

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: COMMUNITY FOUNDATION FOR MONTEREY COUNTY
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 2354 GARDEN ROAD
 City or town, state or province, country, and ZIP or foreign postal code: MONTEREY, CA 93940

D Employer identification number: 94-1615897
E Telephone number: (831) 375-9712
G Gross receipts \$ 43,765,594

F Name and address of principal officer: DANIEL R BALDWIN, 2354 GARDEN ROAD, MONTEREY, CA 93940

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW CFMCO ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1945
M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO INSPIRE PHILANTHROPY AND BE A CATALYST FOR STRENGTHENING COMMUNITIES THROUGHOUT MONTEREY COUNTY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	25
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,973,720	19,562,781
9 Program service revenue (Part VIII, line 2g)	190,626	229,218
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,659,367	3,047,777
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,363	107,858
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,958,076	22,947,634
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,283,516	9,710,595
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,412,392	1,484,680
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 385,249		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,421,863	1,536,940
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,117,771	12,732,215
19 Revenue less expenses Subtract line 18 from line 12	1,840,305	10,215,419

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	177,868,215	180,284,198
21 Total liabilities (Part X, line 26)	28,159,920	29,705,544
22 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

Sign Here

Signature of officer: *****
 Date: 2016-08-17

DANIEL R BALDWIN PRESIDENT, CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WARD PYNN
 Preparer's signature: WARD PYNN
 Date: 2016-08-17
 Check if self-employed
 PTIN: P00184378

Firm's name ▶ RGP LLP
 Firm's EIN ▶ 81-0742089

Firm's address ▶ 1340 TREAT BLVD STE 525
 Phone no (925) 954-0100
 WALNUT CREEK, CA 94597

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

See Additional Data

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

4e Total program service expenses 11,017,783

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	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>	26		No
27	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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 2354 GARDEN ROAD MONTEREY, CA 93940 (831) 375-9712	

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(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	
(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	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	19,562,781				
	g	Noncash contributions included in lines 1a-1f \$	1,930,183				
	h	Total. Add lines 1a-1f	19,562,781				
Program Service Revenue			Business Code				
	2a	CRT MANAGEMENT FEES	525920	184,219	184,219		
	b	WORKSHOP INCOME	611600	44,999	44,999		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		229,218			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,592,191		4,592,191	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	7,414			
			(ii) Personal				
			b Less rental expenses	7,414			
			c Rental income or (loss)	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	19,266,132			
			(ii) Other				
			b Less cost or other basis and sales expenses	19,294,107	1,516,439		
			c Gain or (loss)	-27,975	-1,516,439		
	d	Net gain or (loss)		-1,544,414		-1,544,414	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISC ADMIN INCOME	900099	90,890	90,890			
b	RETURNED GRANTS	900099	16,968	16,968			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		107,858				
12	Total revenue. See Instructions		22,947,634	337,076	0	3,047,777	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,710,595	9,710,595		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	340,625	118,737	166,287	55,601
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	828,313	288,740	404,367	135,206
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,792	23,631	33,095	11,066
9	Other employee benefits	150,273	52,383	73,361	24,529
10	Payroll taxes	97,677	34,049	47,684	15,944
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,269		3,269	
c	Accounting	46,529	19,901	22,238	4,390
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	141,659		141,659	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,259		27,678	21,581
12	Advertising and promotion	29,838	12,762	14,261	2,815
13	Office expenses	233,259	80,401	89,687	63,171
14	Information technology				
15	Royalties				
16	Occupancy	120,403	51,498	57,544	11,361
17	Travel	13,511	5,778	6,458	1,275
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,018	13,266	14,826	2,926
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,852	34,582	38,641	7,629
23	Insurance	4,010	1,715	1,917	378
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SPECIAL PROGRAMS	445,642	445,642		
b	OTHER FUND MGMT EXPENSE	158,107	67,625	75,564	14,918
c	DONOR DEVELOPMENT	77,438	33,121	37,011	7,306
d	PARTNERSHIP DEDUCTIONS	47,540		47,540	
e	All other expenses	54,606	23,357	26,096	5,153
25	Total functional expenses. Add lines 1 through 24e	12,732,215	11,017,783	1,329,183	385,249
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,947,634
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,732,215
3	Revenue less expenses Subtract line 2 from line 1	3	10,215,419
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,708,295
5	Net unrealized gains (losses) on investments	5	-6,862,130
6	Donated services and use of facilities	6	69,949
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,552,879
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b 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		

Additional Data

Software ID:

Software Version:

EIN: 94-1615897

Name: COMMUNITY FOUNDATION FOR
MONTEREY COUNTY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

SEE WWW CFMCO ORG FOR ALL OTHER PROGRAMS

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number
94-1615897

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	11,004,133	14,051,003	12,034,809	11,973,720	19,562,781	68,626,446
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,004,133	14,051,003	12,034,809	11,973,720	19,562,781	68,626,446
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,790,011
6 Public support. Subtract line 5 from line 4						60,836,435

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	11,004,133	14,051,003	12,034,809	11,973,720	19,562,781	68,626,446
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,566,004	3,107,682	2,668,789	3,902,875	4,599,605	16,844,955
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						85,471,401
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	71.180%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	71.150%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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 on line 11 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- 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.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 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
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization: COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number: 94-1615897

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and Aggregate value at end of year.

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 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?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (b) (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 2 columns: Yes, No. Rows include 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

- (i) unrelated organizations
(ii) related organizations

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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		
Total. (Column (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
Total. (Column (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
Total. (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.

1. (a) Description of liability	(b) Book value
Federal income taxes	
FUNDS HELD AS AGENCY ENDOWMENT	3,892,099
LIABILITIES UNDER SPLIT INTEREST	3,627,864
LIABILITIES UNDER CRT	7,975,485
STEWARDSHIP FUNDS	12,277,600
Total. (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

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

Return Reference	Explanation
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 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
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS DISTRIBUTED ON BEHALF OF OTHER FUNDS 366,604 PARTNERSHIP DEDUCTIONS 47,540 OTHER 1,761

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

Schedule I (Form 990)

OMB No 1545-0047

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

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

Table with 8 columns: (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. Row 1: See Additional Data Table

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

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

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 94-1615897
Name: COMMUNITY FOUNDATION FOR
MONTEREY COUNTY

