

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2015

<b>Prepared for</b>	Community Foundation For Monterey County 2354 Garden Road Monterey, CA 93940
<b>Prepared by</b>	RGP LLP 1340 Treat Blvd Ste 525 Walnut Creek, CA 94597
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	Please sign and date IRS Form 8879 and return to us as soon as you can so that we can electronically transmit the Form 990 to the IRS.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_

# 2015

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Employer identification number

**\*\* - \* \* \* \* \***

Name and title of officer

**DANIEL R. BALDWIN  
PRESIDENT, CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>22,947,634.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize RGP LLP to enter my PIN 5555  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**6873235555**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RGP LLP Date ▶ 08/17/16

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION FOR MONTEREY COUNTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2354 GARDEN ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>MONTEREY, CA 93940</b> <b>F</b> Name and address of principal officer: <b>DANIEL R. BALDWIN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>** - *****</b> <b>E</b> Telephone number <b>831-375-9712</b> <b>G</b> Gross receipts \$ <b>43,765,594.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.CFMCO.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1945</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE PHILANTHROPY AND BE A CATALYST FOR STRENGTHENING COMMUNITIES THROUGHOUT MONTEREY COUNTY.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>18</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>18</b> <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) ..... <b>5</b> <b>25</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>75</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">11,973,720.</td> <td style="text-align: right;">19,562,781.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">190,626.</td> <td style="text-align: right;">229,218.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">3,659,367.</td> <td style="text-align: right;">3,047,777.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">134,363.</td> <td style="text-align: right;">107,858.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">15,958,076.</td> <td style="text-align: right;">22,947,634.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	11,973,720.	19,562,781.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	190,626.	229,218.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,659,367.	3,047,777.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	134,363.	107,858.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	15,958,076.	22,947,634.							
	Prior Year	Current Year																								
<b>8</b> Contributions and grants (Part VIII, line 1h) .....	11,973,720.	19,562,781.																								
<b>9</b> Program service revenue (Part VIII, line 2g) .....	190,626.	229,218.																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,659,367.	3,047,777.																								
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	134,363.	107,858.																								
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	15,958,076.	22,947,634.																								
<b>Expenses</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td style="text-align: right;">11,283,516.</td> <td style="text-align: right;">9,710,595.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">1,412,392.</td> <td style="text-align: right;">1,484,680.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>385,249.</b></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">1,421,863.</td> <td style="text-align: right;">1,536,940.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">14,117,771.</td> <td style="text-align: right;">12,732,215.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">1,840,305.</td> <td style="text-align: right;">10,215,419.</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	11,283,516.	9,710,595.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,412,392.	1,484,680.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>385,249.</b>			<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,421,863.	1,536,940.	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	14,117,771.	12,732,215.	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,840,305.	10,215,419.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	11,283,516.	9,710,595.																								
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.																								
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,412,392.	1,484,680.																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.																								
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>385,249.</b>																										
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,421,863.	1,536,940.																								
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	14,117,771.	12,732,215.																								
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,840,305.	10,215,419.																								
<b>Net Assets or Fund Balances</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">177,868,215.</td> <td style="text-align: right;">180,284,198.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">28,159,920.</td> <td style="text-align: right;">29,705,544.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">149,708,295.</td> <td style="text-align: right;">150,578,654.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	177,868,215.	180,284,198.	<b>21</b> Total liabilities (Part X, line 26) .....	28,159,920.	29,705,544.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	149,708,295.	150,578,654.													
	Beginning of Current Year	End of Year																								
<b>20</b> Total assets (Part X, line 16) .....	177,868,215.	180,284,198.																								
<b>21</b> Total liabilities (Part X, line 26) .....	28,159,920.	29,705,544.																								
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	149,708,295.	150,578,654.																								

**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.

<b>Sign Here</b>	Signature of officer <b>DANIEL R. BALDWIN, PRESIDENT, CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WARD PYNN</b>	Preparer's signature <b>WARD PYNN</b>	Date <b>08/17/16</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00184378</b>
	Firm's name ▶ <b>RGP LLP</b>				Firm's EIN ▶ <b>** - *****</b>
	Firm's address ▶ <b>1340 TREAT BLVD STE 525</b> <b>WALNUT CREEK, CA 94597</b>				Phone no. <b>925-954-0100</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Form 990 (2015)

\*\* - \*\*\*\*\*

Page 2

**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:  
**TO INSPIRE PHILANTHROPY AND BE A CATALYST FOR STRENGTHENING  
COMMUNITIES THROUGHOUT MONTEREY COUNTY.**

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 \$ 10,649,640. including grants of \$ 9,560,595. ) (Revenue \$ )  
**GRANTS PROGRAM - AS ONE OF THE LARGEST GRANTMAKING FOUNDATIONS IN  
MONTEREY COUNTY, THE COMMUNITY FOUNDATION PROVIDES FUNDING AND  
TECHNICAL ASSISTANCE SUPPORT TO A WIDE-RANGE OF NONPROFIT AND COMMUNITY  
ORGANIZATIONS PROVIDING NEEDED SERVICES IN THE AREAS OF YOUTH  
DEVELOPMENT AND EDUCATION, HEALTH AND HUMAN SERVICES, COMMUNITY  
DEVELOPMENT, ARTS AND CULTURE, ENVIRONMENT, AND OTHER AREAS.**

4b (Code: ) (Expenses \$ 35,035. including grants of \$ ) (Revenue \$ )  
**LEAD (LEADERSHIP EDUCATION AND DEVELOPMENT) IS A PROFESSIONAL  
DEVELOPMENT INSTITUTE FOR EFFECTIVE NONPROFIT MANAGERS IN MONTEREY,  
SANTA CRUZ, AND SAN BENITO COUNTIES WHO ASPIRE TO MAXIMIZE THEIR  
LEADERSHIP POTENTIAL. LEAD PARTICIPANTS RECEIVE HIGH-QUALITY LEADERSHIP  
AND MANAGEMENT TRAINING IN MONTHLY SESSIONS, INDIVIDUALIZED  
PROFESSIONAL DEVELOPMENT PLANS, INDIVIDUAL COACHING WITH COMMUNITY  
LEADERS, AND THE DEVELOPMENT OF A STRONG PEER NETWORK.**

4c (Code: ) (Expenses \$ 333,108. including grants of \$ 150,000. ) (Revenue \$ )  
**GIRLS' HEALTH IN GIRLS' HANDS IS A MULTI-YEAR INITIATIVE OF THE CFMC'S  
WOMEN'S FUND DESIGNED TO GIVE GIRLS THE SUPPORT AND SKILLS THEY NEED TO  
MAKE HEALTHY CHOICES AND BE AGENTS FOR CHANGE IN THEIR SCHOOLS AND  
COMMUNITIES. SIX NONPROFIT ORGANIZATIONS RECEIVE FUNDING TO EXPAND  
THEIR EXISTING GIRLS' PROGRAMS AND SHARE RESOURCES FOR GREATER IMPACT.  
EACH PARTNER AGENCY HAS ENHANCED PROGRAMMING TO INCLUDE HEALTH  
EDUCATION, LEADERSHIP TRAINING AND ACTIVITIES, AND GIRL-LED ADVOCACY.**

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

4e Total program service expenses **11,017,783.**

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**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 in 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	18			
<b>2</b> 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?	<b>2</b>				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>				X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>				X
<b>7a</b> 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?	<b>7a</b>				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?	<b>8a</b>		X		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>				X

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

				Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>				X
<b>b</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?	<b>10b</b>				
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		X		
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		X		
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		X		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		X		
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X		
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		X		
<b>15</b> 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?					
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		X		
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>				X
<b>b</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?	<b>16b</b>				

**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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 831-375-9712**  
**2354 GARDEN ROAD, MONTEREY, CA 93940**



**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN DART BOARD MEMBER	2.00	X					0.	0.	0.	
(2) GAIL DELOREY, CPA BOARD MEMBER	2.00	X					0.	0.	0.	
(3) TONYA ANTLE BOARD MEMBER	2.00	X					0.	0.	0.	
(4) GREG CHILTON VICE CHAIR, BOARD MEMBER	2.00	X		X			0.	0.	0.	
(5) CATHERINE KOBRINSKY EVANS BOARD MEMBER	2.00	X					0.	0.	0.	
(6) TINA STARKEY LOPEZ TREASURER, BOARD MEMBER	2.00	X		X			0.	0.	0.	
(7) RICK KENNIFER CHAIR, BOARD MEMBER	4.00	X		X			0.	0.	0.	
(8) IDA LOPEZ CHAN BOARD MEMBER	2.00	X					0.	0.	0.	
(9) PATRICIA HIRAMOTO BOARD MEMBER	2.00	X					0.	0.	0.	
(10) ALFRED DIAZ-INFANTE BOARD MEMBER	2.00	X					0.	0.	0.	
(11) JOHN PHILLIPS BOARD MEMBER	2.00	X					0.	0.	0.	
(12) STEVE MCGOWAN SECRETARY, BOARD MEMBER	2.00	X		X			0.	0.	0.	
(13) RAUL RODRIGUEZ BOARD MEMBER	2.00	X					0.	0.	0.	
(14) KEN WRIGHT BOARD MEMBER	2.00	X					0.	0.	0.	
(15) KENNETH B. PETERSEN, CFP BOARD MEMBER	2.00	X					0.	0.	0.	
(16) ANNA MARIE PONCE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) ERICA PADILLA CHAVEZ BOARD MEMBER	2.00	X					0.	0.	0.	

