA 95354

Telephone No. ▶ 209-576-1608 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2022 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

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

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

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

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 2022 calendar year, or tax year beginning , **2022**, and ending , **20**

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 STANISLAUS COMMUNITY FOUNDATION 100 SYCAMORE AVE. #200 MODESTO, CA 95354	D Employer identification number 68-0483054	E Telephone number (209) 576-1608
F Name and address of principal officer: MARIAN KAANON 100 SYCAMORE AVE. #200 MODESTO, CA 95354		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 <small>If "No," attach a list. See instructions.</small>	
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 \$ 22,765,168.	
J Website: WWW.STANISLAUSCF.ORG		H(c) Group exemption number	
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: 2001	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,970,331.	7,876,713.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,223,213.	760,843.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,422.	79,983.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,403,966.	8,717,539.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,114,888.	7,141,257.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	623,254.	694,376.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>208,313.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	711,709.	1,167,474.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,449,851.	9,003,107.
19 Revenue less expenses. Subtract line 18 from line 12	954,115.	-285,568.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	47,035,948.	40,951,596.
	22 Net assets or fund balances. Subtract line 21 from line 20	131,667.	5,360.
		46,904,281.	40,946,236.

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	Date	
	DAVE OLSON		CHAIRMAN
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MICHELLE N MATOS		
	Firm's name	JOHNSON & MATOS CPAS INC	
	Firm's address	631 15TH ST MODESTO, CA 95354	
	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
		P01251310	
	Firm's EIN	45-3994255	
	Phone no.	209-236-1040	

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,881,942. including grants of \$ 7,141,257.) (Revenue \$)

GRANTS TO QUALIFIED 501(C) (3) ORGANIZATIONS AND SCHOLARSHIPS TO UNIVERSITIES FOR COLLEGE STUDENTS. GRANTS FUND ORGANIZATIONS WORKING ON A RANGE OF ISSUES, INCLUDING BASIC NEEDS, SHELTER, HEALTHCARE, ARTS AND CULTURE, YOUTH SERVICES, ENVIRONMENT, COMMUNITY DEVELOPMENT AND OTHER QUALIFIED PROJECTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,881,942.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.....	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>		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>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		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>		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>		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>		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.....		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		
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>	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 a "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? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b 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 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
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?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	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, or any disqualified or other person 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. SEE SCH. O		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
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
7b	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:		
8a	a The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O	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?		
15a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
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
16b	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?		

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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 MARIAN KANON, CEO 100 SYCAMORE AVE. #200 MODESTO CA 95354 209-576-1608

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 dotted 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) MARIAN KANON PRESIDENT/CEO	40 0	X		X			183,825.	0.	5,780.	
(2) BRITTA FOSTER DIRECTOR	1 0	X					0.	0.	0.	
(3) LOU FRIEDMAN DIRECTOR	1 0	X					0.	0.	0.	
(4) MARIA AREVALO DIRECTOR	1 0	X					0.	0.	0.	
(5) MATT FRIEDRICH DIRECTOR	1 0	X					0.	0.	0.	
(6) BILL JACKSON CHAIRMAN	1 0	X		X			0.	0.	0.	
(7) JOHN LAZAR DIRECTOR	1 0	X					0.	0.	0.	
(8) DAVE OLSON VICE CHAIR	1 0	X					0.	0.	0.	
(9) CHRIS TYLER SECRETARY	1 0	X		X			0.	0.	0.	
(10) JEFF COLEMAN TREASURER	1 0	X		X			0.	0.	0.	
(11) TONY JORDAN DIRECTOR	1 0	X					0.	0.	0.	
(12) DILLON OLVERA DIRECTOR	1 0	X					0.	0.	0.	
(13) JUDY SLY HERRERO DIRECTOR	1 0	X					0.	0.	0.	
(14) MAYRA MARTINEZ DIRECTOR	1 0	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 dotted 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			
(15) EVAN PORGES DIRECTOR	1 0	X						0.	0.	0.
(16) CHRIS COURTNEY DIRECTOR	1 0	X						0.	0.	0.
(17) MELANIE CHIESA PAST CHAIR	1 0	X		X				0.	0.	0.
(18) JOE DURAN DIRECTOR	1 0	X						0.	0.	0.
(19) SEANA DAY DIRECTOR	1 0	X						0.	0.	0.
(20) MARIAN KAANON PRESIDENT/CEO	40 0					X		0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	183,825.	0.	5,780.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	183,825.	0.	5,780.

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 **1**

	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

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 **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,876,713.				
	g Noncash contributions included in lines 1a-1f	1g					
	h Total. Add lines 1a-1f		7,876,713.				
	Program Service Revenue	2a Business Code					
b -----							
c -----							
d -----							
e -----							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,090,700.			1,090,700.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses		13717772.			
		7c Gain or (loss)		14047629.			
	d Net gain or (loss)			-329,857.	-329,857.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold.						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a SERVICE FEES		900099	50,000.	50,000.		
	b MISCELLANEOUS		900099	29,983.	29,983.		
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d			79,983.			
12 Total revenue. See instructions			8,717,539.	-249,874.	0.	1,090,700.	

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	7,141,257.	7,141,257.		
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	189,605.	0.	132,724.	56,881.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	421,309.		294,916.	126,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,399.		27,579.	11,820.
10 Payroll taxes	44,063.		30,844.	13,219.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,400.		8,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	154,659.		154,659.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	5,016.		5,016.	
12 Advertising and promotion	10,743.		10,743.	
13 Office expenses	4,504.		4,504.	
14 Information technology				
15 Royalties				
16 Occupancy	85,687.		85,687.	
17 Travel	2,930.		2,930.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	289.		289.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,436.		3,436.	
23 Insurance	9,597.		9,597.	
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 LEADERSHIP PROGRAMS	740,685.	740,685.		
b DATA BASE ASSISTANCE	69,869.		69,869.	
c DUES AND SUBSCRIPTIONS	15,936.		15,936.	
d SERVICE CONTRACTS	10,244.		10,244.	
e All other expenses	45,479.		45,479.	
25 Total functional expenses. Add lines 1 through 24e	9,003,107.	7,881,942.	912,852.	208,313.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	3,344,649.	1	3,117,755.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	103,210.	3	98,420.
	4	Accounts receivable, net		4	
	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		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,922.		
	b	Less: accumulated depreciation	10b 18,185.	10c	10,737.
	11	Investments – publicly traded securities	42,940,512.	11	37,008,556.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	633,404.	15	716,128.
16	Total assets. Add lines 1 through 15 (must equal line 33)	47,035,948.	16	40,951,596.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	125,000.	18	
	19	Deferred revenue		19	
	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	6,667.	25	5,360.
	26	Total liabilities. Add lines 17 through 25	131,667.	26	5,360.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	34,469,531.	27	30,802,246.
	28	Net assets with donor restrictions	12,434,750.	28	10,143,990.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>				
	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.	46,904,281.	32	40,946,236.
33	Total liabilities and net assets/fund balances.	47,035,948.	33	40,951,596.	

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	8,717,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,003,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	-285,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,904,281.
5	Net unrealized gains (losses) on investments	5	-5,672,477.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,946,236.

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? 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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		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		

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

2022

Open to Public Inspection

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
--	---

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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13301520.	3,366,934.	5,025,143.	6,970,331.	7,876,713.	36,540,641.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	13301520.	3,366,934.	5,025,143.	6,970,331.	7,876,713.	36,540,641.
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).						8,409,224.
6 Public support. Subtract line 5 from line 4.						28,131,417.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	13301520.	3,366,934.	5,025,143.	6,970,331.	7,876,713.	36,540,641.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	957,956.	1,022,304.	789,441.	1,108,718.	1,090,700.	4,969,119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	10,941.	13,490.	103,569.	93,932.	79,983.	301,915.
11 Total support. Add lines 7 through 10.						41,811,675.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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 2022 (line 6, column (f), divided by line 11, column (f)).	14	67.28 %
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	76.82 %

16a **33-1/3% support test—2022.** 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.

b **33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2022.** 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.

b **10%-facts-and-circumstances test—2021.** 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.

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.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2022. 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—2021. 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 on line 12 of 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>		
3c 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
PROGRAM INCOME					\$ 787.
OTHER INCOME	\$ 29,983.	\$ 13,932.	\$ 31,069.	\$ 13,490.	10,154.
SERVICE FEES	50,000.	80,000.	72,500.		
TOTAL	\$ 79,983.	\$ 93,932.	\$ 103,569.	\$ 13,490.	\$ 10,941.

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

2022

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOYETT PETROLEUM 601 MCHENRY AVE MODESTO, CA 95350	\$ 595,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	E&J GALLO WINERY 600 YOSEMITE BLVD MODESTO, CA 95354	\$ 2,992,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STRIVETOGETHER, INC. 125 E. NINTH STREET 2ND CINCINNATI, OH 45202	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NICOLE PICCININI PESCO PO BOX 577710 MODESTO, CA 95357	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN MAYOL 1301 COUNTRY VIEW DR. MODESTO, CA 95356	\$ 537,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STANISLAUS COUNTY PO BOX 577710 MODESTO, CA 95357	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY MODESTO, CA 95350	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PAUL VAN KONYNENBURG 6373 STODDARD ROAD MODESTO, CA 95356	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JONATHAN PARTRIDGE 1320 CAHILL AVE TURLOCK, CA 95380	\$ 193,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ _____ *N/A*
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
N/A			

(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

2022

Open to Public Inspection

Name of the organization

Employer identification number

STANISLAUS COMMUNITY FOUNDATION

68-0483054

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), and Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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.

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

2 a 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
1 a Beginning of year balance	4,985,652.	4,982,375.	4,913,715.	4,428,170.	4,868,754.
b Contributions	30,550.	15,000.	5,000.	300.	132,144.
c Net investment earnings, gains, and losses	-427,866.		393,108.	732,298.	-248,675.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	311,315.	11,723.	329,448.	247,053.	324,053.
g End of year balance	4,277,021.	4,985,652.	4,982,375.	4,913,715.	4,428,170.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

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
1 a Land				
b Buildings				
c Leasehold improvements		1,319.	1,188.	131.
d Equipment		25,758.	15,152.	10,606.
e Other		1,845.	1,845.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,737.

Part VII Investments – Other Securities. N/A
 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. N/A
 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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) FURNITURE & EQUIPMENT	5,360.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	5,360.

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	8,717,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	8,717,539.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	8,717,539.

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	9,003,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	9,003,107.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	9,003,107.