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

(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
ACCESS SUPPORT NETWORK PO BOX 12158 SAN LUIS OBISPO, CA 93401	77-0205717	501(C)(3)	50,000				MARKETING AND COMMUNITY ENGAGEMENT EFFORTS
ACTION COUNCIL OF MONTEREY COUNTY 295 MAIN STREET SUITE 300 SALINAS, CA 93901	77-0357101	501(C)(3)	57,000				GENERAL SUPPORT
AG AGAINST HUNGER PO BOX 600 SALINAS, CA 93902	77-0311596	501(C)(3)	13,307				MONTEREY COUNTY GIVES! CAMPAIGN

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

(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
AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION (ALBA) PO BOX 6264 SALINAS, CA 93912	77-0566055	501(C)(3)	36,000				FARMER EDUCATION AND ENTERPRISE DEVELOPMENT (FEED) PROGRAM
ALISAL CENTER FOR THE FINE ARTS PO BOX 5440 SALINAS, CA 93915	77-0194560	501(C)(3)	27,208				GENERAL SUPPORT
ALISAL FAMILY RESOURCE CENTER 1441 DEL MONTE AVENUE SALINAS, CA 93905	77-0201754	501(C)(3)	11,800				ADULT COMPUTER LITERACY PROGRAM IN EAST SALINAS

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ALLIANCE ON AGING 247 MAIN STREET SALINAS, CA 93901	94-1747036	501(C)(3)	30,500				GENERAL SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 21 LOWER RAGSDALE DRIVE SUITE B MONTEREY, CA 93940	13-3039601	501(C)(3)	47,498				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 212 WEST FIGUEROA STREET SANTA BARBARA, CA 93101	13-5613797	501(C)(3)	19,000				GENERAL SUPPORT

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AMERICAN INSTITUTE OF ARCHITECTS MONTEREY BAY PO BOX 310 MONTEREY, CA 93942	94-6126832	501(C)(6)	6,655				REIMBURSEMENT OF EXPENSES FOR THE 2014 STANTON AWARDS
AMERICAN RED CROSS OF THE CENTRAL COAST PO BOX AR CARMEL, CA 93921	53-0196605	501(C)(3)	36,058				GENERAL SUPPORT
AMIGOS DE SANTA CRUZ FOUNDATION PO BOX 148 LOPEZ ISLAND, WA 98261	91-2155843	501(C)(3)	5,000				GENERAL SUPPORT

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AMY SEIWERT IMAGERY 613 PERALTA AVENUE SAN FRANCISCO, CA 94110	45-4254070	501(C)(3)	12,500				GENERAL SUPPORT
ANIMAL FRIENDS RESCUE PROJECT PO BOX 51083 PACIFIC GROVE, CA 93950	77-0491141	501(C)(3)	38,833				GENERAL SUPPORT
ARTS COUNCIL FOR MONTEREY COUNTY PO BOX 7495 CARMEL, CA 93921	94-2805076	501(C)(3)	120,516				GENERAL SUPPORT

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ARTS COUNCIL SANTA CRUZ COUNTY 1070 RIVER STREET SANTA CRUZ, CA 95060	94-2600140	501(C)(3)	17,000				GENERAL SUPPORT
ASIAN CULTURAL EXPERIENCE 2106 LEO PLACE AROMAS, CA 95004	30-0764260	501(C)(3)	5,000				GENERAL SUPPORT
AVE MARIA CONVALESCENT HOSPITAL 1249 JOSSELYN CANYON ROAD MONTEREY, CA 93942	94-1294895	501(C)(3)	10,000				MUSIC PROGRAM

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BIG SUR HEALTH CENTER 46896 HWY 1 BIG SUR, CA 93920	77-0077112	501(C)(3)	49,320				GENERAL SUPPORT
BIG SUR INTERNATIONAL MARATHON PO BOX 222620 CARMEL, CA 93922	77-0048388	501(C)(3)	18,000				GENERAL SUPPORT
BIG SUR LAND TRUST PO BOX 4071 MONTEREY, CA 93942	94-2473415	501(C)(3)	70,141				GENERAL SUPPORT

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BIG SUR RIVER RUN INC PO BOX 201 BIG SUR, CA 93920	77-0448358	501(C)(3)	33,304				GENERAL SUPPORT
BLIND & VISUALLY IMPAIRED CENTER OF MONTEREY COUNTY 225 LAUREL AVENUE PACIFIC GROVE, CA 93950	23-7221588	501(C)(3)	21,545				GENERAL SUPPORT
BONES PET RESCUE P O BOX 97 COVELO, CA 95428	74-3055225	501(C)(3)	10,000				GENERAL SUPPORT

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BOY SCOUTS OF AMERICA - SILICON VALLEY MONTEREY BAY COUNCIL 970 WEST JULIAN STREET SAN JOSE, CA 95126	94-1156254	501(C)(3)	30,757				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF MONTEREY COUNTY PO BOX 97 SEASIDE, CA 93955	94-1702753	501(C)(3)	104,014				GENERAL SUPPORT
BRUNSWICK YOUTH SPORTS P O BOX 181 BRUNSWICK, OH 44212	34-1610324	501(C)(3)	17,400				GENERAL SUPPORT

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CALIFORNIA DEPARTMENT OF PARKS & RECREATION - MONTEREY DISTRICT 2211 GARDEN ROAD MONTEREY, CA 93940	68-0303606	GOV	50,000				GENERAL SUPPORT
CALIFORNIA FARMLINK 303 POTRERO STREET SUITE 29-201 SANTA CRUZ, CA 95060	94-3332630	501(C)(3)	31,500				GENERAL SUPPORT
CALIFORNIA MARITIME ACADEMY FOUNDATION 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	23-7213404	501(C)(3)	25,000				GENERAL SUPPORT

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CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO - FINANCIAL AID CAL POLY STATE UNIVERSITY SAN LUIS OBISPO, CA 93407	95-1648180	GOV	5,500				GENERAL SUPPORT
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO STREET SUITE 110 SAN FRANCISCO, CA 94133	94-1707583	501(C)(3)	25,000				GENERAL SUPPORT
CAMERATA SINGERS PO BOX 428 SALINAS, CA 93902	94-2847217	501(C)(3)	23,709				GENERAL SUPPORT

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CANCER PATIENTS ALLIANCE 312 FOUNTAIN AVENUE PACIFIC GROVE, CA 93950	77-0569948	501(C)(3)	56,461				MONTEREY COUNTY GIVES! CAMPAIGN
CARE USA - SAN FRANCISCO REGION 465 CALIFORNIA STREET SUITE 475 SAN FRANCISCO, CA 94104	13-1685039	501(C)(3)	56,986				UNRESTRICTED SUPPORT
CARL CHERRY CENTER FOR THE ARTS PO BOX 863 CARMEL, CA 93921	94-1207693	501(C)(3)	16,704				MONTEREY COUNTY GIVES! CAMPAIGN