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIMMY PANETTA BOARD MEMBER	2.00	X					0.	0.	0.	
(19) DANIEL BALDWIN PRESIDENT/CEO	37.50			X			230,000.	0.	24,238.	
(20) LAUREL LEE-ALEXANDER VP - GRANTS & PROGRAMS	37.50			X			110,625.	0.	16,876.	
<b>1b Sub-total</b>							340,625.	0.	41,114.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							340,625.	0.	41,114.	

**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 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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
VERUS, 999 THIRD AVENUE, SUITE 4200, SEATTLE, WA 98104	INVESTMENT CONSULTING	101,000.

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

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Form 990 (2015)

\*\* - \* \* \* \* \*

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	19,562,781.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,930,183.				
	<b>h Total.</b> Add lines 1a-1f .....		19,562,781.				
<b>Program Service Revenue</b>	<b>2 a</b> CRT MANAGEMENT FEES .....	<b>Business Code</b> 525920	184,219.	184,219.			
	<b>b</b> WORKSHOP INCOME .....	611600	44,999.	44,999.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		229,218.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,592,191.			4,592,191.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	7,414.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	7,414.				
		<b>c</b> Rental income or (loss) .....	0.				
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	19,266,132.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	19,294,107.	1,516,439.			
		<b>c</b> Gain or (loss) .....	-27,975.	-1,516,439.			
	<b>d</b> Net gain or (loss) .....		-1,544,414.			-1,544,414.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISC ADMIN INCOME .....	900099	90,890.	90,890.				
<b>b</b> RETURNED GRANTS .....	900099	16,968.	16,968.				
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		107,858.					
<b>12 Total revenue.</b> See instructions. ....		22,947,634.	337,076.	0.	3,047,777.		

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Form 990 (2015)

\*\* - \* \* \* \* \* Page **10**

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,710,595.	9,710,595.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	340,625.	118,737.	166,287.	55,601.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	828,313.	288,740.	404,367.	135,206.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,792.	23,631.	33,095.	11,066.
<b>9</b> Other employee benefits	150,273.	52,383.	73,361.	24,529.
<b>10</b> Payroll taxes	97,677.	34,049.	47,684.	15,944.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,269.		3,269.	
<b>c</b> Accounting	46,529.	19,901.	22,238.	4,390.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	141,659.		141,659.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	49,259.		27,678.	21,581.
<b>12</b> Advertising and promotion	29,838.	12,762.	14,261.	2,815.
<b>13</b> Office expenses	233,259.	80,401.	89,687.	63,171.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	120,403.	51,498.	57,544.	11,361.
<b>17</b> Travel	13,511.	5,778.	6,458.	1,275.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,018.	13,266.	14,826.	2,926.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	80,852.	34,582.	38,641.	7,629.
<b>23</b> Insurance	4,010.	1,715.	1,917.	378.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPECIAL PROGRAMS	445,642.	445,642.		
<b>b</b> OTHER FUND MGMT EXPENSE	158,107.	67,625.	75,564.	14,918.
<b>c</b> DONOR DEVELOPMENT	77,438.	33,121.	37,011.	7,306.
<b>d</b> PARTNERSHIP DEDUCTIONS	47,540.		47,540.	
<b>e</b> All other expenses	54,606.	23,357.	26,096.	5,153.
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,732,215.	11,017,783.	1,329,183.	385,249.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Form 990 (2015)

\*\* - \* \* \* \* \* Page **11**

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	15,334,823.	<b>2</b>	18,806,032.	
	<b>3</b> Pledges and grants receivable, net .....	2,941,923.	<b>3</b>	4,356,043.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	188,640.	<b>7</b>	181,413.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	29,565.	<b>9</b>	34,090.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,185,356.			
	<b>b</b> Less: accumulated depreciation .....	412,171.	1,780,379.	<b>10c</b>	1,773,185.
	<b>11</b> Investments - publicly traded securities .....	130,906,904.	<b>11</b>	129,875,703.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,332,504.	<b>12</b>	8,820,465.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	20,353,477.	<b>15</b>	16,437,267.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	177,868,215.	<b>16</b>	180,284,198.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	114,403.	<b>17</b>	90,472.	
	<b>18</b> Grants payable .....	1,043,561.	<b>18</b>	1,842,024.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	27,001,956.	<b>25</b>	27,773,048.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	28,159,920.	<b>26</b>	29,705,544.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	19,289,093.	<b>27</b>	23,930,431.	
	<b>28</b> Temporarily restricted net assets .....	30,593,325.	<b>28</b>	20,468,462.	
	<b>29</b> Permanently restricted net assets .....	99,825,877.	<b>29</b>	106,179,761.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	149,708,295.	<b>33</b>	150,578,654.		
<b>34</b> Total liabilities and net assets/fund balances .....	177,868,215.	<b>34</b>	180,284,198.		

Form **990** (2015)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	22,947,634.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	12,732,215.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	10,215,419.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	149,708,295.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-6,862,130.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	69,949.
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-2,552,879.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	150,578,654.

**Part XII Financial Statements and Reporting**

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

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



COMMUNITY FOUNDATION FOR

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11004133.	14051003.	12034809.	11973720.	19562781.	68626446.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11004133.	14051003.	12034809.	11973720.	19562781.	68626446.
<b>5</b> 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) .....						7790011.
<b>6 Public support.</b> Subtract line 5 from line 4.						60836435.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	11004133.	14051003.	12034809.	11973720.	19562781.	68626446.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2566004.	3107682.	2668789.	3902875.	4599605.	16844955.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						85471401.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	71.18 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	71.15 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

COMMUNITY FOUNDATION FOR

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION FOR

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

COMMUNITY FOUNDATION FOR

**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.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Employer identification number

\*\*-\*\*\*\*\*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>COMMUNITY FOUNDATION FOR MONTEREY COUNTY</b>	Employer identification number ** - * * * * *
-------------------------------------------------------------------------	--------------------------------------------------

**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
3	1000 SH FACEBOOK; 1400 SH APPLE STOCK	\$ 402,687.	11/24/15
4	VARIOUS PUBLICLY TRADED STOCKS	\$ 533,859.	12/05/15
5	VARIOUS STOCKS	\$ 322,966.	04/15/15
		\$	
		\$	
		\$	



Name of organization <b>COMMUNITY FOUNDATION FOR MONTEREY COUNTY</b>	Employer identification number ** - * * * * *
-------------------------------------------------------------------------	--------------------------------------------------

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** **COMMUNITY FOUNDATION FOR MONTEREY COUNTY** **Employer identification number**  
\* \* - \* \* \* \* \* \*

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	123	264
2 Aggregate value of contributions to (during year) .....	7,606,107.	11,956,674.
3 Aggregate value of grants from (during year) .....	5,173,820.	4,536,775.
4 Aggregate value at end of year .....	43,930,009.	106,648,645.

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?  Yes  No

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?  Yes  No

**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).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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?  Yes  No

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)?  Yes  No

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_



**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CRT INVESTMENTS	16,182,264.
(2) CHARITABLE GIFT ANNUITIES	255,003.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	16,437,267.

**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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENT	3,892,099.
(3) LIABILITIES UNDER SPLIT INTEREST	3,627,864.
(4) LIABILITIES UNDER CRT	7,975,485.
(5) STEWARDSHIP FUNDS	12,277,600.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,773,048.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

**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	13,116,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-7,547,614.	
	b Donated services and use of facilities	2b	-69,949.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-400,920.	
	e Add lines 2a through 2d	2e		-8,018,483.
3	Subtract line 2e from line 1		3	21,135,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	1,812,431.	
	c Add lines 4a and 4b	4c		1,812,431.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	22,947,634.