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 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS RECEIVED WITH DONOR RESTRICTIONS GENERATE INCOME TO SUPPORT GRANTS INCLUDING EDUCATION AND YOUTH LEADERSHIP, SCHOLARSHIPS AND OTHER COMMUNITY PURPOSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE WASHINGTON, DC 20036	52-1190211		50,000.	0.			
(2) GALLO CENTER FOR THE ARTS 1000 I STREET MODESTO, CA 95354	56-2607443		326,300.	0.			
(3) BOYS & GIRLS CLUB-STANISLAUS 422 MCHENRY AVE MODESTO, CA 95354	45-5034180		51,100.	0.			
(4) EMPIRE UNION SCHOOL DISTRICT 116 N. MCLURE MODESTO, CA 95357	94-6002388		10,000.	0.			
(5) JULINE FND FOR CHILDREN 1700 MCHENRY AVE MODESTO, CA 95350	33-0998513		10,000.	0.			
(6) SALIDA UNION SCHOOL DISTRICT 4801 SISK RD SALIDA, CA 95368	32-0455232		10,000.	0.			
(7) STANISLAUS PARTNERS IN ED 1100 H STREET MODESTO, CA 95354	77-0294263		40,000.	0.			
(8) STANISLAUS UNION SCHOOL DIST 2410 JANNA AVE. MODESTO, CA 95350	27-0190717		10,000.	0.			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **19**
- 3 Enter total number of other organizations listed in the line 1 table **131**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION REQUIRES A SIX MONTH AND TWELVE MONTH WRITTEN REPORT TO BE FILED BY THE GRANT RECIPIENTS.

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE JACK & BUENA FOUNDATION P.O. BOX 3290 MODESTO, CA 95353	26-4356268		18,830.				
TUOLUMNE RIVER TRUST 829 13TH ST MODESTO, CA 95354	94-2834151		108,958.				
MODESTO JR COLLEGE 435 COLLEGE AVE MODESTO, CA 95350	94-1658486		30,750.				
MIRACEL LEAGUE OF STAN CNTY 1129 8TH ST. STE. 101 MODESTO, CA 95354	26-1683004		9,000.				
UNITED WAY OF STAN CNTY 422 MCHENRY AVE MODESTO, CA 95354	94-1212129		91,000.				
MODESTO SYMPHONY ORCHESTRA 911 13TH STREET MODESTO, CA 95354	94-2150279		192,350.				
SYLVAN UNION SCHOOL DIST. 605 SYLVAN AVE. MODESTO, CA 95350	77-0301285		10,000.				
UC DAVIS 1 SHIELDS AVE. DAVIS, CA 95616	94-6036494		6,200.				
MOD SUNRISE ROTARY FOUNDATION 601 MCHENRY AVE MODESTO, CA 95352	77-0402974		25,000.				
STATE THEATRE OF MODESTO 1307 J STREET MODESTO, CA 95354	20-2468226		134,850.				

Continuation Sheet for Schedule I (Form 990)

2022

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Continuation Page 2 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCOE CHARITABLE FOUNDATION 1100 H STREET MODESTO, CA 95354	47-3274539		10,000.				
CAMBODIA IMPACT 4300 NORTH AVE MODESTO, CA 95358	46-2976217		8,000.				
SALVATION ARMY 1649 LAS VEGAS STREET MODESTO, CA 95358	22-2406433		132,600.				
VALLEY RECOVERY RESOURCES 1030 CALIFORNIA AVE. MODESTO, CA 95351	45-1355075		7,750.				
STANISLAUS BUSINESS ALLIANCE 1625 I STREET MODESTO, CA 95354	20-5186517		129,000.				
MODESTO ROTARY CLUB FOUND. PO BOX 672 MODESTO, CA 95353	94-2413021		5,700.				
COMMUNITY HOSPICE FOUNDATION 4368 SPYRES WAY MODESTO, CA 95356	77-0562224		68,400.				
UC MERCED FOUNDATION 5200 N. LAKE RD. MERCED, CA 95343	94-3250114		11,100.				
UCLA 405 HILGARD AVE. BOX 951432 LOS ANGELES, CA 90095	95-6006143		8,200.				
UC RIVERSIDE 900 UNIVERSITY AVE. RIVERSIDE, CA 92521	23-7433570		5,700.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 3 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED SAMARITANS 220 S. BROADWAY TURLOCK, CA 95380	77-0393321		62,500.				
BIG VALLEY GRACE 4040 TULLY RD. MODESTO, CA 95357	94-2268348		9,000.				
LOVE STANISLAUS COUNTY 1401 F STREET MODESTO, CA 95354	47-1989572		9,800.				
TWIN LAKES CHURCH 2701 CABRILLO COLLEGE DR. APTOS, CA 95603	94-1251128		8,000.				
PATTERSON JOINT UNIFIED DIST. 510 KEYSTONE BLVD. PATTERSON, CA 95363	58-2207430		10,000.				
TURLOCK HIGH SCHOOL 1574 E. CANAL DR. TURLOCK, CA 95380	45-3205521		8,000.				
UNCLE LONNY PRESENTS 1878 E. HATCH RD. MODESTO, CA 95351	46-1465670		9,000.				
MEMORIAL HOSPITAL FOUNDATION 1329 SPANOS CT. STE. C2 MODESTO, CA 95355	94-2290244		14,800.				
SIERRA VISTA CHILD & FAMILY 100 POPLAR AVE. MODESTO, CA 95354	94-2158023		41,000.				
UC SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563		6,900.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062	13-5613797		30,000.				
CSU STANISLAUS 1 UNIVERSITY CIRCLE TURLOCK, CA 95382	77-0492209		220,617.				
AMERICAN LEADERSHIP FORUM 821 13TH STREET MODESTO, CA 95354	77-0450770		150,000.				
CENTER FOR HUMAN SERVICES 200 W. BRIGGSMORE AVE. MODESTO, CA 95350	94-1725620		573,506.				
CHILDREN'S CRISIS CENTER 1244 FIORI AVE. MODESTO, CA 95350	94-2686499		28,000.				
STAN CNTY AGENCY ON AGING 3500 COFFEE RD. MODESTO, CA 95355			70,000.				
CITY MINISTRY NETWORK PO BOX 4983 MODESTO, CA 95352	26-0100683		51,250.				
CENTRAL WEST BALLET 5039 PENTECOST MODESTO, CA 95356	77-0154765		51,678.				
BOY SCOUTS OF AMERICA 4031 TECHNOLOGY DR. MODESTO, CA 95356	94-1186155		10,000.				
VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	94-2797447		7,500.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 5 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DEL RIO CC FOUNDATION 801 STEWART RD. MODESTO, CA 95356	91-2143033		17,500.				
COSTA FAMILY FOUNDATION 4285 SPYRES WAY MODESTO, CA 95356	27-0989324		40,000.				
CAMP TAYLOR 8224 W. GRAYSON RD. MODESTO, CA 95358	04-3709177		20,000.				
STANISLAUS FAMILY JUSTICE CEN 1418 J STREET MODESTO, CA 95354	20-0128637		50,500.				
CSU CHICO 400 WEST FIRST CHICO, CA 95929	95-1230865		8,500.				
MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD. MODESTO, CA 95354	94-6102833		92,250.				
UC IRVINE 102 ALDRICH HALL IRVINE, CA 92697	95-2226406		8,100.				
HAVEN 618 13TH STREET MODESTO, CA 95354	94-2499361		23,750.				
CITY OF PATTERSON REC 1033 W. LAS PALMAS PATTERSON, CA 95363			10,000.				
SOCIETY FOR DISABILITIES 1129 8TH STREET MODESTO, CA 95354	94-1279804		32,260.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PARENT RESOURCE CENTER 811 5TH STREET MODESTO, CA 95351	77-0324466		6,500.				
JESSICA'S HOUSE 2881 GEER RD STE. A TURLOCK, CA 95382	94-2281314		71,000.				
CRICKET'S HOPE 133 DOWNEY AVE MODESTO, CA 95354	84-3396882		28,500.				
GREEK ORTHODOX CHURCH 313 TOKAY AVE. MODESTO, CA 95350	11-3026406		14,000.				
OPERA MODESTO PO BOX 4519 MODESTO, CA 95352	77-0013155		45,500.				
BEYER ROBOTICS BOOSTERS 7135 LEER CT. MODESTO, CA 95356	47-1421220		9,500.				
UC SAN FRANCISCO 500 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-6036493		20,000.				
LEARNING QUEST 1032 11TH STREET MODESTO, CA 95354	94-2671824		29,150.				
ST. STAN CATHOLIC SCHOOL 1416 MAZE BLVD MODESTO, CA 95351	54-2062540		9,500.				
DOWNTOWN MODESTO PARTNERSHIP 1003 10TH STREET MODESTO, CA 95354	47-5067361		8,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY PO BOX 37333 BOONE, IA 50037	15-0532082		20,000.				
ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY MODESTO, CA 95350	38-3681072		51,500.				
SECOND HARVEST PO BOX 4039 MANTECA, CA 95337	68-0376587		21,000.				
AMERICAN RED CROSS 1565 EXPOSITION BLVD. SACRAMENTO, CA 95815	53-0196605		50,000.				
BEST BUDDIES INTERNATIONAL 100 SOUTHEAST 2ND ST. MIAMI, FL 33131	52-1614576		50,000.				
LEUKEMIA & LYMPHONA SOCIETY 10409 FOX BOROUGH CT. OAKDALE, CA 95361	13-5644916		50,000.				
CHURCH AT THE RED DOOR 78075 MAIN STREET STE. 204 LA QUINTA, CA 92253	81-1868939		10,000.				
CITY OF MODESTO PO BOX 3441 MODESTO, CA 95353	94-6000374		10,934.				
MODESTO PERFORMING ARTS 2633 EL GRECO DR. MODESTO, CA 95354	94-2435239		25,250.				
JR. ACHIEVEMENT OF NORTH CA 3003 OAK RD. STE. 130 WALNUT CREEK, CA 94597	94-1322179		25,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EVERY MONDAY MATTERS 321 PASS AVE. STE. 152 BURBANK, CA 91505	27-3684543		25,000.				
CONGREGATION BETH SHALOM PO BOX 85 MODESTO, CA 95353	94-0475315		9,500.				
HABITAT FOR HUMANITY 630 KEARNEY AVE. MODESTO, CA 95350	77-0233512		7,500.				
CALIFORNIA FARMLAND TRUST PO BOX 1960 ELK GROVE, CA 95759	77-0566494		10,000.				
RIVERS OF RECOVERY PO BOX 22326 EAGAN, MN 55122	26-2260491		10,000.				
OREGON STATE UNIVERSITY 4238 SW RESEARCH WAY CORVALLIS, OR 93733	93-6022772		10,000.				
CA HIGHWAY PATROL 11-99 2244 N. STATE COLLEGE BLVD FULLERTON, CA 92831	95-6530738		10,000.				
SONOMA STATE UNIVERSITY 1801 EAST COTATI AVE ROHNERT PARK, CA 94928	99-0157509		10,000.				
TURLOCK PREGNANCY & HEALTH 134 REGIS STREET TURLOCK, CA 95382	26-2828086		7,500.				
YOUTH FOR CHRIST 1101 M STREET MODESTO, CA 95354	77-0160288		12,200.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_____ COLOR THE SKIES GUILD _____ PO BOX 905 _____ RIPON, CA 95366	20-8174657		130,000.				
_____ MODESTO CHILDREN'S MUSEUM _____ 1509 K STREET, #119 _____ MODESTO, CA 95354	84-2442152		563,650.				
_____ IMPROVE YOUR TOMORROW _____ 3780 ROSIN COURT STE. 240 _____ SACRAMENTO, CA 95834	46-2981774		160,000.				
_____ STANISLAUS EQUITY PARTNERS _____ PO BOX 4983 _____ MODESTO, CA 95352	47-3797356		125,000.				
_____ YOUTH LEADERSHIP INSTITUTE _____ 209 9TH STREET STE. 200 _____ SAN FRANCISCO, CA 94103	68-0184712		26,430.				
_____ VALLEY MOUNTAIN REGIONAL CNTR _____ PO BOX 692290 _____ STOCKTON, CA 95269	94-2251069		102,344.				
_____ NEW YORK KITCHEN _____ 800 SOUTH MAIN STREET _____ CANANDAIGUA, NY 14424	20-1682175		100,000.				
_____ MODESTO BAND OF STAN CNTY _____ PO BOX 577937 _____ MODESTO, CA 95357	91-2134489		66,437.				
_____ EDUCATION FOUNDATION _____ 1100 H STREET _____ MODESTO, CA 95354	94-2906392		30,444.				
_____ UNITED WAY OF FRESNO CNTY _____ 4949 EAST KINGS CANYON _____ FRESNO, CA 93727	94-1156514		15,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 10 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EXCEPTIONAL PARENTS UNLIMITED 4440 N 1ST STREET FRESNO, CA 93726	77-0263702		15,000.				
UNITED WAY OF MERCED CNTY 531 W MAIN STREET MERCED, CA 95340	94-2633265		12,606.				
REDEEMER MODESTO PO BOX 1843 MODESTO, CA 95353	20-8950628		35,783.				
CA PACIFIC MEDICAL CENTER FND 2015 STEINER STREET SAN FRANCISCO, CA 94115	94-2728423		10,000.				
FORGET ME NOT CHILDREN'S 5345 HIGHWAY 12, WEST SANTA ROSA, CA 95407	26-3464770		10,000.				
KENNETH L MADDY INSTITUTE 4910 N CHESTNUT AVE #43 FRESNO, CA 93726	20-0774454		7,500.				
HEALTHY AGING ASSOCIATION 3500 COFFEE RD STE 19 MODESTO, CA 95355	77-0546574		6,000.				
UCSF BENIOFF CHILDREN'S HOSPI PO BOX 45339 SAN FRANCISCO, CA 94145	94-1657474		200,500.				
INDIA GOSPEL OUTREACH 9645 ARROW ROUTE RANCHO CUCAMONG, CA 91730	33-0193797		150,000.				
INTERNATIONAL RESCUE COMMITTE 122 E 42ND STREET NEW YORK, NY 10168	13-5660870		140,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 11 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STANFORD HEALTH CARE PARTNERS PO BOX 20466 STANFORD, CA 94309	94-6174066		100,200.				
YMCA OF GREATER ROCHESTER 444 E MAIN STREET ROCHESTER, NY 14604	16-0743242		100,000.				
DIGITAL NEST INC 1961 MAIN STREET #221 WATSONVILLE, CA 95076	46-5757256		100,000.				
LUCILE PACKARD FOUNDATION 400 HAMILTON AVE PALO ALTO, CA 94301	77-0440090		100,000.				
JOURNALISM FUNDING PARTNERS 1731 HOWE AVE SACRAMENTO, CA 95825	84-2968843		95,000.				
LEGACY ALLIANCE OUTREACH 2601 OAKDALE RD. MODESTO, CA 95355	85-3228963		69,500.				
STANISLAUS HOMELESS ADVOCACY 1111 J STREET MODESTO, CA 95354	85-3822352		65,000.				
STAN CNTY AG CENTER FOUNDATIO PO BOX 4937 MODESTO, CA 95352	77-0438308		43,340.				
AMERICAN EDUCATIONAL ASSIST 6114 LA SALLE AVE OAKLAND, CA 94611	06-1688758		30,000.				
WORLD RELIEF MODESTO 909 14TH STREET MODESTO, CA 95354	23-6393344		25,300.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 12 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASIAN OUTREACH USA 27758 SANTA MARGARITA PKWY MISSION VIEJO, CA 92961	33-0610680		24,000.				
SAINT JAMES ORTHODOX CHURCH 725 MAZE BLVD MODESTO, CA 95351	20-0022405		20,456.				
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 02138	04-2535767		20,000.				
VETERANS IN COMMUNITY ADVOC 1220 I STREET MODESTO, CA 95354	77-0470432		18,245.				
CA YOUTH AG EXPO PO BOX 255601 SACRAMENTO, CA 95865	85-1022111		12,500.				
MODESTO PEACE/LIFE CENTER 720 13TH STREET MODESTO, CA 95353	94-2800825		12,150.				
RENEW CHURCH MODESTO 4101 TECHNOLOGY DRIVE MODESTO, CA 95356	47-4643922		12,000.				
SALVATION ARMY WORLD SERVICE PO BOX 418558 BOSTON, MA 02241	13-2923701		10,000.				
FEDERAL LAW ENFORCEMENT FND 800 THIRD AVE NEW YORK, NY 10022	13-3494044		10,000.				
NYU LANGON HEALTH CENTER 160 EAST 34TH STREET NEW YORK, NY 10016	13-3971298		10,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 13 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY IRVINE, CA 92618	31-1781635		10,000.				
INTERNATIONAL FESTIVAL COM PO BOX 1005 MODESTO, CA 95353	77-0280486		10,000.				
SHE BECAME INC 509 13TH STREET MODESTO, CA 95354	81-4307136		10,000.				
AL & FRIENDS INC. PO BOX 1022 PACIFIC GROVE, CA 93950	82-2461103		10,000.				
JUNIOR NAVY SEALS, INC. PO BOX 3606 MODESTO, CA 95352	82-4853736		10,000.				
WIDE HORIZONS INC. 1169 S MAIN STREET MANTECA, CA 95337	83-3627155		10,000.				
THE VERAISON PROJECT 1520 BELLE VIEW BLVD. ALEXANDRIA, VA 22307	85-1942329		10,000.				
THE ROOTS FUND 285 BERLIN TURNPIKE #164 BERKUB, CT 06037	85-2112719		10,000.				
BEL PASSI BASEBALL INC PO BOX 576841 MODESTO, CA 95357	94-2274549		10,000.				
DESERT SPRINGS PRESBYTERIAN 1555 W. OVERTON RD TUCSON, AZ 85704	95-3243727		10,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 14 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EL CONCILIO 1314 H STREET MODESTO, CA 95354	95-3792795		10,000.				
CERES UNIFIED SCHOOL DISTRICT 4295 CENTRAL AVE CERES, CA 95307			10,000.				
LOVE OUR CITIES 909 14TH STREET MODESTO, CA 95354	30-1248201		9,000.				
CORNERSTONE COMMUNITY CHURCH 300 COUNTRY CLUB DRIVE INCLINE VILLAGE, NV 89451	88-0246481		8,000.				
PITMAN HIGH SCHOOL 2525 W CHRISTOFFERSEN PKWY TURLOCK, CA 95382	35-2370860		7,000.				
FAITH HOME TEEN CHALLENGE PO BOX 611 TURLOCK, CA 95381	68-0304933		6,250.				
CHRISTIAN BERETS 2508 OAKDALE ROAD MODESTO, CA 95355	23-7094560		6,000.				
FRIENDS OF STAN CNTY FAIR 900 N BROADWAY AVE TURLOCK, CA 95380	27-3822037		6,000.				
CA FOUNDATION FOR AGRICULTURE 2600 RIVER PLAZA DR. SACRAMENTO, CA 95833	68-0100601		6,000.				
STAN CNTY HABITAT FOR HUMANIT 630 KEARNEY AVE MODESTO, CA 95350	77-0233512		6,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 15 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MEDICAL AMBASSADORS INT'L PO BOX 1302 SALIDA, CA 95368	94-2691184		5,500.				
UC DAVIS FOUNDATION 202 COUSTEAU PLACE DAVIS, CA 95618	94-6081352		5,500.				