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CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057	41-0694747	501(C)(3)	5,000				GENERAL SUPPORT
CARMEL BACH FESTIVAL PO BOX 575 CARMEL, CA 93921	94-1434628	501(C)(3)	104,243				GENERAL SUPPORT
CARMEL FOUNDATION PO BOX 1050 CARMEL, CA 93921	94-1225368	501(C)(3)	20,409				GENERAL SUPPORT

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CARMEL HIGH SCHOOL ATHLETIC BOOSTERS PO BOX 222780 CARMEL, CA 93922	77-0112615	501(C)(3)	7,500				GENERAL SUPPORT
CARMEL HIGH SOBER GRAD PO BOX 22518 CARMEL, CA 93922	94-1725948	501(C)(3)	8,250				GENERAL SUPPORT
CARMEL IDEAS FOUNDATION PO BOX 2424 CARMEL, CA 93921	01-0903800	501(C)(3)	16,000				GENERAL SUPPORT

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CARMEL MISSION FOUNDATION PO BOX 221351 CARMEL, CA 93922	26-2981780	501(C)(3)	18,000				GENERAL SUPPORT
CARMEL MUSIC SOCIETY PO BOX 22783 CARMEL, CA 93922	94-6102547	501(C)(3)	26,938				GENERAL SUPPORT
CARMEL-BY-THE SEA PUBLIC LIBRARY FOUNDATION PO BOX 2042 CARMEL, CA 93921	77-0257681	501(C)(3)	19,000				GENERAL SUPPORT

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CASA MONTEREY COUNTY DBA VOICES FOR CHILDREN 945 SOUTH MAIN STREET SUITE 107 SALINAS, CA 93901	77-0398079	501(C)(3)	77,382				GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF MONTEREY 922 HILBY AVENUE SUITE C SEASIDE, CA 93955	77-0042961	501(C)(3)	45,665				GENERAL SUPPORT
CATHOLIC DAUGHTERS OF THE AMERICA HOME INC (DBA MADONNA MANOR) 1335 BYRON DRIVE SALINAS, CA 93901	94-6091600	501(C)(3)	6,240				MUSIC PROGRAM

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CENTER FOR COMMUNITY ADVOCACY 22 WEST GABILAN STREET SALINAS, CA 93901	77-0192068	501(C)(3)	22,500				GENERAL SUPPORT
CENTRAL COAST CENTER FOR INDEPENDENT LIVING 318 CAYUGA STREET SUITE 208 SALINAS, CA 93901	77-0055747	501(C)(3)	25,000				GENERAL SUPPORT
CENTRAL COAST VETERANS CEMETERY FOUNDATION PO BOX 849 MARINA, CA 93933	75-3037642	501(C)(13)	100,000				GENERAL SUPPORT

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CENTRAL COAST VNA AND HOSPICE PO BOX 2480 MONTEREY, CA 93942	94-1205572	501(C)(3)	11,500				GENERAL SUPPORT
CENTRAL COAST YMCA 500 LINCOLN AVENUE SALINAS, CA 93901	77-0202335	501(C)(3)	35,000				GENERAL SUPPORT
CHAMBER MUSIC SAN FRANCISCO 1314 34TH AVENUE SAN FRANCISCO, CA 94122	51-0448351	501(C)(3)	10,000				GENERAL SUPPORT

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CHARTWELL SCHOOL 2511 NUMA WATSON ROAD SEASIDE, CA 93955	77-0119013	501(C)(3)	39,889				GENERAL SUPPORT
CHILD FAMILY HEALTH INTERNATIONAL 2369 OCEAN AVE SUITE 200 SAN FRANCISCO, CA 94127	94-3145385	501(C)(3)	56,986				GENERAL SUPPORT
CHISPA 295 MAIN STREET SUITE 100 SALINAS, CA 93901	94-2631608	501(C)(3)	186,180				GENERAL SUPPORT

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CITY OF GREENFIELD 599 EL CAMINO REAL GREENFIELD, CA 93927	94-6000343	GOV	21,000				GENERAL SUPPORT
CITY OF MONTEREY 570 PACIFIC STREET MONTEREY, CA 93940	94-6000376	GOV	20,580				GENERAL SUPPORT
CITY OF SALINAS 200 LINCOLN AVENUE SALINAS, CA 93901		GOV	55,300				GENERAL SUPPORT

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COALITION OF HOMELESS SERVICES PROVIDERS 220 12TH STREET MARTINEZ HALL MARINA, CA 93933	77-0381154	501(C)(3)	10,000				GENERAL SUPPORT
COMMUNITY BRIDGES PUENTES DE LA COMUNIDAD 236 SANTA CRUZ AVENUE APTOS, CA 95003	94-2460211	501(C)(3)	12,000				GENERAL SUPPORT
COMMUNITY HOMELESS SOLUTIONS PO BOX 1340 MARINA, CA 93933	94-2525231	501(C)(3)	90,284				GENERAL SUPPORT

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COMMUNITY HOSPITAL FOUNDATION PO BOX HH MONTEREY, CA 93942	94-2789696	501(C)(3)	76,000				GENERAL SUPPORT
COMMUNITY HUMAN SERVICES P O BOX 3076 MONTEREY, CA 93942	94-6367167	501(C)(3)	32,790				GENERAL SUPPORT
COMMUNITY OF CARING MONTEREY PENINSULA PO BOX 2477 MONTEREY, CA 93942	77-0480653	501(C)(3)	7,680				GENERAL SUPPORT

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COMMUNITY PARTNERS FOR THE DINNER PARTY 1000 NORTH ALAMEDA STREET SUITE 240 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	10,000				GENERAL SUPPORT
COMMUNITY PARTNERSHIP FOR YOUTH PO BOX 42 MONTEREY, CA 93942	77-0310237	501(C)(3)	45,203				GENERAL SUPPORT
COMPASSION PREGNANCY CENTER 640 CASS STREET MONTEREY, CA 93940	94-2888807	501(C)(3)	30,000				GENERAL SUPPORT

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CONFIDENCE PREGNANCY CENTER 780 E ROMIE LN SUITE C SALINAS, CA 93901	77-0073119	501(C)(3)	10,000				GENERAL SUPPORT
CSU FRESNO SCHOLARSHIPS / JOYAL BLDG 274 5150 N MAPLE AVENUE JA64 FRESNO, CA 937408026	94-1085570	GOV	17,000				GENERAL SUPPORT
CSU HUMBOLDT 1 HARPST STREET ARCATA, CA 95521	94-6077724	GOV	60,000				GENERAL SUPPORT