**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	12,246,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	-69,949.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		-69,949.
3	Subtract line 2e from line 1		3	12,316,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	415,905.	
	c Add lines 4a and 4b	4c		415,905.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,732,215.

**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 X, LINE 2:

PART X - ASC 740-10 (FORMERLY FIN 48)

THE FOUNDATION HAS ADOPTED THE PROVISIONS RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH DEFINES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION'S MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. WITH FEW EXCEPTIONS THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL EXAMINATION FOR YEARS BEGINNING BEFORE 2012.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -400,920.

INVESTMENT INCOME ALLOCATED TO STEWARDSHIP AND OTHER FUNDS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS RECEIVED ON BEHALF OF OTHER FUNDS 3,322,164.

CAPITAL LOSS DISTRIBUTIONS FROM PARTNERSHIP -1,516,439.

INTEREST INCOME FROM PARTNERSHIP 4,945.

OTHER ADJUSTMENTS 1,761.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,812,431.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS DISTRIBUTED ON BEHALF OF OTHER FUNDS 366,604.

PARTNERSHIP DEDUCTIONS 47,540.

OTHER 1,761.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 415,905.

**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.

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY** Employer identification number  
**\*\*-\*\*\*\*\***

**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.

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESS SUPPORT NETWORK P.O. BOX 12158 SAN LUIS OBISPO, CA 93401	**_*****	501(C)(3)	50,000.	0.			MARKETING AND COMMUNITY ENGAGEMENT EFFORTS
ACTION COUNCIL OF MONTEREY COUNTY 295 MAIN STREET, SUITE 300 SALINAS, CA 93901	**_*****	501(C)(3)	57,000.	0.			GENERAL SUPPORT
AG AGAINST HUNGER P.O. BOX 600 SALINAS, CA 93902	**_*****	501(C)(3)	13,307.	0.			MONTEREY COUNTY GIVES! CAMPAIGN
AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION (ALBA) - P.O. BOX 6264 - SALINAS, CA 93912	**_*****	501(C)(3)	36,000.	0.			FARMER EDUCATION AND ENTERPRISE DEVELOPMENT (FEED) PROGRAM
ALISAL CENTER FOR THE FINE ARTS P.O. BOX 5440 SALINAS, CA 93915	**_*****	501(C)(3)	27,208.	0.			GENERAL SUPPORT
ALISAL FAMILY RESOURCE CENTER 1441 DEL MONTE AVENUE SALINAS, CA 93905	**_*****	501(C)(3)	11,800.	0.			ADULT COMPUTER LITERACY PROGRAM IN EAST SALINAS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **246.**

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

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

Schedule I (Form 990) (2015)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE ON AGING 247 MAIN STREET SALINAS, CA 93901	**-*****	501(C)(3)	30,500.	0.			GENERAL SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 21 LOWER RAGSDALE DRIVE, SUITE B - MONTEREY, CA 93940	**-*****	501(C)(3)	47,498.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 212 WEST FIGUEROA STREET SANTA BARBARA, CA 93101	**-*****	501(C)(3)	19,000.	0.			GENERAL SUPPORT
AMERICAN INSTITUTE OF ARCHITECTS MONTEREY BAY - P.O. BOX 310 - MONTEREY, CA 93942	**-*****	501(C)(6)	6,655.	0.			REIMBURSEMENT OF EXPENSES FOR THE 2014 STANTON AWARDS
AMERICAN RED CROSS OF THE CENTRAL COAST - P.O. BOX AR - CARMEL, CA 93921	**-*****	501(C)(3)	36,058.	0.			GENERAL SUPPORT
AMIGOS DE SANTA CRUZ FOUNDATION P.O. BOX 148 LOPEZ ISLAND, WA 98261	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMY SEIWERT IMAGERY 613 PERALTA AVENUE SAN FRANCISCO, CA 94110	**-*****	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ANIMAL FRIENDS RESCUE PROJECT P.O. BOX 51083 PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	38,833.	0.			GENERAL SUPPORT
ARTS COUNCIL FOR MONTEREY COUNTY P.O. BOX 7495 CARMEL, CA 93921	**-*****	501(C)(3)	120,516.	0.			GENERAL SUPPORT

Schedule I (Form 990)



COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER STREET SANTA CRUZ, CA 95060	**-*****	501(C)(3)	17,000.	0.			GENERAL SUPPORT
ASIAN CULTURAL EXPERIENCE 2106 LEO PLACE AROMAS, CA 95004	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AVE MARIA CONVALESCENT HOSPITAL 1249 JOSSELYN CANYON ROAD MONTEREY, CA 93942	**-*****	501(C)(3)	10,000.	0.			MUSIC PROGRAM
BIG SUR HEALTH CENTER 46896 HWY 1 BIG SUR, CA 93920	**-*****	501(C)(3)	49,320.	0.			GENERAL SUPPORT
BIG SUR INTERNATIONAL MARATHON P.O. BOX 222620 CARMEL, CA 93922	**-*****	501(C)(3)	18,000.	0.			GENERAL SUPPORT
BIG SUR LAND TRUST P.O. BOX 4071 MONTEREY, CA 93942	**-*****	501(C)(3)	70,141.	0.			GENERAL SUPPORT
BIG SUR RIVER RUN, INC. P.O. BOX 201 BIG SUR, CA 93920	**-*****	501(C)(3)	33,304.	0.			GENERAL SUPPORT
BLIND & VISUALLY IMPAIRED CENTER OF MONTEREY COUNTY - 225 LAUREL AVENUE - PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	21,545.	0.			GENERAL SUPPORT
BONES PET RESCUE P. O. BOX 97 COVELO, CA 95428	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA - SILICON VALLEY MONTEREY BAY COUNCIL - 970 WEST JULIAN STREET - SAN JOSE, CA 95126	**-*****	501(C)(3)	30,757.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF MONTEREY COUNTY - P.O. BOX 97 - SEASIDE, CA 93955	**-*****	501(C)(3)	104,014.	0.			GENERAL SUPPORT
BRUNSWICK YOUTH SPORTS P. O. BOX 181 BRUNSWICK, OH 44212	**-*****	501(C)(3)	17,400.	0.			GENERAL SUPPORT
CALIFORNIA DEPARTMENT OF PARKS & RECREATION - MONTEREY DISTRICT - 2211 GARDEN ROAD - MONTEREY, CA 93940	**-*****	GOV	50,000.	0.			GENERAL SUPPORT
CALIFORNIA FARMLINK 303 POTRERO STREET, SUITE 29-201 SANTA CRUZ, CA 95060	**-*****	501(C)(3)	31,500.	0.			GENERAL SUPPORT
CALIFORNIA MARITIME ACADEMY FOUNDATION - 200 MARITIME ACADEMY DRIVE - VALLEJO, CA 94590	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO - FINANCIAL AID - CAL POLY STATE UNIVERSITY - SAN LUIS OBISPO, CA	**-*****	GOV	5,500.	0.			GENERAL SUPPORT
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO STREET, SUITE 110 SAN FRANCISCO, CA 94133	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CAMERATA SINGERS P.O. BOX 428 SALINAS, CA 93902	**-*****	501(C)(3)	23,709.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER PATIENTS ALLIANCE 312 FOUNTAIN AVENUE PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	56,461.	0.			MONTEREY COUNTY GIVES! CAMPAIGN
CARE U.S.A. - SAN FRANCISCO REGION 465 CALIFORNIA STREET, SUITE #475 SAN FRANCISCO, CA 94104	**-*****	501(C)(3)	56,986.	0.			UNRESTRICTED SUPPORT
CARL CHERRY CENTER FOR THE ARTS P.O. BOX 863 CARMEL, CA 93921	**-*****	501(C)(3)	16,704.	0.			MONTEREY COUNTY GIVES! CAMPAIGN
CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CARMEL BACH FESTIVAL P.O. BOX 575 CARMEL, CA 93921	**-*****	501(C)(3)	104,243.	0.			GENERAL SUPPORT
CARMEL FOUNDATION P.O. BOX 1050 CARMEL, CA 93921	**-*****	501(C)(3)	20,409.	0.			GENERAL SUPPORT
CARMEL HIGH SCHOOL ATHLETIC BOOSTERS - P.O. BOX 222780 - CARMEL, CA 93922	**-*****	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CARMEL HIGH SOBER GRAD P.O. BOX 22518 CARMEL, CA 93922	**-*****	501(C)(3)	8,250.	0.			GENERAL SUPPORT
CARMEL IDEAS FOUNDATION P.O. BOX 2424 CARMEL, CA 93921	**-*****	501(C)(3)	16,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARMEL MISSION FOUNDATION P.O. BOX 221351 CARMEL, CA 93922	**-*****	501(C)(3)	18,000.	0.			GENERAL SUPPORT
CARMEL MUSIC SOCIETY P.O. BOX 22783 CARMEL, CA 93922	**-*****	501(C)(3)	26,938.	0.			GENERAL SUPPORT
CARMEL-BY-THE SEA PUBLIC LIBRARY FOUNDATION - P.O. BOX 2042 - CARMEL, CA 93921	**-*****	501(C)(3)	19,000.	0.			GENERAL SUPPORT
CASA MONTEREY COUNTY DBA VOICES FOR CHILDREN - 945 SOUTH MAIN STREET, SUITE 107 - SALINAS, CA 93901	**-*****	501(C)(3)	77,382.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF MONTEREY - 922 HILBY AVENUE, SUITE C - SEASIDE, CA 93955	**-*****	501(C)(3)	45,665.	0.			GENERAL SUPPORT
CATHOLIC DAUGHTERS OF THE AMERICA HOME INC.(DBA MADONNA MANOR) - 1335 BYRON DRIVE - SALINAS, CA 93901	**-*****	501(C)(3)	6,240.	0.			MUSIC PROGRAM
CENTER FOR COMMUNITY ADVOCACY 22 WEST GABILAN STREET SALINAS, CA 93901	**-*****	501(C)(3)	22,500.	0.			GENERAL SUPPORT
CENTRAL COAST CENTER FOR INDEPENDENT LIVING - 318 CAYUGA STREET, SUITE 208 - SALINAS, CA 93901	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CENTRAL COAST VETERANS CEMETERY FOUNDATION - P.O. BOX 849 - MARINA, CA 93933	**-*****	501(C)(13)	100,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST VNA AND HOSPICE P.O. BOX 2480 MONTEREY, CA 93942	**-*****	501(C)(3)	11,500.	0.			GENERAL SUPPORT
CENTRAL COAST YMCA 500 LINCOLN AVENUE SALINAS, CA 93901	**-*****	501(C)(3)	35,000.	0.			GENERAL SUPPORT
CHAMBER MUSIC SAN FRANCISCO 1314 34TH AVENUE SAN FRANCISCO, CA 94122	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHARTWELL SCHOOL 2511 NUMA WATSON ROAD SEASIDE, CA 93955	**-*****	501(C)(3)	39,889.	0.			GENERAL SUPPORT
CHILD FAMILY HEALTH INTERNATIONAL 2369 OCEAN AVE., SUITE 200 SAN FRANCISCO, CA 94127	**-*****	501(C)(3)	56,986.	0.			GENERAL SUPPORT
CHISPA 295 MAIN STREET, SUITE 100 SALINAS, CA 93901	**-*****	501(C)(3)	186,180.	0.			GENERAL SUPPORT
CITY OF GREENFIELD 599 EL CAMINO REAL GREENFIELD, CA 93927	**-*****	GOV	21,000.	0.			GENERAL SUPPORT
CITY OF MONTEREY 570 PACIFIC STREET MONTEREY, CA 93940	**-*****	GOV	20,580.	0.			GENERAL SUPPORT
CITY OF SALINAS 200 LINCOLN AVENUE SALINAS, CA 93901		GOV	55,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION OF HOMELESS SERVICES PROVIDERS - 220 12TH STREET, MARTINEZ HALL - MARINA, CA 93933	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY BRIDGES /PUENTES DE LA COMUNIDAD - 236 SANTA CRUZ AVENUE - APTOS, CA 95003	**-*****	501(C)(3)	12,000.	0.			GENERAL SUPPORT
COMMUNITY HOMELESS SOLUTIONS P.O. BOX 1340 MARINA, CA 93933	**-*****	501(C)(3)	90,284.	0.			GENERAL SUPPORT
COMMUNITY HOSPITAL FOUNDATION P.O. BOX HH MONTEREY, CA 93942	**-*****	501(C)(3)	76,000.	0.			GENERAL SUPPORT