**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

2022

Open to Public
Inspection

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- 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? **5a** **X**
- b** Any related organization? **5b** **X**
- 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? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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			(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				(C) Retirement and other deferred compensation
1 MARIAN KAAONON PRESIDENT/CEO	(i)	183,825.	0.	0.	0.	5,780.	189,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2022

**Open to Public
Inspection**

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE VISION OF STANISLAUS COMMUNITY FOUNDATION IS THAT STANISLAUS COUNTY IS A COMMUNITY OF CHOICE WHERE PEOPLE LIVE, WORK AND THRIVE. TO ACHIEVE THIS VISION, STANISLAUS COMMUNITY FOUNDATION'S MISSION IS TO STEWARD CHARITABLE RESOURCES AND NURTURE PARTNERSHIPS TO ADVANCE THE COMMON GOOD. IN ADDITION TO FACILITATING GRANTMAKING THROUGH CHARITABLE FUNDS UNDER MANAGEMENT, STANISLAUS COMMUNITY FOUNDATION LEADS SYSTEMIC CHANGE INITIATIVES IN EDUCATION, ECONOMIC OPPORTUNITY AND CIVIC ENGAGEMENT.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE VISION OF STANISLAUS COMMUNITY FOUNDATION IS THAT STANISLAUS COUNTY IS A COMMUNITY OF CHOICE WHERE PEOPLE LIVE, WORK AND THRIVE. TO ACHIEVE THIS VISION, STANISLAUS COMMUNITY FOUNDATION'S MISSION IS TO STEWARD CHARITABLE RESOURCES AND NURTURE PARTNERSHIPS TO ADVANCE THE COMMON GOOD. IN ADDITION TO FACILITATING GRANTMAKING THROUGH CHARITABLE FUNDS UNDER MANAGEMENT, STANISLAUS COMMUNITY FOUNDATION LEADS SYSTEMIC CHANGE INITIATIVES IN EDUCATION, ECONOMIC OPPORTUNITY AND CIVIC ENGAGEMENT.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

THE BOARD HAS ESTABLISHED THE FINANCE & INVESTMENT COMMITTEE FOR WHICH IT HAS DELEGATED AUTHORITY AND RESPONSIBILITIES. THE PURPOSE OF THE FINANCE & INVESTMENT COMMITTEE IS TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF INVESTMENT POLICIES AND PRACTICES, DETERMINING INVESTMENT OBJECTIVES AND MONITORING AND REPORTING THE PROGRESS OF INVESTMENTS AND SPENDING.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE REVIEWS THE ANNUAL 990 DRAFT FILING AND RECOMMENDS APPROVAL TO THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER PROVIDES THE EXECUTIVE COMMITTEE AND THE FULL BOARD DRAFT COPIES OF THE 990 TO BE REVIEWED AT THEIR REGULARLY