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CSU LONG BEACH - FINANCIAL AID OFFICE 1250 BELLFLOWER BLVD LONG BEACH, CA 90840	95-6123757	GOV	9,000				GENERAL SUPPORT
CSU MONTEREY BAY CAMPUS SERVICE CENTER BLDG 47 1ST FLOOR 100 CAMPUS CENTER SEASIDE, CA 93955	80-0494808	GOV	17,000				GENERAL SUPPORT
CSUMB FOUNDATION 100 CAMPUS CENTER SEASIDE, CA 93955	80-0494808	501(C)(3)	16,000				GENERAL SUPPORT

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CSUMB PANETTA INSTITUTE FOR PUBLIC POLICY 100 CAMPUS CENTER BLDG 86E SEASIDE, CA 93955	77-0495799	501(C)(3)	22,000				GENERAL SUPPORT
CULTURAL MEDIA SERVICES 413 WESTERN DRIVE 15 SANTA CRUZ, CA 95060	94-2982469	501(C)(3)	5,000				GENERAL SUPPORT
CYPRESS COMMUNITY CHURCH 681 MONTEREY-SALINAS HIGHWAY SALINAS, CA 93908	94-2213598	501(C)(3)	30,000				GENERAL SUPPORT

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DEL MONTE FOREST CONSERVANCY 3101 FOREST LAKE ROAD SUITE 1 PEBBLE BEACH, CA 93953	94-6061665	501(C)(3)	40,000				GENERAL SUPPORT
DIOCESE OF MONTEREY PO BOX 2048 MONTEREY, CA 93942	94-1658203	501(C)(3)	19,549				GENERAL SUPPORT
EASTER SEALS CENTRAL CALIFORNIA 9010 SOQUEL DRIVE SUITE 1 APTOS, CA 95003	94-1497580	501(C)(3)	8,854				GENERAL SUPPORT

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ECOLOGY ACTION 877 CEDAR STREET SUITE 240 SANTA CRUZ, CA 95060	94-2584236	501(C)(3)	10,500				GENERAL SUPPORT
EL CAMINO REAL FUTBOL LEAGUE PO BOX 4384 SALINAS, CA 93912	71-0978744	501(C)(3)	79,500				GENERAL SUPPORT
EL PAJARO COMMUNITY DEVELOPMENT CORPORATION 23 EAST BEACH STREET 209 WATSONVILLE, CA 95076	94-2656048	501(C)(3)	23,000				GENERAL SUPPORT

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EL SISTEMA USA SALINAS 820 PARK ROW 672 SALINAS, CA 93901	27-2306206	501(C)(3)	69,688				GENERAL SUPPORT
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039	94-2823247	501(C)(3)	70,088				GENERAL SUPPORT
ENVIRONMENTAL JUSTICE COALITION FOR WATER (EJCW) PO BOX 188911 SACRAMENTO, CA 95818	20-2539559	501(C)(3)	29,500				GENERAL SUPPORT

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EPIPHANY LUTHERAN & EPISCOPAL CHURCH 425 CARMEL AVENUE MARINA, CA 93933	90-0287897	501(C)(3)	13,000				GENERAL SUPPORT
ETERNITYWORKS DBA YOUTH NOW 124 EAST LAKE AVENUE WATSONVILLE, CA 95076	27-0741964	501(C)(3)	5,000				GENERAL SUPPORT
EVERYONE'S HARVEST - COSECHA PARA TODOS PO BOX 1423 MARINA, CA 93933	48-1290990	501(C)(3)	11,126				GENERAL SUPPORT

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FAMILY SERVICE AGENCY OF THE CENTRAL COAST PO BOX 1222 SANTA CRUZ, CA 95061	94-1716354	501(C)(3)	15,000				GENERAL SUPPORT
FIRST MAYOR'S HOUSE OF SALINAS CITY CO JON KINAPP HAYASHI WAYLAND 1188 PADRE DRIVE SUITE 101 SALINAS, CA 93901	68-0434434	501(C)(3)	18,215				GENERAL SUPPORT
FIRST NIGHT MONTEREY P O BOX 185 MONTEREY, CA 93942	77-0340982	501(C)(3)	5,643				GENERAL SUPPORT

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

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FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET 5 SALINAS, CA 93901	77-0270228	501(C)(3)	389,322				GENERAL SUPPORT
FOREST HILL MANOR 551 GIBSON AVENUE PACIFIC GROVE, CA 93950	94-1312411	501(C)(3)	6,000				GENERAL SUPPORT
FOUNDATION FOR MONTEREY COUNTY FREE LIBRARIES 450 LINCOLN AVENUE SUITE 203 SALINAS, CA 93901	77-0256346	501(C)(3)	43,267				GENERAL SUPPORT

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FRANCISCAN WORKERS OF JUNIPERO SERRA PO BOX 2027 SALINAS, CA 93902	77-0081240	501(C)(3)	50,000				GENERAL SUPPORT
FRIENDS OF THE ANDY AUSONIO LIBRARY 11160 SPEEGLE STREET CASTROVILLE, CA 95012	77-0026553	501(C)(3)	5,000				GENERAL SUPPORT
FRIENDS OF THE MONTEREY PUBLIC LIBRARY 625 PACIFIC STREET MONTEREY, CA 93940	91-1976593	501(C)(3)	6,330				GENERAL SUPPORT

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FRIENDS OF THE PACIFIC GROVE LIBRARY PO BOX EH PACIFIC GROVE, CA 93950	77-0055748	501(C)(3)	10,612				GENERAL SUPPORT
FRIENDS OF THE SALINAS PUBLIC LIBRARIES 110 WEST SAN LUIS STREET SALINAS, CA 93901	77-0180168	501(C)(3)	5,055				GENERAL SUPPORT
FUTURE CITIZENS FOUNDATION DBA THE FIRST TEE OF MONTEREY 945 SOUTH MAIN STREET SUITE 210 SALINAS, CA 93901	26-0015069	501(C)(3)	5,000				GENERAL SUPPORT

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GATHERING FOR WOMEN-MONTEREY PO BOX 601 MONTEREY, CA 93942	47-4275163	501(C)(3)	55,000				GENERAL SUPPORT
GERMAN SHEPHERD RESCUE OF NORTHERN CALIFORNIA P O BOX 1930 CUPERTINO, CA 95015	52-2331060	501(C)(3)	9,000				GENERAL SUPPORT
GIL BASKETBALL ACADEMY 1522 CONSTITUTION BLVD SUITE 213 SALINAS, CA 93905	27-1492121	501(C)(3)	70,300				GENERAL SUPPORT