COMMUNITY HUMAN SERVICES P. O. BOX 3076 MONTEREY, CA 93942	**-*****	501(C)(3)	32,790.	0.			GENERAL SUPPORT
COMMUNITY OF CARING MONTEREY PENINSULA - P.O. BOX 2477 - MONTEREY, CA 93942	**-*****	501(C)(3)	7,680.	0.			GENERAL SUPPORT
COMMUNITY PARTNERS FOR THE DINNER PARTY - 1000 NORTH ALAMEDA STREET, SUITE 240 - LOS ANGELES, CA 90012	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY PARTNERSHIP FOR YOUTH P.O. BOX 42 MONTEREY, CA 93942	**-*****	501(C)(3)	45,203.	0.			GENERAL SUPPORT
COMPASSION PREGNANCY CENTER 640 CASS STREET MONTEREY, CA 93940	**-*****	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONFIDENCE PREGNANCY CENTER 780 E ROMIE LN, SUITE C SALINAS, CA 93901	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CSU FRESNO SCHOLARSHIPS / JOYAL BLDG #274, 5150 N MAPLE AVENUE # JA64 - FRESNO, CA 9374	**-*****	GOV	17,000.	0.			GENERAL SUPPORT
CSU HUMBOLDT 1 HARPST STREET ARCATA, CA 95521	**-*****	GOV	60,000.	0.			GENERAL SUPPORT
CSU LONG BEACH - FINANCIAL AID OFFICE - 1250 BELLFLOWER BLVD. - LONG BEACH, CA 90840	**-*****	GOV	9,000.	0.			GENERAL SUPPORT
CSU MONTEREY BAY CAMPUS SERVICE CENTER, BLDG 47 1ST FLOOR, 100 CAMPUS CENTER - SEASIDE, CA 93	**-*****	GOV	17,000.	0.			GENERAL SUPPORT
CSUMB FOUNDATION 100 CAMPUS CENTER SEASIDE, CA 93955	**-*****	501(C)(3)	16,000.	0.			GENERAL SUPPORT
CSUMB PANETTA INSTITUTE FOR PUBLIC POLICY - 100 CAMPUS CENTER, BLDG 86E - SEASIDE, CA 93955	**-*****	501(C)(3)	22,000.	0.			GENERAL SUPPORT
CULTURAL MEDIA SERVICES 413 WESTERN DRIVE #15 SANTA CRUZ, CA 95060	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CYPRESS COMMUNITY CHURCH 681 MONTEREY-SALINAS HIGHWAY SALINAS, CA 93908	**-*****	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEL MONTE FOREST CONSERVANCY 3101 FOREST LAKE ROAD, SUITE 1 PEBBLE BEACH, CA 93953	**-*****	501(C)(3)	40,000.	0.			GENERAL SUPPORT
DIOCESE OF MONTEREY P.O. BOX 2048 MONTEREY, CA 93942	**-*****	501(C)(3)	19,549.	0.			GENERAL SUPPORT
EASTER SEALS CENTRAL CALIFORNIA 9010 SOQUEL DRIVE, SUITE 1 APTOS, CA 95003	**-*****	501(C)(3)	8,854.	0.			GENERAL SUPPORT
ECOLOGY ACTION 877 CEDAR STREET, SUITE 240 SANTA CRUZ, CA 95060	**-*****	501(C)(3)	10,500.	0.			GENERAL SUPPORT
EL CAMINO REAL FUTBOL LEAGUE P.O. BOX 4384 SALINAS, CA 93912	**-*****	501(C)(3)	79,500.	0.			GENERAL SUPPORT
EL PAJARO COMMUNITY DEVELOPMENT CORPORATION - 23 EAST BEACH STREET, #209 - WATSONVILLE, CA 95076	**-*****	501(C)(3)	23,000.	0.			GENERAL SUPPORT
EL SISTEMA USA / SALINAS 820 PARK ROW #672 SALINAS, CA 93901	**-*****	501(C)(3)	69,688.	0.			GENERAL SUPPORT
ELKHORN SLOUGH FOUNDATION P.O. BOX 267 MOSS LANDING, CA 95039	**-*****	501(C)(3)	70,088.	0.			GENERAL SUPPORT
ENVIRONMENTAL JUSTICE COALITION FOR WATER (EJCW) - P.O. BOX 188911 - SACRAMENTO, CA 95818	**-*****	501(C)(3)	29,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPIPHANY LUTHERAN & EPISCOPAL CHURCH - 425 CARMEL AVENUE - MARINA, CA 93933	**-*****	501(C)(3)	13,000.	0.			GENERAL SUPPORT
ETERNITYWORKS DBA YOUTH NOW 124 EAST LAKE AVENUE WATSONVILLE, CA 95076	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
EVERYONE'S HARVEST - COSECHA PARA TODOS - P.O. BOX 1423 - MARINA, CA 93933	**-*****	501(C)(3)	11,126.	0.			GENERAL SUPPORT
FAMILY SERVICE AGENCY OF THE CENTRAL COAST - P.O. BOX 1222 - SANTA CRUZ, CA 95061	**-*****	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FIRST MAYOR'S HOUSE OF SALINAS CITY C/O JON KINAPP HAYASHI WAYLAND - 1188 PADRE DRIVE, SUITE 101 - SALINAS, CA 93901	**-*****	501(C)(3)	18,215.	0.			GENERAL SUPPORT
FIRST NIGHT MONTEREY P. O. BOX 185 MONTEREY, CA 93942	**-*****	501(C)(3)	5,643.	0.			GENERAL SUPPORT
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET, #5 SALINAS, CA 93901	**-*****	501(C)(3)	389,322.	0.			GENERAL SUPPORT
FOREST HILL MANOR 551 GIBSON AVENUE PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FOUNDATION FOR MONTEREY COUNTY FREE LIBRARIES - 450 LINCOLN AVENUE, SUITE 203 - SALINAS, CA 93901	**-*****	501(C)(3)	43,267.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN WORKERS OF JUNIPERO SERRA - P.O. BOX 2027 - SALINAS, CA 93902	**-*****	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FRIENDS OF THE ANDY AUSONIO LIBRARY - 11160 SPEEGLE STREET - CASTROVILLE, CA 95012	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FRIENDS OF THE MONTEREY PUBLIC LIBRARY - 625 PACIFIC STREET - MONTEREY, CA 93940	**-*****	501(C)(3)	6,330.	0.			GENERAL SUPPORT
FRIENDS OF THE PACIFIC GROVE LIBRARY - P.O. BOX EH - PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	10,612.	0.			GENERAL SUPPORT
FRIENDS OF THE SALINAS PUBLIC LIBRARIES - 110 WEST SAN LUIS STREET - SALINAS, CA 93901	**-*****	501(C)(3)	5,055.	0.			GENERAL SUPPORT
FUTURE CITIZENS FOUNDATION DBA THE FIRST TEE OF MONTEREY - 945 SOUTH MAIN STREET, SUITE 210 - SALINAS, CA 93901	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GATHERING FOR WOMEN-MONTEREY P.O. BOX 601 MONTEREY, CA 93942	**-*****	501(C)(3)	55,000.	0.			GENERAL SUPPORT
GERMAN SHEPHERD RESCUE OF NORTHERN CALIFORNIA - P. O. BOX 1930 - CUPERTINO, CA 95015	**-*****	501(C)(3)	9,000.	0.			GENERAL SUPPORT
GIL BASKETBALL ACADEMY 1522 CONSTITUTION BLVD., SUITE 213 SALINAS, CA 93905	**-*****	501(C)(3)	70,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST (GSCCC) - 10550 MERRITT STREET - CASTROVILLE, CA 95012	**-*****	501(C)(3)	26,110.	0.			GENERAL SUPPORT
GIRLS INC. OF THE CENTRAL COAST 318 CAYUGA STREET, SUITE 101A SALINAS, CA 93901	**-*****	501(C)(3)	58,000.	0.			GENERAL SUPPORT
GLOBAL FUND FOR WOMEN 222 SUTTER STREET, SUITE 500 SAN FRANCISCO, CA 94108	**-*****	501(C)(3)	5,500.	0.			GENERAL SUPPORT
GUITARS NOT GUNS - MONTEREY COUNTY CHAPTER - P. O. BOX 101 - MONTEREY, CA 93940	**-*****	501(C)(3)	7,830.	0.			GENERAL SUPPORT
HARMONY AT HOME 3785 VIA NONA MARIE, SUITE 300 CARMEL, CA 93923	**-*****	501(C)(3)	26,000.	0.			GENERAL SUPPORT
HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVE SALINAS, CA 93901	**-*****	501(C)(3)	61,168.	0.			GENERAL SUPPORT
HEALTH PROJECTS CENTER 1537 PACIFIC AVENUE, SUITE 300 SANTA CRUZ, CA 95060	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HILLBROOK SCHOOL 300 MARCHMONT DRIVE LOS GATOS, CA 95032	**-*****	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HOPE, HORSES AND KIDS 1218 PADRE DRIVE SALINAS, CA 93901	**-*****	501(C)(3)	5,922.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPKINS MARINE STATION 120 OCEANVIEW BLVD PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HOSPICE GIVING FOUNDATION 80 GARDEN COURT, SUITE 201 MONTEREY, CA 93940	**-*****	501(C)(3)	35,860.	0.			GENERAL SUPPORT
HOUSING RESOURCE CENTER 201 A JOHN STREET SALINAS, CA 93902	**-*****	501(C)(3)	114,661.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF THE UNITED STATES - 700 PROFESSIONAL DRIVE - GAITHERSBURG, MD 20879	**-*****	501(C)(3)	56,986.	0.			GENERAL SUPPORT
INDEPENDENT TRANSPORTATION NETWORK P.O. BOX 2121 SEASIDE, CA 93955	**-*****	501(C)(3)	25,318.	0.			GENERAL SUPPORT
INTERIM, INC. P.O. BOX 3222 MONTEREY, CA 93942	**-*****	501(C)(3)	21,835.	0.			GENERAL SUPPORT
INTERNATIONAL HEALTH EMISSARIES 8 SOMMERSET RISE MONTEREY, CA 93940	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
INTERNATIONAL MENTAL HEALTH RESEARCH ORGANIZATION - P. O. 680 - RUTHERFORD, CA 94573	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA - 1671 THE ALAMEDA, SUITE 205 - SAN JOSE, CA 95126	**-*****	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDPOWER P.O. BOX 1212 SANTA CRUZ, CA 95061	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KING'S COLLEGE 133 NORTH RIVER ROAD WILKES-BARRE, PA 18711	**-*****	501(C)(3)	5,000.	0.			SCHOLARSHIPS
KINSHIP CENTER 124 RIVER ROAD SALINAS, CA 93908	**-*****	501(C)(3)	108,770.	0.			GENERAL SUPPORT
KQED 2601 MARIPOSA SAN FRANCISCO, CA 94110	**-*****	501(C)(3)	6,000.	0.			GENERAL SUPPORT
LA GLORIA SCHOOL 220 ELKO STREET, P.O. DRAWER G GONZALES, CA 93926		GOV	9,000.	0.			LITERACY PROGRAM
LANDWATCH MONTEREY COUNTY P. O. BOX 1876 SALINAS, CA 93902	**-*****	501(C)(3)	71,571.	0.			GENERAL SUPPORT
LEADERSHIP MONTEREY PENINSULA P.O. BOX 27 MONTEREY, CA 93942	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LEGAL SERVICES FOR SENIORS 915 HILBY AVENUE, SUITE 2 SEASIDE, CA 93955	**-*****	501(C)(3)	10,282.	0.			GENERAL SUPPORT
LIFE IS FOR EVERYONE, INC. P.O. BOX 5600 SALINAS, CA 93915	**-*****	501(C)(3)	41,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEWATER INTERNATIONAL P.O. BOX 3131 SAN LUIS OBISPO, CA 93403	**-*****	501(C)(3)	56,986.	0.			WATER WELLS IN DEVELOPING COUNTRIES
LOAVES, FISHES & COMPUTERS 938 SOUTH MAIN STREET SALINAS, CA 93901	**-*****	501(C)(3)	11,985.	0.			MONTEREY COUNTY GIVES! CAMPAIGN
LOPEZ HOUSING OPTIONS P. O. BOX 172 LOPEZ ISLAND, WA 98261	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LOPEZ ISLAND FAMILY RESOURCE CENTER - P.O. BOX 732 - LOPEZ ISLAND, WA 98261	**-*****	501(C)(3)	8,250.	0.			GENERAL SUPPORT
LYCEUM OF MONTEREY COUNTY 1073 SIXTH STREET MONTEREY, CA 93940	**-*****	501(C)(3)	10,455.	0.			GENERAL SUPPORT
MADONNA DEL SASSO CHURCH 320 E. LAUREL DRIVE SALINAS, CA 93906	**-*****	501(C)(3)	42,361.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF THE MONTEREY PENINSULA - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	81,517.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF THE SALINAS VALLEY - 40 CLARK STREET, SUITE C - SALINAS, CA 93901	**-*****	501(C)(3)	36,804.	0.			GENERAL SUPPORT
MEARTH P.O. BOX 223702 CARMEL, CA 93922	**-*****	501(C)(3)	29,722.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEE MEMORIAL HOSPITAL 300 CANAL STREET KING CITY, CA 93930	**-*****	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 93940	**-*****	501(C)(3)	92,250.	0.			GENERAL SUPPORT
MONTEREY BAY CHARTER SCHOOL 1004 DAVID AVENUE PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	38,434.	0.			GENERAL SUPPORT
MONTEREY COLLEGE OF LAW 2620 COLONIAL DURHAM STREET SEASIDE, CA 93955	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MONTEREY COUNTY AGRICULTURAL & RURAL LIFE MUSEUM - P.O. BOX 644 - KING CITY, CA 93930	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MONTEREY COUNTY AGRICULTURAL EDUCATION - P.O. BOX 7461 - SPRECKELS, CA 93962	**-*****	GOV	5,000.	0.			GENERAL SUPPORT
MONTEREY COUNTY HEALTH DEPARTMENT 1270 NATIVIDAD ROAD SALINAS, CA 93906	**-*****	GOV	25,000.	0.			GENERAL SUPPORT
MONTEREY COUNTY POPS! P.O. BOX 3352 MONTEREY, CA 93942	**-*****	501(C)(3)	10,024.	0.			GENERAL SUPPORT
MONTEREY COUNTY RAPE CRISIS CENTER P.O. BOX 2630 MONTEREY, CA 93942	**-*****	501(C)(3)	44,414.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEREY HISTORY & ART ASSOCIATION 5 CUSTOM HOUSE PLAZA MONTEREY, CA 93940	**-*****	501(C)(3)	20,329.	0.			GENERAL SUPPORT
MONTEREY JAZZ FESTIVAL 9699 BLUE LARKSPUR LANE, SUITE 204 MONTEREY, CA 93942	**-*****	501(C)(3)	37,000.	0.			GENERAL SUPPORT
MONTEREY MUSEUM OF ART 559 PACIFIC STREET MONTEREY, CA 93940	**-*****	501(C)(3)	222,875.	0.			GENERAL SUPPORT
MONTEREY PEACE AND JUSTICE CENTER 1364 FREMONT BOULEVARD SEASIDE, CA 93955	**-*****	501(C)(3)	14,797.	0.			GENERAL SUPPORT
MONTEREY PENINSULA COLLEGE 980 FREMONT STREET MONTEREY, CA 93940	**-*****	GOV	29,300.	0.			GENERAL SUPPORT
MONTEREY PENINSULA COLLEGE FOUNDATION - 980 FREMONT STREET - MONTEREY, CA 93940	**-*****	501(C)(3)	163,443.	0.			GENERAL SUPPORT
MONTEREY PENINSULA SUNRISE ROTARY FOUNDATION - P.O. BOX 2051 - MONTEREY, CA 93940	**-*****	501(C)(3)	5,400.	0.			GENERAL SUPPORT
MONTEREY SYMPHONY 2560 GARDEN ROAD, SUITE 101 MONTEREY, CA 93940	**-*****	501(C)(3)	80,468.	0.			GENERAL SUPPORT
MOUNT SAINT JOSEPH ACADEMY 120 WEST WISSAHICKON AVENUE FLOURTOWN, PA 19031-1899	**-*****	501(C)(3)	5,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)



COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MPC THEATRE TRUST P.O. BOX 761 MONTEREY, CA 93942-0761	**-*****	501(C)(3)	17,000.	0.			GENERAL SUPPORT
MPSRC FOUNDATION P.O BOX 2051 MONTEREY, CA 93940	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL DISASTER SEARCH DOG FOUNDATION - 6800 WHEELER CANYON ROAD - SANTA PAULA, CA 93060	**-*****	501(C)(3)	40,000.	0.			GENERAL SUPPORT
NATIONAL STEINBECK CENTER ONE MAIN STREET SALINAS, CA 93901	**-*****	501(C)(3)	30,000.	0.			GENERAL SUPPORT
NATIVIDAD MEDICAL FOUNDATION P.O. BOX 4427 SALINAS, CA 93912	**-*****	501(C)(3)	49,202.	0.			GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL 455 PALMA DRIVE SALINAS, CA 93901	**-*****	501(C)(3)	46,209.	0.			GENERAL SUPPORT
OGLALA LAKOTA COLLEGE P.O. BOX 490 KYLE, SD 57752	**-*****	501(C)(3)	13,416.	0.			GENERAL SUPPORT
OLD CAPITAL CLUB 516 POLK STREET MONTEREY, CA 93940	**-*****	501(C)(3)	13,349.	0.			GENERAL SUPPORT
OLD MONTEREY FOUNDATION 98 DEL MONTE AVENUE, SUITE 210 MONTEREY, CA 93940	**-*****	501(C)(3)	59,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIC HILLS PTA 13018 20TH AVENUE NE SEATTLE, WA 98125	**-*****	501(C)(4)	5,000.	0.			GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	**-*****	501(C)(3)	10,500.	0.			GENERAL SUPPORT
OPPORTUNITY FUND NORTHERN CALIFORNIA - 111 WEST SAINT JOHN STREET, SUITE 800 - SAN JOSE, CA 95113	**-*****	501(C)(3)	25,325.	0.			GENERAL SUPPORT
ORCHESTRA IN THE SCHOOLS P.O. BOX 1669 MONTEREY, CA 93942	**-*****	501(C)(3)	22,368.	0.			GENERAL SUPPORT
OREGON SHAKESPEARE FESTIVAL 15 SOUTH PIONEER STREET ASHLAND, OR 97520	**-*****	501(C)(3)	100,000.	0.			GENERAL SUPPORT
OUR LADY OF REFUGE CHURCH 11140 PRESTON STREET CASTROVILLE, CA 95012	**-*****	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OUTREACH UNLIMITED P.O. BOX 1447 MARINA, CA 93933	**-*****	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PACIFIC GROVE MUSEUM OF NATURAL HISTORY - 165 FOREST AVENUE - PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	13,504.	0.			GENERAL SUPPORT
PACIFIC GROVE PUBLIC LIBRARY FOUNDATION - P.O. BOX 2025 - PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC REPERTORY THEATRE P.O. BOX 222035 CARMEL, CA 93922	**-*****	501(C)(3)	72,486.	0.			GENERAL SUPPORT
PALMA SCHOOL 919 IVERSON STREET SALINAS, CA 93901	**-*****	501(C)(3)	65,063.	0.			GENERAL SUPPORT
PARENT INSTITUTE OF QUALITY EDUCATION - 22 WEST 35TH STREET, SUITE 201 - NATIONAL CITY, CA 91950	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PARTNERS FOR PEACE P.O. BOX 2473 SALINAS, CA 93902	**-*****	501(C)(3)	68,408.	0.			GENERAL SUPPORT
PASS THE WORD MINISTRY P.O. BOX 2394 MONTEREY, CA 93940	**-*****	501(C)(3)	26,000.	0.			GENERAL SUPPORT
PAWS HELPING PEOPLE INC. DBA UNCHAINED - P.O. BOX 441 - SOQUEL, CA 95073	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PEACE OF MIND DOG RESCUE P.O. BOX 51554 PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	95,218.	0.			GENERAL SUPPORT
PEACOCK ACRES 838 SOUTH MAIN STREET SALINAS, CA 93901	**-*****	501(C)(3)	12,500.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD MAR MONTE - MONTEREY COUNTY - 316 N MAIN STREET, SUITE 100 - SALINAS, CA 93901	**-*****	501(C)(3)	60,728.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POINT LOBOS FOUNDATION P.O. BOX 221789 CARMEL, CA 93922	**-*****	501(C)(3)	34,705.	0.			GENERAL SUPPORT
RACHEL'S NETWORK 1200 18TH STREET, NW, SUITE 910 WASHINGTON, DC 20036	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RAISING A READER 330 TWIN DOLPHIN DRIVE, SUITE 147 REDWOOD CITY, CA 94065	**-*****	501(C)(3)	17,500.	0.			GENERAL SUPPORT
RANCHO CIELO P.O. BOX 6948 SALINAS, CA 93912	**-*****	501(C)(3)	178,893.	0.			GENERAL SUPPORT
READ TO ME PROJECT 32 LIVE OAK LANE CARMEL VALLEY, CA 93924	**-*****	501(C)(3)	20,500.	0.			GENERAL SUPPORT
REBUILDING TOGETHER-MONTEREY/SALINAS - P.O. BOX 3323 - MONTEREY, CA 93942	**-*****	501(C)(3)	5,626.	0.			GENERAL SUPPORT
REED COLLEGE 3203 SOUTHEAST WOODSTOCK BLVD PORTLAND, OR 97202	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DR., STE 5 RENO, NV 89503	**-*****	501(C)(3)	8,340.	0.			GENERAL SUPPORT
RENO PHILHARMONIC ASSOCIATION INC. 925 RIVERSIDE DRIVE, #3 RENO, NV 89503	**-*****	501(C)(3)	12,700.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTORATIVE JUSTICE PARTNERS 229 REINDOLLAR AVE, SUITE B MARINA, CA 93933	**-*****	501(C)(3)	73,014.	0.			GENERAL SUPPORT
SACAJAWEA ELEMENTARY SCHOOL 9501 20TH AVENUE NE SEATTLE, WA 98115	**-*****	501(C)(3)	56,000.	0.			GENERAL SUPPORT
SACRED HEART CATHOLIC CHURCH 22 STONE STREET SALINAS, CA 93901	**-*****	501(C)(3)	48,877.	0.			GENERAL SUPPORT
SACRED HEART SCHOOL 123 WEST MARKET STREET SALINAS, CA 93901	**-*****	501(C)(3)	40,602.	0.			GENERAL SUPPORT
SAINT JAMES EPISCOPAL CHURCH 381 HIGH STREET MONTEREY, CA 93940		501(C)(3)	20,000.	0.			GENERAL SUPPORT
SALINAS VALLEY COMMUNITY CHURCH 368 SAN JUAN GRADE ROAD SALINAS, CA 93906	**-*****	501(C)(3)	12,000.	0.			GENERAL SUPPORT
SALINAS VALLEY MEMORIAL HOSP. SVC. LEAGUE - 450 EAST ROMIE LANE - SALINAS, CA 93901	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SALINAS VALLEY MEMORIAL HOSPITAL FOUNDATION - 450 EAST ROMIE LANE - SALINAS, CA 93901	**-*****	501(C)(3)	108,370.	0.			GENERAL SUPPORT
SALUD PARA LA GENTE 195 AVIATION WAY, SUITE 200 WATSONVILLE, CA 95076	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - MONTEREY PENINSULA CORPS - 1491 CONTRA COSTA STREET - SEASIDE, CA 93955	**-*****	501(C)(3)	119,819.	0.			GENERAL SUPPORT
SAN CARLOS CATHEDRAL 500 CHURCH STREET MONTEREY, CA 93940	**-*****	501(C)(3)	7,000.	0.			GENERAL SUPPORT
SAN DIEGO STATE UNIVERSITY -- FINANCIAL AID AND SCHOLARSHIPS OFFICE - 5500 CAMPANILE DRIVE - SAN DIEGO, CA 92182-7425	**-*****	GOV	6,500.	0.			GENERAL SUPPORT
SAN FRANCISCO STATE UNIVERSITY - BURSAR'S OFFICE - 1600 HOLLOWAY AVENUE - SAN FRANCISCO, CA 94132	**-*****	GOV	8,500.	0.			GENERAL SUPPORT
SAVE OUR SHORES 345 LAKE AVENUE, SUITE A SANTA CRUZ, CA 95062	**-*****	501(C)(3)	23,100.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	**-*****	501(C)(3)	8,500.	0.			GENERAL SUPPORT
SENIORS COUNCIL 234 SANTA CRUZ AVENUE APTOS, CA 95003	**-*****	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SMUIN BALLET 44 GOUGH STREET #103 SAN FRANCISCO, CA 94103	**-*****	501(C)(3)	15,500.	0.			GENERAL SUPPORT
SOL TREASURES 519 BROADWAY STREET KING CITY, CA 93930	**-*****	501(C)(3)	38,394.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONOMA STATE UNIVERSITY -- SCHOLARSHIP OFFICE - 1801 EAST COTATI AVENUE - ROHNERT PARK, CA 94928	**-*****	GOV	5,000.	0.			GENERAL SUPPORT
SOROPTIMIST INTERNATIONAL OF CARMEL BAY - P.O. BOX 2664 - CARMEL, CA 93921	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SPCA OF MONTEREY COUNTY P.O. BOX 3058 MONTEREY, CA 93942	**-*****	501(C)(3)	123,886.	0.			GENERAL SUPPORT
SPECIAL KIDS CRUSADE 1900 GARDEN ROAD, SUITE 230 MONTEREY, CA 93940	**-*****	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SPECTORDANCE 3343 PAUL DAVIS DRIVE MARINA, CA 93933	**-*****	501(C)(3)	33,431.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY MEDICAL CENTER - OFFICE OF MEDICAL DEVELOPMENT - PO BOX 20466 - STANFORD, CA 94309	**-*****	501(C)(3)	12,500.	0.			GENERAL SUPPORT
STEVENSON SCHOOL 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	**-*****	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SUMMIT ASSISTANCE DOGS P.O. BOX 699 ANACORTES, WA 98221	**-*****	501(C)(3)	10,500.	0.			GENERAL SUPPORT
SUN VALLEY SUMMER SYMPHONY P.O. BOX 1914 SUN VALLEY, ID 83353	**-*****	501(C)(3)	8,900.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUN VALLEY WRITERS' CONFERENCE P.O. BOX 957 KETCHUM, ID 83340	**-*****	501(C)(3)	9,000.	0.			GENERAL SUPPORT
SUNSET CULTURAL CENTER P.O. BOX 1950 CARMEL, CA 93921	**-*****	501(C)(3)	45,739.	0.			GENERAL SUPPORT
TEMPLE BETH EL 1212 RIKER STREET SALINAS, CA 93901		501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE MARINA FOUNDATION P.O. BOX 324 MARINA, CA 93933	**-*****	501(C)(3)	5,813.	0.			GENERAL SUPPORT
THE OFFSET PROJECT INC. 126 BONIFACIO PLACE, SUITE F MONTEREY, CA 93940	**-*****	501(C)(3)	24,212.	0.			GENERAL SUPPORT
THE PARENTING CONNECTION OF MONTEREY COUNTY - P.O. BOX 1052 - MARINA, CA 93933	**-*****	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TURNING POINT OF CENTRAL CALIFORNIA - 116 EAST SAN LUIS - SALINAS, CA 93901	**-*****	501(C)(3)	23,000.	0.			GENERAL SUPPORT
UC DAVIS CASHIER'S OFFICE P.O. BOX 989062 WEST SACRAMENTO, CA 95798-9602	**-*****	GOV	7,000.	0.			GENERAL SUPPORT
UC IRVINE -- OFFICE OF FINANCIAL AID & SCHOLARSHIPS - 102 ALDRITCH HALL, ZOT 2825 - IRVINE, CA 92697-2825	**-*****	GOV	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC SANTA BARBARA OFFICE OF FINANCIAL AID AND SCHOLARSHIPS - SANTA BARBARA, CA 93106	**-*****	GOV	5,000.	0.			GENERAL SUPPORT
UCLA MAIN CASHIERS OFFICE UCLA PSC BOX 957089 LOS ANGELES, CA 90095-7089	**-*****	GOV	11,000.	0.			GENERAL SUPPORT
UNION COUNTY HUMANE SOCIETY P. O. BOX 625 MAYNARDVILLE, TN 37807	**-*****	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED FARM WORKERS FOUNDATION PO BOX 62 KEENE, CA 93531	**-*****	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	**-*****	501(C)(3)	8,500.	0.			GENERAL SUPPORT
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	**-*****	501(C)(3)	69,511.	0.			GENERAL SUPPORT
UNIVERSITY CORPORATION AT MONTEREY BAY - 100 CAMPUS CENTER AVE, BLDG 97 - SEASIDE, CA 93955	**-*****	501(C)(3)	5,600.	0.			GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA BERKELEY -- FINANCIAL AID OFFICE - 210 SPROUL HALL, #1960 - BERKELEY, CA 94720-1960	**-*****	GOV	33,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NEVADA UNIVERSITY OF NEVADA, RENO RENO, NV 89557	**-*****	GOV	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA TRUSTEES - GIFTS ACCOUNTING & ADMIN - PHILADELPHIA, PA 19104-6205	**-*****	GOV	5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF THE PACIFIC -- FINANCE CENTER - 3601 PACIFIC AVENUE - STOCKTON, CA 95211	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF THE PACIFIC MCGEORGE SCHOOL OF LAW - 3200 FIFTH AVENUE - SACRAMENTO, CA 95817	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
VENTANA WILDERNESS ALLIANCE P.O. BOX 506 SANTA CRUZ, CA 95061	**-*****	501(C)(3)	74,776.	0.			GENERAL SUPPORT
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DRIVE, SUITE F-1 SALINAS, CA 93908	**-*****	501(C)(3)	43,082.	0.			GENERAL SUPPORT
VETERANS TRANSITION CENTER OF MONTEREY COUNTY - 220 12TH STREET - MARINA, CA 93933	**-*****	501(C)(3)	155,500.	0.			GENERAL SUPPORT
VICTORY MISSION P.O. BOX 995 SALINAS, CA 93902	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
VILLAGE PROJECT INC. P.O. BOX 127 SEASIDE, CA 93955	**-*****	501(C)(3)	15,000.	0.			GENERAL SUPPORT
VISITING NURSE ASSOCIATION COMMUNITY SERVICES - P. O. BOX 2480 - MONTEREY, CA 93942	**-*****	501(C)(3)	5,032.	0.			GENERAL SUPPORT