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

SCHEDULED MEETINGS PRIOR TO THE 990 FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

STANISLAUS COMMUNITY FOUNDATION DIRECTORS, ON AN ANNUAL BASIS, DISCLOSE THEIR CONFLICTS OF INTEREST IN WRITING, PER THE ORGANIZATION POLICY. ALSO, IF A BOARD DIRECTOR HAS A CONFLICT OF INTEREST RELATED TO A BUSINESS MATTER OR ANY GRANTMAKING/SCHOLARSHIPS SUBJECT TO APPROVAL BY THE BOARD, THESE ARE DISCLOSED DURING BOARD MEETINGS AND SAID DIRECTORS ABSTAIN FROM THE DISCUSSION AND SUBSEQUENT VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ORGANIZATION HAS AN EXECUTIVE & FINANCE COMMITTEE COMPOSED OF OFFICERS OF THE ORGANIZATION. ALONG WITH ANNUALLY EVALUATING THE CHIEF EXECUTIVE'S PERFORMANCE THEY MAKE RECOMMENDATIONS TO THE BOARD WITH RESPECT TO COMPENSATION. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMPENSATION SURVEYS OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON PRACTICES FOR THE STANISLAUS COUNTY AREA.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE ORGANIZATION HAS AN EXECUTIVE & FINANCE COMMITTEE COMPOSED OF OFFICERS OF THE ORGANIZATION. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMEPENSATION SURVEYS OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON PRACTICES FOR THE STANISLAUS COUNTY AREA.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

STANISLAUS COMMUNITY FOUNDATION

68-0483054

**CONTRIBUTIONS, GIFTS, AND GRANTS
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

CONTRIBUTIONS	\$	7,519,488.
GRANTS		<u>357,225.</u>
TOTAL	\$	<u><u>7,876,713.</u></u>

**STMT. OF FUNCTIONAL EXPENSES (990)
OCCUPANCY**

RENT	\$	76,240.
UTILITIES		<u>9,447.</u>
TOTAL	\$	<u><u>85,687.</u></u>

**STMT. OF FUNCTIONAL EXPENSES (990)
INSURANCE**

LIABILITY INSURANCE	\$	7,215.
WORKER'S COMP INSURANCE		<u>2,382.</u>
TOTAL	\$	<u><u>9,597.</u></u>

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: STANISLAUS COMMUNITY FOUNDATION
California corporation number: 2358577
FEIN: 68-0483054
Street address: 100 SYCAMORE AVE. #200
City: MODESTO
State: CA
Zip code: 95354

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption

I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10). Total gross income is 8,717,539.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-16). Balance due is 0.

Sign Here: 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.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's name and address, Telephone.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	13,717,772.
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	1,170,683.
	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	14,888,455.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	7,141,257.
	10	Disbursements to or for members	●	10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	189,605.
	12	Other salaries and wages	●	12	421,309.
	13	Interest	●	13	289.
	14	Taxes	●	14	44,063.
	15	Rents	●	15	85,687.
	16	Depreciation and depletion (See instructions)	●	16	3,436.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	1,117,461.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	9,003,107.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		3,344,649.		3,117,755.
2	Net accounts receivable		103,210.		98,420.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 4		42,940,512.		37,008,556.
8	Mortgage loans				
9	Other investments. Attach schedule. ST 5		627,403.		710,126.
10a	Depreciable assets	28,922.		28,922.	
b	Less accumulated depreciation	14,749.	14,173.	18,185.	10,737.
11	Land				
12	Other assets. Attach schedule. STM 6		6,001.		6,002.
13	Total assets		47,035,948.		40,951,596.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable		125,000.		
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 7		6,667.		5,360.
19	Capital stock or principal fund		46,904,281.		40,946,236.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		47,035,948.		40,951,596.

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	●	-285,568.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.		-285,568.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6.		-285,568.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY 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

2022

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
--	--

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	BOYETT PETROLEUM 601 MCHENRY AVE MODESTO, CA 95350	\$ 595,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	E&J GALLO WINERY 600 YOSEMITE BLVD MODESTO, CA 95354	\$ 2,992,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STRIVETOGETHER, INC. 125 E. NINTH STREET 2ND CINCINNATI, OH 45202	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NICOLE PICCININI PESCO PO BOX 577710 MODESTO, CA 95357	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN MAYOL 1301 COUNTRY VIEW DR. MODESTO, CA 95356	\$ 537,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STANISLAUS COUNTY PO BOX 577710 MODESTO, CA 95357	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY MODESTO, CA 95350	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PAUL VAN KONYNENBURG 6373 STODDARD ROAD MODESTO, CA 95356	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JONATHAN PARTRIDGE 1320 CAHILL AVE TURLOCK, CA 95380	\$ 193,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
--	--

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 information once. See instructions.)..... \$ _____ *N/A*
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
N/A			

(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

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name STANISLAUS COMMUNITY FOUNDATION	California corporation number 2358577
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMTEL TELEPHON	1/29/2010	3,367.	3,367.	S/L	3		
BOARD TABLE/FIL	9/23/2013	1,845.	1,845.	S/L	7		
WALL CABINET	1/15/2015	121.	121.	S/L	5		
OFFICE LAPTOP	1/15/2015	804.	804.	S/L	5		
MONITORS	2/23/2015	249.	249.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	3,436.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name STANISLAUS COMMUNITY FOUNDATION	California corporation number 2358577
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
HP PRINTER	5/15/2015	250.	250.	S/L	5		
BUS. TELEPHONE	7/16/2015	353.	321.	S/L	7	32.	
PC - COMPUTER	9/10/2015	645.	645.	S/L	5		
DELL PRINTER	9/10/2015	165.	165.	S/L	5		
DESK - MARIAN	9/10/2015	2,333.	2,333.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name STANISLAUS COMMUNITY FOUNDATION	California corporation number 2358577
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
CONFERENCE PHON	12/29/2015	821.	702.	S/L	7	119.	
EQUIPMENT	4/01/2016	265.	218.	S/L	7	38.	
EQUIPMENT	7/07/2016	166.	132.	S/L	7	24.	
OVERHEAD PROJEC	7/21/2016	1,028.	796.	S/L	7	147.	
PHONE	8/18/2016	335.	256.	S/L	7	48.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name STANISLAUS COMMUNITY FOUNDATION	California corporation number 2358577
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LAPTOP	9/14/2016	640.	640.	S/L	5		
OVERHEAD PROJEC	11/29/2016	114.	81.	S/L	7	16.	
COMPUTER EQUIPM	11/14/2019	861.	373.	S/L	5	172.	
COMPUTER EQUIPM	12/23/2019	1,193.	478.	S/L	5	239.	
COMPUTER EQUIPM	12/22/2020	1,364.	273.	S/L	5	273.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name STANISLAUS COMMUNITY FOUNDATION	California corporation number 2358577
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
SURFACE PRO LAP	7/19/2021	1,083.	90.	S/L	5	217.	
MOBILE TV CART	7/19/2021	1,288.	77.	S/L	7	184.	
SAVIN C3000 COP	9/01/2021	7,089.	473.	S/L	5	1,418.	
SURFACE PRO LAP	10/18/2021	1,083.	36.	S/L	5	217.	
SURFACE PRO LAP	11/18/2021	1,460.	24.	S/L	5	292.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

STANISLAUS COMMUNITY FOUNDATION

68-0483054

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

MISCELLANEOUS.....	\$	29,983.
OTHER INVESTMENT INCOME.....		1,090,700.
SERVICE FEES.....		50,000.
	TOTAL	<u>\$ 1,170,683.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BRITTA FOSTER 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
LOU FRIEDMAN 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
MARIA AREVALO 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
MATT FRIEDRICH 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
BILL JACKSON 100 SYCAMORE AVE. #200 MODESTO, CA 95354	CHAIRMAN 1.00	0.	0.	0.
JOHN LAZAR 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
DAVE OLSON 100 SYCAMORE AVE. #200 MODESTO, CA 95354	VICE CHAIR 1.00	0.	0.	0.
CHRIS TYLER 100 SYCAMORE AVE. #200 MODESTO, CA 95354	SECRETARY 1.00	0.	0.	0.
JEFF COLEMAN 100 SYCAMORE AVE. #200 MODESTO, CA 95354	TREASURER 1.00	0.	0.	0.

STANISLAUS COMMUNITY FOUNDATION

68-0483054

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TONY JORDAN 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DILLON OLVERA 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
JUDY SLY HERRERO 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
MAYRA MARTINEZ 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
EVAN PORGES 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
CHRIS COURTNEY 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
MARIAN KANON 100 SYCAMORE AVE. #200 MODESTO, CA 95354	PRESIDENT/CEO 40.00	189,605.	0.	5,780.
MELANIE CHIESA 100 SYCAMORE AVE. #200 MODESTO, CA 95354	PAST CHAIR 1.00	0.	0.	0.
JOE DURAN 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
SEANA DAY 100 SYCAMORE AVE. #200 MODESTO, CA 95354	DIRECTOR 1.00	0.	0.	0.
		TOTAL \$ 189,605.	\$ 0.	\$ 5,780.

STANISLAUS COMMUNITY FOUNDATION

68-0483054

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	8,400.
ADMINISTRATIVE FEES.....		9,406.
ADVERTISING AND PROMOTION.....		10,743.
BANK FEES.....		3,137.
BOARD MEETINGS.....		6,262.
CONTRACT LABOR.....		4,727.
DATA BASE ASSISTANCE.....		69,869.
DUES AND SUBSCRIPTIONS.....		15,936.
INSURANCE.....		9,597.
INVESTMENT MANAGEMENT FEES.....		154,659.
LEADERSHIP PROGRAMS.....		740,685.
MISCELLANEOUS.....		9,381.
OFFICE EXPENSES.....		4,504.
OTHER EMPLOYEE BENEFIT.....		39,399.
OTHER FEES.....		5,016.
POSTAGE AND SHIPPING.....		2,492.
PRINTING AND PUBLICATIONS.....		3,674.
PROFESSIONAL DEVELOPMENT.....		6,400.
SERVICE CONTRACTS.....		10,244.
TRAVEL.....		2,930.
	TOTAL	<u>\$ 1,117,461.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

PUBLICLY TRADED SECURITIES.....	\$	37,008,556.
	TOTAL	<u>\$ 37,008,556.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 9
OTHER INVESTMENTS

NOTES RECEIVABLE.....	\$	250,000.
REAL ESTATE.....		460,126.
	TOTAL	<u>\$ 710,126.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

DEPOSIT.....		6,000.
ROUNDING.....		2.
	TOTAL	<u>\$ 6,002.</u>

STATEMENT 7
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

FURNITURE & EQUIPMENT.....	5,360.
TOTAL \$	<u>5,360.</u>

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

(For Registry Use Only)