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GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST (GSCCC) 10550 MERRITT STREET CASTROVILLE, CA 95012	94-1567162	501(C)(3)	26,110				GENERAL SUPPORT
GIRLS INC OF THE CENTRAL COAST 318 CAYUGA STREET SUITE 101A SALINAS, CA 93901	20-5040398	501(C)(3)	58,000				GENERAL SUPPORT
GLOBAL FUND FOR WOMEN 222 SUTTER STREET SUITE 500 SAN FRANCISCO, CA 94108	77-0155782	501(C)(3)	5,500				GENERAL SUPPORT

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GUITARS NOT GUNS - MONTEREY COUNTY CHAPTER P O BOX 101 MONTEREY, CA 93940	91-2069334	501(C)(3)	7,830				GENERAL SUPPORT
HARMONY AT HOME 3785 VIA NONA MARIE SUITE 300 CARMEL, CA 93923	76-0769331	501(C)(3)	26,000				GENERAL SUPPORT
HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVE SALINAS, CA 93901	94-2781664	501(C)(3)	61,168				GENERAL SUPPORT

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HEALTH PROJECTS CENTER 1537 PACIFIC AVENUE SUITE 300 SANTA CRUZ, CA 95060	94-2713281	501(C)(3)	25,000				GENERAL SUPPORT
HILLBROOK SCHOOL 300 MARCHMONT DRIVE LOS GATOS, CA 95032	94-0382325	501(C)(3)	7,000				GENERAL SUPPORT
HOPE HORSES AND KIDS 1218 PADRE DRIVE SALINAS, CA 93901	27-3717973	501(C)(3)	5,922				GENERAL SUPPORT

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HOPKINS MARINE STATION 120 OCEANVIEW BLVD PACIFIC GROVE, CA 93950	94-1156365	501(C)(3)	25,000				GENERAL SUPPORT
HOSPICE GIVING FOUNDATION 80 GARDEN COURT SUITE 201 MONTEREY, CA 93940	94-2404634	501(C)(3)	35,860				GENERAL SUPPORT
HOUSING RESOURCE CENTER 201 A JOHN STREET SALINAS, CA 93902	20-0125143	501(C)(3)	114,661				GENERAL SUPPORT

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HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879	53-0225390	501(C)(3)	56,986				GENERAL SUPPORT
INDEPENDENT TRANSPORTATION NETWORK PO BOX 2121 SEASIDE, CA 93955	45-3745255	501(C)(3)	25,318				GENERAL SUPPORT
INTERIM INC PO BOX 3222 MONTEREY, CA 93942	51-0159122	501(C)(3)	21,835				GENERAL SUPPORT

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INTERNATIONAL HEALTH EMISSARIES 8 SOMMERSET RISE MONTEREY, CA 93940	77-0529030	501(C)(3)	5,000				GENERAL SUPPORT
INTERNATIONAL MENTAL HEALTH RESEARCH ORGANIZATION P O 680 RUTHERFORD, CA 94573	68-0359707	501(C)(3)	5,000				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF NORTHERN CALIFORNIA 1671 THE ALAMEDA SUITE 205 SAN JOSE, CA 95126	94-1322179	501(C)(3)	20,000				GENERAL SUPPORT

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KIDPOWER PO BOX 1212 SANTA CRUZ, CA 95061	77-0226712	501(C)(3)	10,000				GENERAL SUPPORT
KING'S COLLEGE 133 NORTH RIVER ROAD WILKESBARRE, PA 18711	24-0804602	501(C)(3)	5,000				SCHOLARSHIPS
KINSHIP CENTER 124 RIVER ROAD SALINAS, CA 93908	94-2971761	501(C)(3)	108,770				GENERAL SUPPORT

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KQED 2601 MARIPOSA SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	6,000				GENERAL SUPPORT
LA GLORIA SCHOOL 220 ELKO STREET PO DRAWER G GONZALES, CA 93926		GOV	9,000				LITERACY PROGRAM
LANDWATCH MONTEREY COUNTY P O BOX 1876 SALINAS, CA 93902	91-1862145	501(C)(3)	71,571				GENERAL SUPPORT

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LEADERSHIP MONTEREY PENINSULA PO BOX 27 MONTEREY, CA 93942	77-0343488	501(C)(3)	5,000				GENERAL SUPPORT
LEGAL SERVICES FOR SENIORS 915 HILBY AVENUE SUITE 2 SEASIDE, CA 93955	77-0073127	501(C)(3)	10,282				GENERAL SUPPORT
LIFE IS FOR EVERYONE INC PO BOX 5600 SALINAS, CA 93915	77-0501692	501(C)(3)	41,300				GENERAL SUPPORT

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LIFEWATER INTERNATIONAL PO BOX 3131 SAN LUIS OBISPO, CA 93403	95-3987142	501(C)(3)	56,986				WATER WELLS IN DEVELOPING COUNTRIES
LOAVES FISHES & COMPUTERS 938 SOUTH MAIN STREET SALINAS, CA 93901	27-0187805	501(C)(3)	11,985				MONTEREY COUNTY GIVES! CAMPAIGN
LOPEZ HOUSING OPTIONS P O BOX 172 LOPEZ ISLAND, WA 98261	76-0732680	501(C)(3)	5,000				GENERAL SUPPORT

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LOPEZ ISLAND FAMILY RESOURCE CENTER PO BOX 732 LOPEZ ISLAND, WA 98261	91-1919212	501(C)(3)	8,250				GENERAL SUPPORT
LYCEUM OF MONTEREY COUNTY 1073 SIXTH STREET MONTEREY, CA 93940	94-6102848	501(C)(3)	10,455				GENERAL SUPPORT
MADONNA DEL SASSO CHURCH 320 E LAUREL DRIVE SALINAS, CA 93906	94-1658203	501(C)(3)	42,361				GENERAL SUPPORT

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MEALS ON WHEELS OF THE MONTEREY PENINSULA 700 JEWELL AVENUE PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	81,517				GENERAL SUPPORT
MEALS ON WHEELS OF THE SALINAS VALLEY 40 CLARK STREET SUITE C SALINAS, CA 93901	77-0064507	501(C)(3)	36,804				GENERAL SUPPORT
MEARTH PO BOX 223702 CARMEL, CA 93922	26-2973625	501(C)(3)	29,722				GENERAL SUPPORT