Schedule I (Form 990)

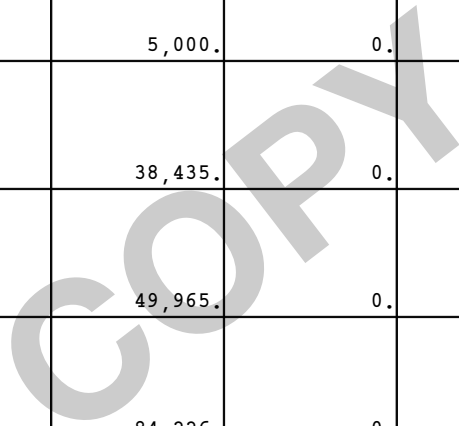
**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Schedule I (Form 990)

\*\* - \* \* \* \* \*

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAHINE PROJECT P.O. BOX 51204 PACIFIC GROVE, CA 93950	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	**-*****	501(C)(3)	5,000.	0.			GENERAL SUPPORT
YOUTH ARTS COLLECTIVE (YAC) 472 CALLE PRINCIPAL MONTEREY, CA 93940	**-*****	501(C)(3)	38,435.	0.			GENERAL SUPPORT
YOUTH MUSIC MONTEREY 546 HARTNELL STREET, SUITE B MONTEREY, CA 93940	**-*****	501(C)(3)	49,965.	0.			GENERAL SUPPORT
YWCA MONTEREY COUNTY 236 MONTEREY STREET SALINAS, CA 93901	**-*****	501(C)(3)	84,226.	0.			GENERAL SUPPORT
YWCA OF WATSONVILLE 340 EAST BEACH STREET WATSONVILLE, CA 95076	**-*****	501(C)(3)	15,000.	0.			GENERAL SUPPORT



COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

COPY

**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:

EVALUATIONS ARE REQUIRED FOR ALL COMPETITIVE GRANTS AND FOR DONOR-ADVISED GRANTS => \$10K FOR OTHER THAN GENERAL SUPPORT A. ALL EVALUATIONS ARE REVIEWED FOR COMPLETENESS: I. IF AND TO WHAT EXTENT THE ACTIVITIES SUPPORTED THE INTENT OF THE REQUEST II. HOW AND WHAT THE FUNDS WERE USED III. HOW THE ACTIVITIES WILL INFORM THE AGENCY'S FUTURE DECISION-MAKING ACTIVITIES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

Employer identification number  
**\*\*-\*\*\*\*\***

**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 (e.g., 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 in line 1a? .....

**3** Indicate which, if any, of the following the filing 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 checked="" 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2015

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

**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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL BALDWIN PRESIDENT/CEO	(i)	230,000.	0.	0.	11,500.	12,738.	254,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **COMMUNITY FOUNDATION FOR MONTEREY COUNTY** Employer identification number **\*\*-\*\*\*\*\***

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	1,930,183.	STOCK EXCHANGE-DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)



**Part II**

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

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY

Employer identification number  
\*\*\_\*\*\*\*\*

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

SEE WWW.CFMCO.ORG FOR ALL OTHER PROGRAMS.

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

A COPY OF FORM 990 WAS AVAILABLE TO ALL VOTING MEMBERS OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS. THE ORGANIZATION'S TREASURER, PRESIDENT/CEO AND CFO REVIEWED THE 990 PRIOR TO FILING WITH THE IRS. MOST OF THE VOTING MEMBERS OF THE ORGANIZATION'S GOVERNING BODY WILL REVIEW THE 990 AFTER IT HAS BEEN FILED WITH THE IRS.

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

ALL BOARD MEMBERS HAVE A COPY OF THE CONFLICT OF INTEREST POLICY AND NEW MEMBERS RECEIVE IT AS PART OF THEIR ORIENTATION, WHICH IS HELD PRIOR TO THE FIRST MEETING OF THE YEAR. BOARD MEMBERS ARE ASKED TO COMPLETE AND SUBMIT THE CONFLICT OF INTEREST DISCLOSURE FORM EVERY YEAR.

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

COMPENSATION FOR THE PRESIDENT/CEO IS CONSIDERED AND RECOMMENDED BY THE FINANCE COMMITTEE AND SUBMITTED TO THE FULL BOARD FOR APPROVAL IN A CLOSED SESSION. COMPARABILITY DATA IS USED TO DETERMINE SALARY RANGES. THE COMMITTEE CONSIDERS BENEFIT SURVEYS FROM THE COUNCIL ON FOUNDATIONS, THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS AND THE LOCAL FISCAL AND ADMINISTRATIVE OFFICERS GROUP.

COMPENSATION FOR ALL STAFF, INCLUDING THE CHIEF FINANCIAL OFFICER IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE RECOMMENDATIONS OF THE FINANCE COMMITTEE ARE SUBMITTED TO THE FULL BOARD FOR APPROVAL.

Name of the organization **COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

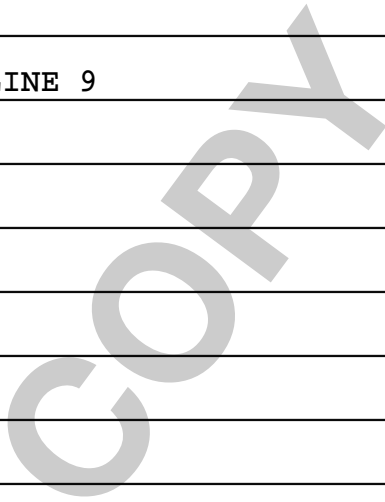
Employer identification number  
**\*\* - \*\*\*\*\***

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

COMMUNITY FND FOR MONTEREY COUNTY

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

CONTRIBUTIONS FOR STEWARDSHIP AND OTHER FUNDS	-3,322,164.
GRANTS DISTRIBUTED ON BEHALF OF OTHER FUNDS	366,604.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS	400,920.
OTHER ADJUSTMENTS	1,761.
TOTAL TO FORM 990, PART XI, LINE 9	-2,552,879.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION FOR MONTEREY COUNTY** Employer identification number **\*\*-\*\*\*\*\***

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFMC-REAL ESTATE NO. 1 LLC COMMUNITY - 20-8880596, 2354 GARDEN RD, MONTEREY, CA 93940	HOLD REAL ESTATE	CALIFORNIA	7,414.	393,133.	COMMUNITY FOUNDATION FOR MONTEREY CO
CFMC-REAL ESTATE NO. 2 LLC COMMUNITY - 26-1591345, 2354 GARDEN RD, MONTEREY, CA 93940	HOLD REAL ESTATE	CALIFORNIA	0.	0.	COMMUNITY FOUNDATION FOR MONTEREY CO

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2015

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**COMMUNITY FOUNDATION FOR  
MONTEREY COUNTY**

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CFMC REAL ESTATE NO. 1 LLC, CFMC	C	1,084,801.	CASH DISTRIBUTION
(2) CFMC REAL ESTATE NO. 1 LLC, CFMC	L	0.	NOT DETERMINED
(3) CFMC REAL ESTATE NO. 1 LLC, CFMC	O	0.	NOT DETERMINED
(4)			
(5)			
(6)			







• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION FOR MONTEREY COUNTY</b>	Employer identification number (EIN) or <b>**-*****</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2354 GARDEN ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MONTEREY, CA 93940</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**COMMUNITY FOUNDATION FOR MONTEREY COUNTY**

• The books are in the care of  **2354 GARDEN ROAD - MONTEREY, CA 93940**  
Telephone No.  **831-375-9712** 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL INFORMATION IS NEEDED TO COMPLETE THE RETURN. ONCE THE INFORMATION IS OBTAINED, A COMPLETE RETURN CAN BE PREPARED.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date