**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.

STANISLAUS COMMUNITY FOUNDATION Name of Organization		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
List all DBAs and names the organization uses or has used 100 SYCAMORE AVE. #200 Address (Number and Street)		State Charity Registration Number 117323	
MODESTO, CA 95354 City or Town, State, and ZIP Code		Corporation or Organization No. 2358577	
(209) 576-1608 Telephone Number		MKAANON@STANISLAUSCF.ORG E-mail Address	
		Federal Employer ID No. 68-0483054	

**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 – ACTIVITIESFor your most recent full accounting period (beginning 1/01/22 ending 12/31/22) list:

Total Revenue \$ (including noncash contributions) 8,717,539. Noncash Contributions \$ 0. Total Assets \$ 40,951,596.
 Program Expenses \$ 0. Total Expenses \$ 9,003,107.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

DAVE OLSON

CHAIRMAN

Signature of Authorized Agent

Printed Name

Title

Date

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. STANISLAUS COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 68-0483054
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 100 SYCAMORE AVE. #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MODESTO, CA 95354	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

• The books are in the care of ▶ MARIAN KANON, CEO 100 SYCAMORE AVE. #200 MODESTO CA 95354

Telephone No. ▶ 209-576-1608 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2022 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

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

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

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

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 2022 calendar year, or tax year beginning , **2022**, and ending , **20**

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 STANISLAUS COMMUNITY FOUNDATION 100 SYCAMORE AVE. #200 MODESTO, CA 95354 F Name and address of principal officer: MARIAN KAANON 100 SYCAMORE AVE. #200 MODESTO, CA 95354	D Employer identification number 68-0483054 E Telephone number (209) 576-1608 G Gross receipts \$ 22,765,168.	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.
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		J Website: WWW.STANISLAUSCF.ORG	
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: 2001 M State of legal domicile: CA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,970,331.	7,876,713.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,223,213.	760,843.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,422.	79,983.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,403,966.	8,717,539.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,114,888.	7,141,257.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	623,254.	694,376.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>208,313.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	711,709.	1,167,474.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,449,851.	9,003,107.
19 Revenue less expenses. Subtract line 18 from line 12	954,115.	-285,568.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	47,035,948.	40,951,596.
	22 Net assets or fund balances. Subtract line 21 from line 20	131,667.	5,360.
		46,904,281.	40,946,236.

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	Date				
	DAVE OLSON Type or print name and title	CHAIRMAN				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
	MICHELLE N MATOS				P01251310	
	Firm's name	JOHNSON & MATOS CPAS INC			Firm's EIN	45-3994255
	Firm's address	631 15TH ST MODESTO, CA 95354			Phone no.	209-236-1040

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,881,942. including grants of \$ 7,141,257.) (Revenue \$)

GRANTS TO QUALIFIED 501(C) (3) ORGANIZATIONS AND SCHOLARSHIPS TO UNIVERSITIES FOR COLLEGE STUDENTS. GRANTS FUND ORGANIZATIONS WORKING ON A RANGE OF ISSUES, INCLUDING BASIC NEEDS, SHELTER, HEALTHCARE, ARTS AND CULTURE, YOUTH SERVICES, ENVIRONMENT, COMMUNITY DEVELOPMENT AND OTHER QUALIFIED PROJECTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,881,942.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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.		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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 a "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? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	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 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
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?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	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, or any disqualified or other person 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. X

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. SEE SCH. O		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
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
7b	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:		
8a	a The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	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?		
15a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O.	X	
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
16b	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?		

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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 MARIAN KANON, CEO 100 SYCAMORE AVE. #200 MODESTO CA 95354 209-576-1608

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 dotted 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) MARIAN KANON PRESIDENT/CEO	40 0	X		X			183,825.	0.	5,780.	
(2) BRITTA FOSTER DIRECTOR	1 0	X					0.	0.	0.	
(3) LOU FRIEDMAN DIRECTOR	1 0	X					0.	0.	0.	
(4) MARIA AREVALO DIRECTOR	1 0	X					0.	0.	0.	
(5) MATT FRIEDRICH DIRECTOR	1 0	X					0.	0.	0.	
(6) BILL JACKSON CHAIRMAN	1 0	X		X			0.	0.	0.	
(7) JOHN LAZAR DIRECTOR	1 0	X					0.	0.	0.	
(8) DAVE OLSON VICE CHAIR	1 0	X					0.	0.	0.	
(9) CHRIS TYLER SECRETARY	1 0	X		X			0.	0.	0.	
(10) JEFF COLEMAN TREASURER	1 0	X		X			0.	0.	0.	
(11) TONY JORDAN DIRECTOR	1 0	X					0.	0.	0.	
(12) DILLON OLVERA DIRECTOR	1 0	X					0.	0.	0.	
(13) JUDY SLY HERRERO DIRECTOR	1 0	X					0.	0.	0.	
(14) MAYRA MARTINEZ DIRECTOR	1 0	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 dotted 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			
(15) EVAN PORGES DIRECTOR	1 0	X						0.	0.	0.
(16) CHRIS COURTNEY DIRECTOR	1 0	X						0.	0.	0.
(17) MELANIE CHIESA PAST CHAIR	1 0	X		X				0.	0.	0.
(18) JOE DURAN DIRECTOR	1 0	X						0.	0.	0.
(19) SEANA DAY DIRECTOR	1 0	X						0.	0.	0.
(20) MARIAN KAANON PRESIDENT/CEO	40 0					X		0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	183,825.	0.	5,780.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	183,825.	0.	5,780.

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 **1**

	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>	3	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>	4	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>	5	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

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 **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,876,713.				
	g Noncash contributions included in lines 1a-1f	1g					
	h Total. Add lines 1a-1f		7,876,713.				
	Program Service Revenue	2a Business Code					
b -----							
c -----							
d -----							
e -----							
f All other program service revenue							
g Total. Add lines 2a-2f							
Miscellaneous Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,090,700.			1,090,700.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		13717772.			
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	14047629.			
	c Gain or (loss)	7c	-329,857.				
	d Net gain or (loss)		-329,857.	-329,857.			
	Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
			b Less: direct expenses	8b			
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19		9a					
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
		b Less: cost of goods sold.	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		11a SERVICE FEES		900099	50,000.	50,000.	
	b MISCELLANEOUS		900099	29,983.	29,983.		
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d			79,983.			
12 Total revenue. See instructions			8,717,539.	-249,874.	0.	1,090,700.	

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	7,141,257.	7,141,257.		
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	189,605.	0.	132,724.	56,881.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	421,309.		294,916.	126,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,399.		27,579.	11,820.
10 Payroll taxes	44,063.		30,844.	13,219.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,400.		8,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	154,659.		154,659.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	5,016.		5,016.	
12 Advertising and promotion	10,743.		10,743.	
13 Office expenses	4,504.		4,504.	
14 Information technology				
15 Royalties				
16 Occupancy	85,687.		85,687.	
17 Travel	2,930.		2,930.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	289.		289.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,436.		3,436.	
23 Insurance	9,597.		9,597.	
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 LEADERSHIP PROGRAMS	740,685.	740,685.		
b DATA BASE ASSISTANCE	69,869.		69,869.	
c DUES AND SUBSCRIPTIONS	15,936.		15,936.	
d SERVICE CONTRACTS	10,244.		10,244.	
e All other expenses	45,479.		45,479.	
25 Total functional expenses. Add lines 1 through 24e	9,003,107.	7,881,942.	912,852.	208,313.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	3,344,649.	1	3,117,755.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	103,210.	3	98,420.
	4 Accounts receivable, net		4	
	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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,922.		
	b Less: accumulated depreciation	10b 18,185.	14,173.	10c 10,737.
	11 Investments – publicly traded securities	42,940,512.	11	37,008,556.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	633,404.	15	716,128.
16 Total assets. Add lines 1 through 15 (must equal line 33)	47,035,948.	16	40,951,596.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	125,000.	18	
	19 Deferred revenue		19	
	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	6,667.	25	5,360.
	26 Total liabilities. Add lines 17 through 25	131,667.	26	5,360.
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	34,469,531.	27	30,802,246.
	28 Net assets with donor restrictions	12,434,750.	28	10,143,990.
	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	46,904,281.	32	40,946,236.
33 Total liabilities and net assets/fund balances	47,035,948.	33	40,951,596.	

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	8,717,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,003,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	-285,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,904,281.
5	Net unrealized gains (losses) on investments	5	-5,672,477.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,946,236.

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? 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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		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		

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

2022

Open to Public Inspection

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13301520.	3,366,934.	5,025,143.	6,970,331.	7,876,713.	36,540,641.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	13301520.	3,366,934.	5,025,143.	6,970,331.	7,876,713.	36,540,641.
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).						8,409,224.
6 Public support. Subtract line 5 from line 4.						28,131,417.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	13301520.	3,366,934.	5,025,143.	6,970,331.	7,876,713.	36,540,641.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	957,956.	1,022,304.	789,441.	1,108,718.	1,090,700.	4,969,119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	10,941.	13,490.	103,569.	93,932.	79,983.	301,915.
11 Total support. Add lines 7 through 10.						41,811,675.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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 2022 (line 6, column (f), divided by line 11, column (f)).	14	67.28 %
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	76.82 %

16a 33-1/3% support test—2022. 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.

b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2022. 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.

b 10%-facts-and-circumstances test—2021. 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.

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.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2022. 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—2021. 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 on line 12 of 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>		
3c 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
PROGRAM INCOME					\$ 787.
OTHER INCOME	\$ 29,983.	\$ 13,932.	\$ 31,069.	\$ 13,490.	10,154.
SERVICE FEES	50,000.	80,000.	72,500.		
TOTAL	<u>\$ 79,983.</u>	<u>\$ 93,932.</u>	<u>\$ 103,569.</u>	<u>\$ 13,490.</u>	<u>\$ 10,941.</u>

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

2022

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOYETT PETROLEUM 601 MCHENRY AVE MODESTO, CA 95350	\$ 595,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	E&J GALLO WINERY 600 YOSEMITE BLVD MODESTO, CA 95354	\$ 2,992,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STRIVETOGETHER, INC. 125 E. NINTH STREET 2ND CINCINNATI, OH 45202	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NICOLE PICCININI PESCO PO BOX 577710 MODESTO, CA 95357	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN MAYOL 1301 COUNTRY VIEW DR. MODESTO, CA 95356	\$ 537,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STANISLAUS COUNTY PO BOX 577710 MODESTO, CA 95357	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY MODESTO, CA 95350	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PAUL VAN KONYNENBURG 6373 STODDARD ROAD MODESTO, CA 95356	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JONATHAN PARTRIDGE 1320 CAHILL AVE TURLOCK, CA 95380	\$ 193,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
--	---

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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
--	--

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 information once. See instructions.)..... \$ _____ *N/A*
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
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2022

Open to Public Inspection

Name of the organization

Employer identification number

STANISLAUS COMMUNITY FOUNDATION

68-0483054

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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.