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MEE MEMORIAL HOSPITAL 300 CANAL STREET KING CITY, CA 93930	94-1502014	501(C)(3)	8,000				GENERAL SUPPORT
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 93940	94-2487469	501(C)(3)	92,250				GENERAL SUPPORT
MONTEREY BAY CHARTER SCHOOL 1004 DAVID AVENUE PACIFIC GROVE, CA 93950	26-1729713	501(C)(3)	38,434				GENERAL SUPPORT

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MONTEREY COLLEGE OF LAW 2620 COLONIAL DURHAM STREET SEASIDE, CA 93955	94-2202421	501(C)(3)	5,000				GENERAL SUPPORT
MONTEREY COUNTY AGRICULTURAL & RURAL LIFE MUSEUM PO BOX 644 KING CITY, CA 93930	94-2495649	501(C)(3)	25,000				GENERAL SUPPORT
MONTEREY COUNTY AGRICULTURAL EDUCATION PO BOX 7461 SPRECKELS, CA 93962	77-0281027	GOV	5,000				GENERAL SUPPORT

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MONTEREY COUNTY HEALTH DEPARTMENT 1270 NATIVIDAD ROAD SALINAS, CA 93906	94-6000524	GOV	25,000				GENERAL SUPPORT
MONTEREY COUNTY POPS PO BOX 3352 MONTEREY, CA 93942	77-0076147	501(C)(3)	10,024				GENERAL SUPPORT
MONTEREY COUNTY RAPE CRISIS CENTER PO BOX 2630 MONTEREY, CA 93942	94-2389889	501(C)(3)	44,414				GENERAL SUPPORT

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MONTEREY HISTORY & ART ASSOCIATION 5 CUSTOM HOUSE PLAZA MONTEREY, CA 93940	94-1517208	501(C)(3)	20,329				GENERAL SUPPORT
MONTEREY JAZZ FESTIVAL 9699 BLUE LARKSPUR LANE SUITE 204 MONTEREY, CA 93942	94-6036515	501(C)(3)	37,000				GENERAL SUPPORT
MONTEREY MUSEUM OF ART 559 PACIFIC STREET MONTEREY, CA 93940	94-1534563	501(C)(3)	222,875				GENERAL SUPPORT

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MONTEREY PEACE AND JUSTICE CENTER 1364 FREMONT BOULEVARD SEASIDE, CA 93955	56-2554581	501(C)(3)	14,797				GENERAL SUPPORT
MONTEREY PENINSULA COLLEGE 980 FREMONT STREET MONTEREY, CA 93940	94-2314506	GOV	29,300				GENERAL SUPPORT
MONTEREY PENINSULA COLLEGE FOUNDATION 980 FREMONT STREET MONTEREY, CA 93940	77-0391075	501(C)(3)	163,443				GENERAL SUPPORT

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MONTEREY PENINSULA SUNRISE ROTARY FOUNDATION PO BOX 2051 MONTEREY, CA 93940	27-4901059	501(C)(3)	5,400				GENERAL SUPPORT
MONTEREY SYMPHONY 2560 GARDEN ROAD SUITE 101 MONTEREY, CA 93940	94-1584123	501(C)(3)	80,468				GENERAL SUPPORT
MOUNT SAINT JOSEPH ACADEMY 120 WEST WISSAHICKON AVENUE FLOURTOWN, PA 190311899	23-1352663	501(C)(3)	5,000				SCHOLARSHIPS

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MPC THEATRE TRUST PO BOX 761 MONTEREY, CA 939420761	77-0498258	501(C)(3)	17,000				GENERAL SUPPORT
MPSRC FOUNDATION PO BOX 2051 MONTEREY, CA 93940	27-4901059	501(C)(3)	10,000				GENERAL SUPPORT
NATIONAL DISASTER SEARCH DOG FOUNDATION 6800 WHEELER CANYON ROAD SANTA PAULA, CA 93060	77-0412509	501(C)(3)	40,000				GENERAL SUPPORT

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NATIONAL STEINBECK CENTER ONE MAIN STREET SALINAS, CA 93901	77-0006320	501(C)(3)	30,000				GENERAL SUPPORT
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501(C)(3)	49,202				GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL 455 PALMA DRIVE SALINAS, CA 93901	94-1658139	501(C)(3)	46,209				GENERAL SUPPORT

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OGLALA LAKOTA COLLEGE PO BOX 490 KYLE, SD 57752	23-7135915	501(C)(3)	13,416				GENERAL SUPPORT
OLD CAPITAL CLUB 516 POLK STREET MONTEREY, CA 93940	94-1310194	501(C)(3)	13,349				GENERAL SUPPORT
OLD MONTEREY FOUNDATION 98 DEL MONTE AVENUE SUITE 210 MONTEREY, CA 93940	45-1343649	501(C)(3)	59,000				GENERAL SUPPORT

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OLYMPIC HILLS PTA 13018 20TH AVENUE NE SEATTLE, WA 98125	91-1139778	501(C)(4)	5,000				GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	10,500				GENERAL SUPPORT
OPPORTUNITY FUND NORTHERN CALIFORNIA 111 WEST SAINT JOHN STREET SUITE 800 SAN JOSE, CA 95113	31-1719434	501(C)(3)	25,325				GENERAL SUPPORT

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ORCHESTRA IN THE SCHOOLS PO BOX 1669 MONTEREY, CA 93942	46-4271913	501(C)(3)	22,368				GENERAL SUPPORT
OREGON SHAKESPEARE FESTIVAL 15 SOUTH PIONEER STREET ASHLAND, OR 97520	93-0407022	501(C)(3)	100,000				GENERAL SUPPORT
OUR LADY OF REFUGE CHURCH 11140 PRESTON STREET CASTROVILLE, CA 95012	77-0042961	501(C)(3)	15,000				GENERAL SUPPORT

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OUTREACH UNLIMITED PO BOX 1447 MARINA, CA 93933	38-3934212	501(C)(3)	30,000				GENERAL SUPPORT
PACIFIC GROVE MUSEUM OF NATURAL HISTORY 165 FOREST AVENUE PACIFIC GROVE, CA 93950	32-0268455	501(C)(3)	13,504				GENERAL SUPPORT
PACIFIC GROVE PUBLIC LIBRARY FOUNDATION PO BOX 2025 PACIFIC GROVE, CA 93950	45-1738473	501(C)(3)	10,000				GENERAL SUPPORT