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

2 a 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
1 a Beginning of year balance	4,985,652.	4,982,375.	4,913,715.	4,428,170.	4,868,754.
b Contributions	30,550.	15,000.	5,000.	300.	132,144.
c Net investment earnings, gains, and losses	-427,866.		393,108.	732,298.	-248,675.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	311,315.	11,723.	329,448.	247,053.	324,053.
g End of year balance	4,277,021.	4,985,652.	4,982,375.	4,913,715.	4,428,170.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

3 a 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?		

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

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
1 a Land				
b Buildings				
c Leasehold improvements		1,319.	1,188.	131.
d Equipment		25,758.	15,152.	10,606.
e Other		1,845.	1,845.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,737.

Part VII Investments – Other Securities. N/A
 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. N/A
 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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) FURNITURE & EQUIPMENT	5,360.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	5,360.

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	8,717,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	8,717,539.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	8,717,539.

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	9,003,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	9,003,107.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	9,003,107.

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 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS RECEIVED WITH DONOR RESTRICTIONS GENERATE INCOME TO SUPPORT GRANTS INCLUDING EDUCATION AND YOUTH LEADERSHIP, SCHOLARSHIPS AND OTHER COMMUNITY PURPOSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE WASHINGTON, DC 20036	52-1190211		50,000.	0.			
(2) GALLO CENTER FOR THE ARTS 1000 I STREET MODESTO, CA 95354	56-2607443		326,300.	0.			
(3) BOYS & GIRLS CLUB-STANISLAUS 422 MCHENRY AVE MODESTO, CA 95354	45-5034180		51,100.	0.			
(4) EMPIRE UNION SCHOOL DISTRICT 116 N. MCLURE MODESTO, CA 95357	94-6002388		10,000.	0.			
(5) JULINE FND FOR CHILDREN 1700 MCHENRY AVE MODESTO, CA 95350	33-0998513		10,000.	0.			
(6) SALIDA UNION SCHOOL DISTRICT 4801 SISK RD SALIDA, CA 95368	32-0455232		10,000.	0.			
(7) STANISLAUS PARTNERS IN ED 1100 H STREET MODESTO, CA 95354	77-0294263		40,000.	0.			
(8) STANISLAUS UNION SCHOOL DIST 2410 JANNA AVE. MODESTO, CA 95350	27-0190717		10,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19

3 Enter total number of other organizations listed in the line 1 table 131

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION REQUIRES A SIX MONTH AND TWELVE MONTH WRITTEN REPORT TO BE FILED BY THE GRANT RECIPIENTS.

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE JACK & BUENA FOUNDATION P.O. BOX 3290 MODESTO, CA 95353	26-4356268		18,830.				
TUOLUMNE RIVER TRUST 829 13TH ST MODESTO, CA 95354	94-2834151		108,958.				
MODESTO JR COLLEGE 435 COLLEGE AVE MODESTO, CA 95350	94-1658486		30,750.				
MIRACEL LEAGUE OF STAN CNTY 1129 8TH ST. STE. 101 MODESTO, CA 95354	26-1683004		9,000.				
UNITED WAY OF STAN CNTY 422 MCHENRY AVE MODESTO, CA 95354	94-1212129		91,000.				
MODESTO SYMPHONY ORCHESTRA 911 13TH STREET MODESTO, CA 95354	94-2150279		192,350.				
SYLVAN UNION SCHOOL DIST. 605 SYLVAN AVE. MODESTO, CA 95350	77-0301285		10,000.				
UC DAVIS 1 SHIELDS AVE. DAVIS, CA 95616	94-6036494		6,200.				
MOD SUNRISE ROTARY FOUNDATION 601 MCHENRY AVE MODESTO, CA 95352	77-0402974		25,000.				
STATE THEATRE OF MODESTO 1307 J STREET MODESTO, CA 95354	20-2468226		134,850.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCOE CHARITABLE FOUNDATION 1100 H STREET MODESTO, CA 95354	47-3274539		10,000.				
CAMBODIA IMPACT 4300 NORTH AVE MODESTO, CA 95358	46-2976217		8,000.				
SALVATION ARMY 1649 LAS VEGAS STREET MODESTO, CA 95358	22-2406433		132,600.				
VALLEY RECOVERY RESOURCES 1030 CALIFORNIA AVE. MODESTO, CA 95351	45-1355075		7,750.				
STANISLAUS BUSINESS ALLIANCE 1625 I STREET MODESTO, CA 95354	20-5186517		129,000.				
MODESTO ROTARY CLUB FOUND. PO BOX 672 MODESTO, CA 95353	94-2413021		5,700.				
COMMUNITY HOSPICE FOUNDATION 4368 SPYRES WAY MODESTO, CA 95356	77-0562224		68,400.				
UC MERCED FOUNDATION 5200 N. LAKE RD. MERCED, CA 95343	94-3250114		11,100.				
UCLA 405 HILGARD AVE. BOX 951432 LOS ANGELES, CA 90095	95-6006143		8,200.				
UC RIVERSIDE 900 UNIVERSITY AVE. RIVERSIDE, CA 92521	23-7433570		5,700.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>UNITED SAMARITANS</u> <u>220 S. BROADWAY</u> <u>TURLOCK, CA 95380</u>	77-0393321		62,500.				
<u>BIG VALLEY GRACE</u> <u>4040 TULLY RD.</u> <u>MODESTO, CA 95357</u>	94-2268348		9,000.				
<u>LOVE STANISLAUS COUNTY</u> <u>1401 F STREET</u> <u>MODESTO, CA 95354</u>	47-1989572		9,800.				
<u>TWIN LAKES CHURCH</u> <u>2701 CABRILLO COLLEGE DR.</u> <u>APTOS, CA 95603</u>	94-1251128		8,000.				
<u>PATTERSON JOINT UNIFIED DIST.</u> <u>510 KEYSTONE BLVD.</u> <u>PATTERSON, CA 95363</u>	58-2207430		10,000.				
<u>TURLOCK HIGH SCHOOL</u> <u>1574 E. CANAL DR.</u> <u>TURLOCK, CA 95380</u>	45-3205521		8,000.				
<u>UNCLE LONNY PRESENTS</u> <u>1878 E. HATCH RD.</u> <u>MODESTO, CA 95351</u>	46-1465670		9,000.				
<u>MEMORIAL HOSPITAL FOUNDATION</u> <u>1329 SPANOS CT. STE. C2</u> <u>MODESTO, CA 95355</u>	94-2290244		14,800.				
<u>SIERRA VISTA CHILD & FAMILY</u> <u>100 POPLAR AVE.</u> <u>MODESTO, CA 95354</u>	94-2158023		41,000.				
<u>UC SANTA CRUZ</u> <u>1156 HIGH STREET</u> <u>SANTA CRUZ, CA 95064</u>	94-1539563		6,900.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 4 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062	13-5613797		30,000.				
CSU STANISLAUS 1 UNIVERSITY CIRCLE TURLOCK, CA 95382	77-0492209		220,617.				
AMERICAN LEADERSHIP FORUM 821 13TH STREET MODESTO, CA 95354	77-0450770		150,000.				
CENTER FOR HUMAN SERVICES 200 W. BRIGGSMORE AVE. MODESTO, CA 95350	94-1725620		573,506.				
CHILDREN'S CRISIS CENTER 1244 FIORI AVE. MODESTO, CA 95350	94-2686499		28,000.				
STAN CNTY AGENCY ON AGING 3500 COFFEE RD. MODESTO, CA 95355			70,000.				
CITY MINISTRY NETWORK PO BOX 4983 MODESTO, CA 95352	26-0100683		51,250.				
CENTRAL WEST BALLET 5039 PENTECOST MODESTO, CA 95356	77-0154765		51,678.				
BOY SCOUTS OF AMERICA 4031 TECHNOLOGY DR. MODESTO, CA 95356	94-1186155		10,000.				
VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	94-2797447		7,500.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 5 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DEL RIO CC FOUNDATION 801 STEWART RD. MODESTO, CA 95356	91-2143033		17,500.				
COSTA FAMILY FOUNDATION 4285 SPYRES WAY MODESTO, CA 95356	27-0989324		40,000.				
CAMP TAYLOR 8224 W. GRAYSON RD. MODESTO, CA 95358	04-3709177		20,000.				
STANISLAUS FAMILY JUSTICE CEN 1418 J STREET MODESTO, CA 95354	20-0128637		50,500.				
CSU CHICO 400 WEST FIRST CHICO, CA 95929	95-1230865		8,500.				
MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD. MODESTO, CA 95354	94-6102833		92,250.				
UC IRVINE 102 ALDRICH HALL IRVINE, CA 92697	95-2226406		8,100.				
HAVEN 618 13TH STREET MODESTO, CA 95354	94-2499361		23,750.				
CITY OF PATTERSON REC 1033 W. LAS PALMAS PATTERSON, CA 95363			10,000.				
SOCIETY FOR DISABILITIES 1129 8TH STREET MODESTO, CA 95354	94-1279804		32,260.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PARENT RESOURCE CENTER 811 5TH STREET MODESTO, CA 95351	77-0324466		6,500.				
JESSICA'S HOUSE 2881 GEER RD STE. A TURLOCK, CA 95382	94-2281314		71,000.				
CRICKET'S HOPE 133 DOWNEY AVE MODESTO, CA 95354	84-3396882		28,500.				
GREEK ORTHODOX CHURCH 313 TOKAY AVE. MODESTO, CA 95350	11-3026406		14,000.				
OPERA MODESTO PO BOX 4519 MODESTO, CA 95352	77-0013155		45,500.				
BEYER ROBOTICS BOOSTERS 7135 LEER CT. MODESTO, CA 95356	47-1421220		9,500.				
UC SAN FRANCISCO 500 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-6036493		20,000.				
LEARNING QUEST 1032 11TH STREET MODESTO, CA 95354	94-2671824		29,150.				
ST. STAN CATHOLIC SCHOOL 1416 MAZE BLVD MODESTO, CA 95351	54-2062540		9,500.				
DOWNTOWN MODESTO PARTNERSHIP 1003 10TH STREET MODESTO, CA 95354	47-5067361		8,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY PO BOX 37333 BOONE, IA 50037	15-0532082		20,000.				
ST. LUKE'S FAMILY PRACTICE 1700 MCHENRY VILLAGE WAY MODESTO, CA 95350	38-3681072		51,500.				
SECOND HARVEST PO BOX 4039 MANTECA, CA 95337	68-0376587		21,000.				
AMERICAN RED CROSS 1565 EXPOSITION BLVD. SACRAMENTO, CA 95815	53-0196605		50,000.				
BEST BUDDIES INTERNATIONAL 100 SOUTHEAST 2ND ST. MIAMI, FL 33131	52-1614576		50,000.				
LEUKEMIA & LYMPHONA SOCIETY 10409 FOX BOROUGH CT. OAKDALE, CA 95361	13-5644916		50,000.				
CHURCH AT THE RED DOOR 78075 MAIN STREET STE. 204 LA QUINTA, CA 92253	81-1868939		10,000.				
CITY OF MODESTO PO BOX 3441 MODESTO, CA 95353	94-6000374		10,934.				
MODESTO PERFORMING ARTS 2633 EL GRECO DR. MODESTO, CA 95354	94-2435239		25,250.				
JR. ACHIEVEMENT OF NORTH CA 3003 OAK RD. STE. 130 WALNUT CREEK, CA 94597	94-1322179		25,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EVERY MONDAY MATTERS 321 PASS AVE. STE. 152 BURBANK, CA 91505	27-3684543		25,000.				
CONGREGATION BETH SHALOM PO BOX 85 MODESTO, CA 95353	94-0475315		9,500.				
HABITAT FOR HUMANITY 630 KEARNEY AVE. MODESTO, CA 95350	77-0233512		7,500.				
CALIFORNIA FARMLAND TRUST PO BOX 1960 ELK GROVE, CA 95759	77-0566494		10,000.				
RIVERS OF RECOVERY PO BOX 22326 EAGAN, MN 55122	26-2260491		10,000.				
OREGON STATE UNIVERSITY 4238 SW RESEARCH WAY CORVALLIS, OR 93733	93-6022772		10,000.				
CA HIGHWAY PATROL 11-99 2244 N. STATE COLLEGE BLVD FULLERTON, CA 92831	95-6530738		10,000.				
SONOMA STATE UNIVERSITY 1801 EAST COTATI AVE ROHNERT PARK, CA 94928	99-0157509		10,000.				
TURLOCK PREGNANCY & HEALTH 134 REGIS STREET TURLOCK, CA 95382	26-2828086		7,500.				
YOUTH FOR CHRIST 1101 M STREET MODESTO, CA 95354	77-0160288		12,200.				

Continuation Sheet for Schedule I (Form 990)

2022

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Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>COLOR THE SKIES GUILD</u> <u>PO BOX 905</u> RIPON, CA 95366	20-8174657		130,000.				
<u>MODESTO CHILDREN'S MUSEUM</u> <u>1509 K STREET, #119</u> MODESTO, CA 95354	84-2442152		563,650.				
<u>IMPROVE YOUR TOMORROW</u> <u>3780 ROSIN COURT STE. 240</u> SACRAMENTO, CA 95834	46-2981774		160,000.				
<u>STANISLAUS EQUITY PARTNERS</u> <u>PO BOX 4983</u> MODESTO, CA 95352	47-3797356		125,000.				
<u>YOUTH LEADERSHIP INSTITUTE</u> <u>209 9TH STREET STE. 200</u> SAN FRANCISCO, CA 94103	68-0184712		26,430.				
<u>VALLEY MOUNTAIN REGIONAL CNTR</u> <u>PO BOX 692290</u> STOCKTON, CA 95269	94-2251069		102,344.				
<u>NEW YORK KITCHEN</u> <u>800 SOUTH MAIN STREET</u> CANANDAIGUA, NY 14424	20-1682175		100,000.				
<u>MODESTO BAND OF STAN CNTY</u> <u>PO BOX 577937</u> MODESTO, CA 95357	91-2134489		66,437.				
<u>EDUCATION FOUNDATION</u> <u>1100 H STREET</u> MODESTO, CA 95354	94-2906392		30,444.				
<u>UNITED WAY OF FRESNO CNTY</u> <u>4949 EAST KINGS CANYON</u> FRESNO, CA 93727	94-1156514		15,000.				

Continuation Sheet for Schedule I (Form 990)

2022

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Continuation Page 10 of 15

Name of the organization STANISLAUS COMMUNITY FOUNDATION	Employer identification number 68-0483054
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EXCEPTIONAL PARENTS UNLIMITED 4440 N 1ST STREET FRESNO, CA 93726	77-0263702		15,000.				
UNITED WAY OF MERCED CNTY 531 W MAIN STREET MERCED, CA 95340	94-2633265		12,606.				
REDEEMER MODESTO PO BOX 1843 MODESTO, CA 95353	20-8950628		35,783.				
CA PACIFIC MEDICAL CENTER FND 2015 STEINER STREET SAN FRANCISCO, CA 94115	94-2728423		10,000.				
FORGET ME NOT CHILDREN'S 5345 HIGHWAY 12, WEST SANTA ROSA, CA 95407	26-3464770		10,000.				
KENNETH L MADDY INSTITUTE 4910 N CHESTNUT AVE #43 FRESNO, CA 93726	20-0774454		7,500.				
HEALTHY AGING ASSOCIATION 3500 COFFEE RD STE 19 MODESTO, CA 95355	77-0546574		6,000.				
UCSF BENIOFF CHILDREN'S HOSPI PO BOX 45339 SAN FRANCISCO, CA 94145	94-1657474		200,500.				
INDIA GOSPEL OUTREACH 9645 ARROW ROUTE RANCHO CUCAMONG, CA 91730	33-0193797		150,000.				
INTERNATIONAL RESCUE COMMITTE 122 E 42ND STREET NEW YORK, NY 10168	13-5660870		140,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 11 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STANFORD HEALTH CARE PARTNERS PO BOX 20466 STANFORD, CA 94309	94-6174066		100,200.				
YMCA OF GREATER ROCHESTER 444 E MAIN STREET ROCHESTER, NY 14604	16-0743242		100,000.				
DIGITAL NEST INC 1961 MAIN STREET #221 WATSONVILLE, CA 95076	46-5757256		100,000.				
LUCILE PACKARD FOUNDATION 400 HAMILTON AVE PALO ALTO, CA 94301	77-0440090		100,000.				
JOURNALISM FUNDING PARTNERS 1731 HOWE AVE SACRAMENTO, CA 95825	84-2968843		95,000.				
LEGACY ALLIANCE OUTREACH 2601 OAKDALE RD. MODESTO, CA 95355	85-3228963		69,500.				
STANISLAUS HOMELESS ADVOCACY 1111 J STREET MODESTO, CA 95354	85-3822352		65,000.				
STAN CNTY AG CENTER FOUNDATIO PO BOX 4937 MODESTO, CA 95352	77-0438308		43,340.				
AMERICAN EDUCATIONAL ASSIST 6114 LA SALLE AVE OAKLAND, CA 94611	06-1688758		30,000.				
WORLD RELIEF MODESTO 909 14TH STREET MODESTO, CA 95354	23-6393344		25,300.				

Continuation Sheet for Schedule I (Form 990)

2022

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Continuation Page 12 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASIAN OUTREACH USA 27758 SANTA MARGARITA PKWY MISSION VIEJO, CA 92961	33-0610680		24,000.				
SAINT JAMES ORTHODOX CHURCH 725 MAZE BLVD MODESTO, CA 95351	20-0022405		20,456.				
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 02138	04-2535767		20,000.				
VETERANS IN COMMUNITY ADVOC 1220 I STREET MODESTO, CA 95354	77-0470432		18,245.				
CA YOUTH AG EXPO PO BOX 255601 SACRAMENTO, CA 95865	85-1022111		12,500.				
MODESTO PEACE/LIFE CENTER 720 13TH STREET MODESTO, CA 95353	94-2800825		12,150.				
RENEW CHURCH MODESTO 4101 TECHNOLOGY DRIVE MODESTO, CA 95356	47-4643922		12,000.				
SALVATION ARMY WORLD SERVICE PO BOX 418558 BOSTON, MA 02241	13-2923701		10,000.				
FEDERAL LAW ENFORCEMENT FND 800 THIRD AVE NEW YORK, NY 10022	13-3494044		10,000.				
NYU LANGON HEALTH CENTER 160 EAST 34TH STREET NEW YORK, NY 10016	13-3971298		10,000.				

Continuation Sheet for Schedule I (Form 990)

2022

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Continuation Page 13 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY IRVINE, CA 92618	31-1781635		10,000.				
INTERNATIONAL FESTIVAL COM PO BOX 1005 MODESTO, CA 95353	77-0280486		10,000.				
SHE BECAME INC 509 13TH STREET MODESTO, CA 95354	81-4307136		10,000.				
AL & FRIENDS INC. PO BOX 1022 PACIFIC GROVE, CA 93950	82-2461103		10,000.				
JUNIOR NAVY SEALS, INC. PO BOX 3606 MODESTO, CA 95352	82-4853736		10,000.				
WIDE HORIZONS INC. 1169 S MAIN STREET MANTECA, CA 95337	83-3627155		10,000.				
THE VERAISON PROJECT 1520 BELLE VIEW BLVD. ALEXANDRIA, VA 22307	85-1942329		10,000.				
THE ROOTS FUND 285 BERLIN TURNPIKE #164 BERKUB, CT 06037	85-2112719		10,000.				
BEL PASSI BASEBALL INC PO BOX 576841 MODESTO, CA 95357	94-2274549		10,000.				
DESERT SPRINGS PRESBYTERIAN 1555 W. OVERTON RD TUCSON, AZ 85704	95-3243727		10,000.				

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 14 of 15

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EL CONCILIO 1314 H STREET MODESTO, CA 95354	95-3792795		10,000.				
CERES UNIFIED SCHOOL DISTRICT 4295 CENTRAL AVE CERES, CA 95307			10,000.				
LOVE OUR CITIES 909 14TH STREET MODESTO, CA 95354	30-1248201		9,000.				
CORNERSTONE COMMUNITY CHURCH 300 COUNTRY CLUB DRIVE INCLINE VILLAGE, NV 89451	88-0246481		8,000.				
PITMAN HIGH SCHOOL 2525 W CHRISTOFFERSEN PKWY TURLOCK, CA 95382	35-2370860		7,000.				
FAITH HOME TEEN CHALLENGE PO BOX 611 TURLOCK, CA 95381	68-0304933		6,250.				
CHRISTIAN BERETS 2508 OAKDALE ROAD MODESTO, CA 95355	23-7094560		6,000.				
FRIENDS OF STAN CNTY FAIR 900 N BROADWAY AVE TURLOCK, CA 95380	27-3822037		6,000.				
CA FOUNDATION FOR AGRICULTURE 2600 RIVER PLAZA DR. SACRAMENTO, CA 95833	68-0100601		6,000.				
STAN CNTY HABITAT FOR HUMANIT 630 KEARNEY AVE MODESTO, CA 95350	77-0233512		6,000.				