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PACIFIC REPERTORY THEATRE PO BOX 222035 CARMEL, CA 93922	77-0026957	501(C)(3)	72,486				GENERAL SUPPORT
PALMA SCHOOL 919 IVERSON STREET SALINAS, CA 93901	94-1322168	501(C)(3)	65,063				GENERAL SUPPORT
PARENT INSTITUTE OF QUALITY EDUCATION 22 WEST 35TH STREET SUITE 201 NATIONAL CITY, CA 91950	33-0259359	501(C)(3)	10,000				GENERAL SUPPORT

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PARTNERS FOR PEACE PO BOX 2473 SALINAS, CA 93902	77-0408564	501(C)(3)	68,408				GENERAL SUPPORT
PASS THE WORD MINISTRY PO BOX 2394 MONTEREY, CA 93940	45-2534088	501(C)(3)	26,000				GENERAL SUPPORT
PAWS HELPING PEOPLE INC DBA UNCHAINED PO BOX 441 SOQUEL, CA 95073	27-5502745	501(C)(3)	5,000				GENERAL SUPPORT

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PEACE OF MIND DOG RESCUE PO BOX 51554 PACIFIC GROVE, CA 93950	27-1154816	501(C)(3)	95,218				GENERAL SUPPORT
PEACOCK ACRES 838 SOUTH MAIN STREET SALINAS, CA 93901	77-0013158	501(C)(3)	12,500				GENERAL SUPPORT
PLANNED PARENTHOOD MAR MONTE - MONTEREY COUNTY 316 N MAIN STREET SUITE 100 SALINAS, CA 93901	94-1583439	501(C)(3)	60,728				GENERAL SUPPORT

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

(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 PO BOX 221789 CARMEL, CA 93922	94-2546064	501(C)(3)	34,705				GENERAL SUPPORT
RACHEL'S NETWORK 1200 18TH STREET NW SUITE 910 WASHINGTON, DC 20036	31-1644905	501(C)(3)	5,000				GENERAL SUPPORT
RAISING A READER 330 TWIN DOLPHIN DRIVE SUITE 147 REDWOOD CITY, CA 94065	94-3390149	501(C)(3)	17,500				GENERAL SUPPORT

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

(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
RANCHO CIELO PO BOX 6948 SALINAS, CA 93912	77-0555859	501(C)(3)	178,893				GENERAL SUPPORT
READ TO ME PROJECT 32 LIVE OAK LANE CARMEL VALLEY, CA 93924	47-1224251	501(C)(3)	20,500				GENERAL SUPPORT
REBUILDING TOGETHER- MONTEREYSALINAS PO BOX 3323 MONTEREY, CA 93942	77-0411718	501(C)(3)	5,626				GENERAL SUPPORT

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

(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
REED COLLEGE 3203 SOUTHEAST WOODSTOCK BLVD PORTLAND, OR 97202	93-0386908	501(C)(3)	5,000				GENERAL SUPPORT
RENO CHAMBER ORCHESTRA 925 RIVERSIDE DR STE 5 RENO, NV 89503	88-0134278	501(C)(3)	8,340				GENERAL SUPPORT
RENO PHILHARMONIC ASSOCIATION INC 925 RIVERSIDE DRIVE 3 RENO, NV 89503	94-2762076	501(C)(3)	12,700				GENERAL SUPPORT

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

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RESTORATIVE JUSTICE PARTNERS 229 REINDOLLAR AVE SUITE B MARINA, CA 93933	77-0168443	501(C)(3)	73,014				GENERAL SUPPORT
SACAJAWEA ELEMENTARY SCHOOL 9501 20TH AVENUE NE SEATTLE, WA 98115	91-1103647	501(C)(3)	56,000				GENERAL SUPPORT
SACRED HEART CATHOLIC CHURCH 22 STONE STREET SALINAS, CA 93901	94-1658203	501(C)(3)	48,877				GENERAL SUPPORT

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

(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
SACRED HEART SCHOOL 123 WEST MARKET STREET SALINAS, CA 93901	94-1658139	501(C)(3)	40,602				GENERAL SUPPORT
SAINT JAMES EPISCOPAL CHURCH 381 HIGH STREET MONTEREY, CA 93940		501(C)(3)	20,000				GENERAL SUPPORT
SALINAS VALLEY COMMUNITY CHURCH 368 SAN JUAN GRADE ROAD SALINAS, CA 93906	77-0067756	501(C)(3)	12,000				GENERAL SUPPORT

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

(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
SALINAS VALLEY MEMORIAL HOSP SVC LEAGUE 450 EAST ROMIE LANE SALINAS, CA 93901	94-6092113	501(C)(3)	10,000				GENERAL SUPPORT
SALINAS VALLEY MEMORIAL HOSPITAL FOUNDATION 450 EAST ROMIE LANE SALINAS, CA 93901	94-2641137	501(C)(3)	108,370				GENERAL SUPPORT
SALUD PARA LA GENTE 195 AVIATION WAY SUITE 200 WATSONVILLE, CA 95076	94-2705747	501(C)(3)	25,000				GENERAL SUPPORT

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

(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	94-1156347	501(C)(3)	119,819				GENERAL SUPPORT
SAN CARLOS CATHEDRAL 500 CHURCH STREET MONTEREY, CA 93940	94-1658203	501(C)(3)	7,000				GENERAL SUPPORT
SAN DIEGO STATE UNIVERSITY -- FINANCIAL AID AND SCHOLARSHIPS OFFICE 5500 CAMPANILE DRIVE SAN DIEGO, CA 921827425	95-6042721	GOV	6,500				GENERAL SUPPORT

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

(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
SAN FRANCISCO STATE UNIVERSITY - BURSAR'S OFFICE 1600 HOLLOWAY AVENUE SAN FRANCISCO, CA 94132	93-1137247	GOV	8,500				GENERAL SUPPORT
SAVE OUR SHORES 345 LAKE AVENUE SUITE A SANTA CRUZ, CA 95062	94-2745941	501(C)(3)	23,100				GENERAL SUPPORT
SECOND HARVEST FOOD BANK 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	8,500				GENERAL SUPPORT

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

(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
SENIORS COUNCIL 234 SANTA CRUZ AVENUE APTOS, CA 95003	94-2662950	501(C)(3)	25,000				GENERAL SUPPORT
SMUIN BALLET 44 GOUGH STREET 103 SAN FRANCISCO, CA 94103	94-3197247	501(C)(3)	15,500				GENERAL SUPPORT
SOL TREASURES 519 BROADWAY STREET KING CITY, CA 93930	26-1764855	501(C)(3)	38,394				GENERAL SUPPORT