**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

2022

**Open to Public
Inspection**

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- 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? **5a** **X**
- b** Any related organization? **5b** **X**
- 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? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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. **8** **X**

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

Yes No

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

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

Schedule J (Form 990) 2022

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			(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				(C) Retirement and other deferred compensation
1 MARIAN KAAONON PRESIDENT/CEO	(i)	183,825.	0.	0.	0.	5,780.	189,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2022

**Open to Public
Inspection**

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE VISION OF STANISLAUS COMMUNITY FOUNDATION IS THAT STANISLAUS COUNTY IS A COMMUNITY OF CHOICE WHERE PEOPLE LIVE, WORK AND THRIVE. TO ACHIEVE THIS VISION, STANISLAUS COMMUNITY FOUNDATION'S MISSION IS TO STEWARD CHARITABLE RESOURCES AND NURTURE PARTNERSHIPS TO ADVANCE THE COMMON GOOD. IN ADDITION TO FACILITATING GRANTMAKING THROUGH CHARITABLE FUNDS UNDER MANAGEMENT, STANISLAUS COMMUNITY FOUNDATION LEADS SYSTEMIC CHANGE INITIATIVES IN EDUCATION, ECONOMIC OPPORTUNITY AND CIVIC ENGAGEMENT.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE VISION OF STANISLAUS COMMUNITY FOUNDATION IS THAT STANISLAUS COUNTY IS A COMMUNITY OF CHOICE WHERE PEOPLE LIVE, WORK AND THRIVE. TO ACHIEVE THIS VISION, STANISLAUS COMMUNITY FOUNDATION'S MISSION IS TO STEWARD CHARITABLE RESOURCES AND NURTURE PARTNERSHIPS TO ADVANCE THE COMMON GOOD. IN ADDITION TO FACILITATING GRANTMAKING THROUGH CHARITABLE FUNDS UNDER MANAGEMENT, STANISLAUS COMMUNITY FOUNDATION LEADS SYSTEMIC CHANGE INITIATIVES IN EDUCATION, ECONOMIC OPPORTUNITY AND CIVIC ENGAGEMENT.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

THE BOARD HAS ESTABLISHED THE FINANCE & INVESTMENT COMMITTEE FOR WHICH IT HAS DELEGATED AUTHORITY AND RESPONSIBILITIES. THE PURPOSE OF THE FINANCE & INVESTMENT COMMITTEE IS TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF INVESTMENT POLICIES AND PRACTICES, DETERMINING INVESTMENT OBJECTIVES AND MONITORING AND REPORTING THE PROGRESS OF INVESTMENTS AND SPENDING.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE REVIEWS THE ANNUAL 990 DRAFT FILING AND RECOMMENDS APPROVAL TO THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER PROVIDES THE EXECUTIVE COMMITTEE AND THE FULL BOARD DRAFT COPIES OF THE 990 TO BE REVIEWED AT THEIR REGULARLY

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

SCHEDULED MEETINGS PRIOR TO THE 990 FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

STANISLAUS COMMUNITY FOUNDATION DIRECTORS, ON AN ANNUAL BASIS, DISCLOSE THEIR CONFLICTS OF INTEREST IN WRITING, PER THE ORGANIZATION POLICY. ALSO, IF A BOARD DIRECTOR HAS A CONFLICT OF INTEREST RELATED TO A BUSINESS MATTER OR ANY GRANTMAKING/SCHOLARSHIPS SUBJECT TO APPROVAL BY THE BOARD, THESE ARE DISCLOSED DURING BOARD MEETINGS AND SAID DIRECTORS ABSTAIN FROM THE DISCUSSION AND SUBSEQUENT VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ORGANIZATION HAS AN EXECUTIVE & FINANCE COMMITTEE COMPOSED OF OFFICERS OF THE ORGANIZATION. ALONG WITH ANNUALLY EVALUATING THE CHIEF EXECUTIVE'S PERFORMANCE THEY MAKE RECOMMENDATIONS TO THE BOARD WITH RESPECT TO COMPENSATION. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMPENSATION SURVEYS OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON PRACTICES FOR THE STANISLAUS COUNTY AREA.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE ORGANIZATION HAS AN EXECUTIVE & FINANCE COMMITTEE COMPOSED OF OFFICERS OF THE ORGANIZATION. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMEPENSATION SURVEYS OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON PRACTICES FOR THE STANISLAUS COUNTY AREA.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

STANISLAUS COMMUNITY FOUNDATION

68-0483054

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
2	BOARD TABLE/FILE CABINETS	9/23/13		1,845							1,845	1,845	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			1,845		0	0	0	0	0	1,845	1,845				0
MACHINERY AND EQUIPMENT																
1	COMTEL TELEPHONE SYSTEM	1/29/10		3,367							3,367	3,367	S/L	3		0
6	WALL CABINET	1/15/15		121							121	121	S/L	5		0
7	OFFICE LAPTOP	1/15/15		804							804	804	S/L	5		0
8	MONITORS	2/23/15		249							249	249	S/L	5		0
9	HP PRINTER	5/15/15		250							250	250	S/L	5		0
10	BUS. TELEPHONE SYSTEM	7/16/15		353							353	321	S/L	7		32
11	PC - COMPUTER	9/10/15		645							645	645	S/L	5		0
12	DELL PRINTER	9/10/15		165							165	165	S/L	5		0
13	DESK - MARIAN	9/10/15		2,333							2,333	2,333	S/L	5		0
14	CONFERENCE PHONE	12/29/15		821							821	702	S/L	7		119
15	EQUIPMENT	4/01/16		265							265	218	S/L	7		38
16	EQUIPMENT	7/07/16		166							166	132	S/L	7		24
17	OVERHEAD PROJECTOR SCREEN	7/21/16		1,028							1,028	796	S/L	7		147
19	PHONE	8/18/16		335							335	256	S/L	7		48
21	LAPTOP	9/14/16		640							640	640	S/L	5		0
22	OVERHEAD PROJECTOR	11/29/16		114							114	81	S/L	7		16
23	COMPUTER EQUIPMENT	11/14/19		861							861	373	S/L	5		172
24	COMPUTER EQUIPMENT	12/23/19		1,193							1,193	478	S/L	5		239
25	COMPUTER EQUIPMENT	12/22/20		1,364							1,364	273	S/L	5		273

STANISLAUS COMMUNITY FOUNDATION

68-0483054

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
26	SURFACE PRO LAPTOP	7/19/21		1,083							1,083	90	S/L	5		217
27	MOBILE TV CART	7/19/21		1,288							1,288	77	S/L	7		184
28	SAVIN C3000 COPIER/FAX	9/01/21		7,089							7,089	473	S/L	5		1,418
29	SURFACE PRO LAPTOP - S JONES	10/18/21		1,083							1,083	36	S/L	5		217
30	SURFACE PRO LAPTOP - TAHMIRA	11/18/21		1,460							1,460	24	S/L	5		292
TOTAL MACHINERY AND EQUIPME				27,077		0	0	0	0	0	27,077	12,904				3,436
TOTAL DEPRECIATION				<u>28,922</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>28,922</u>	<u>14,749</u>				<u>3,436</u>
GRAND TOTAL DEPRECIATION				<u>28,922</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>28,922</u>	<u>14,749</u>				<u>3,436</u>

STANISLAUS COMMUNITY FOUNDATION

68-0483054

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
FURNITURE AND FIXTURES																
2	BOARD TABLE/FILE CABINETS	9/23/13		1,845							1,845	1,845	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			1,845		0	0	0	0	0	1,845	1,845				0
MACHINERY AND EQUIPMENT																
1	COMTEL TELEPHONE SYSTEM	1/29/10		3,367							3,367	3,367	S/L	3		0
6	WALL CABINET	1/15/15		121							121	121	S/L	5		0
7	OFFICE LAPTOP	1/15/15		804							804	804	S/L	5		0
8	MONITORS	2/23/15		249							249	249	S/L	5		0
9	HP PRINTER	5/15/15		250							250	250	S/L	5		0
10	BUS. TELEPHONE SYSTEM	7/16/15		353							353	321	S/L	7		32
11	PC - COMPUTER	9/10/15		645							645	645	S/L	5		0
12	DELL PRINTER	9/10/15		165							165	165	S/L	5		0
13	DESK - MARIAN	9/10/15		2,333							2,333	2,333	S/L	5		0
14	CONFERENCE PHONE	12/29/15		821							821	702	S/L	7		119
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19	PHONE	8/18/16		335							335	256	S/L	7		48
21	LAPTOP	9/14/16		640							640	640	S/L	5		0
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23	COMPUTER EQUIPMENT	11/14/19		861							861	373	S/L	5		172
24	COMPUTER EQUIPMENT	12/23/19		1,193							1,193	478	S/L	5		239
25	COMPUTER EQUIPMENT	12/22/20		1,364							1,364	273	S/L	5		273

STANISLAUS COMMUNITY FOUNDATION

68-0483054

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
26	SURFACE PRO LAPTOP	7/19/21		1,083							1,083	90	S/L	5		217
27	MOBILE TV CART	7/19/21		1,288							1,288	77	S/L	7		184
28	SAVIN C3000 COPIER/FAX	9/01/21		7,089							7,089	473	S/L	5		1,418
29	SURFACE PRO LAPTOP - S JONES	10/18/21		1,083							1,083	36	S/L	5		217
30	SURFACE PRO LAPTOP - TAHMIRA	11/18/21		1,460							1,460	24	S/L	5		292
TOTAL MACHINERY AND EQUIPME				27,077		0	0	0	0	0	27,077	12,904				3,436
TOTAL DEPRECIATION				<u>28,922</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>28,922</u>	<u>14,749</u>				<u>3,436</u>
GRAND TOTAL DEPRECIATION				<u>28,922</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>28,922</u>	<u>14,749</u>				<u>3,436</u>

STANISLAUS COMMUNITY FOUNDATION

68-0483054

	2022	2021	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	7,876,713	6,970,331	906,382
INVESTMENT INCOME.....	760,843	2,223,213	-1,462,370
OTHER REVENUE.....	79,983	210,422	-130,439
TOTAL REVENUE.....	8,717,539	9,403,966	-686,427
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	7,141,257	7,114,888	26,369
SALARIES, OTHER COMPEN., EMP. BENEFITS...	694,376	623,254	71,122
OTHER EXPENSES.....	1,167,474	711,709	455,765
TOTAL EXPENSES.....	9,003,107	8,449,851	553,256
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-285,568	954,115	-1,239,683
TOTAL ASSETS AT END OF YEAR.....	40,951,596	47,035,948	-6,084,352
TOTAL LIABILITIES AT END OF YEAR.....	5,360	131,667	-126,307
NET ASSETS/FUND BALANCES AT END OF YEAR.	40,946,236	46,904,281	-5,958,045

STANISLAUS COMMUNITY FOUNDATION

68-0483054

	2022	2021	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	14,888,455	9,527,074	5,361,381
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	7,876,713	6,970,331	906,382
TOTAL GROSS RECEIPTS.....	22,765,168	16,497,405	6,267,763
TOTAL COSTS.....	14,047,629	7,093,439	6,954,190
TOTAL GROSS INCOME.....	8,717,539	9,403,966	-686,427
EXPENSES			
TOTAL EXPENSES.....	9,003,107	8,449,851	553,256
EXCESS RECEIPTS OVER EXPENSES.....	-285,568	954,115	-1,239,683
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0