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

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SONOMA STATE UNIVERSITY -- SCHOLARSHIP OFFICE 1801 EAST COTATI AVENUE ROHNERT PARK, CA 94928	68-0338225	GOV	5,000				GENERAL SUPPORT
SOROPTIMIST INTERNATIONAL OF CARMEL BAY PO BOX 2664 CARMEL, CA 93921	94-2850742	501(C)(3)	5,000				GENERAL SUPPORT
SPCA OF MONTEREY COUNTY PO BOX 3058 MONTEREY, CA 93942	94-1167409	501(C)(3)	123,886				GENERAL SUPPORT

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

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SPECIAL KIDS CRUSADE 1900 GARDEN ROAD SUITE 230 MONTEREY, CA 93940	20-8580107	501(C)(3)	15,000				GENERAL SUPPORT
SPECTORDANCE 3343 PAUL DAVIS DRIVE MARINA, CA 93933	93-1203319	501(C)(3)	33,431				GENERAL SUPPORT
STANFORD UNIVERSITY MEDICAL CENTER - OFFICE OF MEDICAL DEVELOPMENT PO BOX 20466 STANFORD, CA 94309	94-6174066	501(C)(3)	12,500				GENERAL SUPPORT

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

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STEVENS ON SCHOOL 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	94-1218745	501(C)(3)	6,000				GENERAL SUPPORT
SUMMIT ASSISTANCE DOGS PO BOX 699 ANACORTES, WA 98221	91-2048706	501(C)(3)	10,500				GENERAL SUPPORT
SUN VALLEY SUMMER SYMPHONY PO BOX 1914 SUN VALLEY, ID 83353	82-0397940	501(C)(3)	8,900				GENERAL SUPPORT

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

(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 PO BOX 957 KETCHUM, ID 83340	82-0496196	501(C)(3)	9,000				GENERAL SUPPORT
SUNSET CULTURAL CENTER PO BOX 1950 CARMEL, CA 93921	52-2404864	501(C)(3)	45,739				GENERAL SUPPORT
TEMPLE BETH EL 1212 RIKER STREET SALINAS, CA 93901		501(C)(3)	10,000				GENERAL SUPPORT

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

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THE MARINA FOUNDATION PO BOX 324 MARINA, CA 93933	30-0570874	501(C)(3)	5,813				GENERAL SUPPORT
THE OFFSET PROJECT INC 126 BONIFACIO PLACE SUITE F MONTEREY, CA 93940	26-2818584	501(C)(3)	24,212				GENERAL SUPPORT
THE PARENTING CONNECTION OF MONTEREY COUNTY PO BOX 1052 MARINA, CA 93933	41-2132550	501(C)(3)	20,000				GENERAL SUPPORT

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

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TURNING POINT OF CENTRAL CALIFORNIA 116 EAST SAN LUIS SALINAS, CA 93901	94-2438196	501(C)(3)	23,000				GENERAL SUPPORT
UC DAVIS CASHIER'S OFFICE PO BOX 989062 WEST SACRAMENTO, CA 957989602	94-6036494	GOV	7,000				GENERAL SUPPORT
UC IRVINE -- OFFICE OF FINANCIAL AID & SCHOLARSHIPS 102 ALDRITCH HALL ZOT 2825 IRVINE, CA 926972825	95-2226406	GOV	10,000				GENERAL SUPPORT

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

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UC SANTA BARBARA OFFICE OF FINANCIAL AID AND SCHOLARSHIPS SANTA BARBARA, CA 93106	95-6006145	GOV	5,000				GENERAL SUPPORT
UCLA MAIN CASHIERS OFFICE UCLA PSC BOX 957089 LOS ANGELES, CA 900957089	95-6006143	GOV	11,000				GENERAL SUPPORT
UNION COUNTY HUMANE SOCIETY P O BOX 625 MAYNARDVILLE, TN 37807	62-1640384	501(C)(3)	10,000				GENERAL SUPPORT

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

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UNITED FARM WORKERS FOUNDATION PO BOX 62 KEENE, CA 93531	95-2703575	501(C)(3)	50,000				GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	8,500				GENERAL SUPPORT
UNITED WAY MONTEREY COUNTY 60 GARDEN COURT SUITE 350 MONTEREY, CA 93940	94-1322169	501(C)(3)	69,511				GENERAL SUPPORT

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

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UNIVERSITY CORPORATION AT MONTEREY BAY 100 CAMPUS CENTER AVE BLDG 97 SEASIDE, CA 93955	77-0387459	501(C)(3)	5,600				GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA BERKELEY -- FINANCIAL AID OFFICE 210 SPROUL HALL 1960 BERKELEY, CA 947201960	94-6002123	GOV	33,000				GENERAL SUPPORT
UNIVERSITY OF NEVADA UNIVERSITY OF NEVADA RENO RENO, NV 89557	94-2781749	GOV	15,000				GENERAL SUPPORT

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

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UNIVERSITY OF PENNSYLVANIA TRUSTEES GIFTS ACCOUNTING ADMIN PHILADELPHIA, PA 191046205	23-1352685	GOV	5,000				GENERAL SUPPORT
UNIVERSITY OF THE PACIFIC -- FINANCE CENTER 3601 PACIFIC AVENUE STOCKTON, CA 95211	94-1156266	501(C)(3)	5,000				GENERAL SUPPORT
UNIVERSITY OF THE PACIFIC MCGEORGE SCHOOL OF LAW 3200 FIFTH AVENUE SACRAMENTO, CA 95817	94-1156266	501(C)(3)	5,000				GENERAL SUPPORT

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

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VENTANA WILDERNESS ALLIANCE PO BOX 506 SANTA CRUZ, CA 95061	77-0532467	501(C)(3)	74,776				GENERAL SUPPORT
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DRIVE SUITE F-1 SALINAS, CA 93908	94-2795935	501(C)(3)	43,082				GENERAL SUPPORT
VETERANS TRANSITION CENTER OF MONTEREY COUNTY 220 12TH STREET MARINA, CA 93933	77-0431413	501(C)(3)	155,500				GENERAL SUPPORT

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

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VICTORY MISSION PO BOX 995 SALINAS, CA 93902	94-1554199	501(C)(3)	5,000				GENERAL SUPPORT
VILLAGE PROJECT INC PO BOX 127 SEASIDE, CA 93955	61-1562515	501(C)(3)	15,000				GENERAL SUPPORT
VISITING NURSE ASSOCIATION COMMUNITY SERVICES P O BOX 2480 MONTEREY, CA 93942	94-2903253	501(C)(3)	5,032				GENERAL SUPPORT

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

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WAHINE PROJECT PO BOX 51204 PACIFIC GROVE, CA 93950	45-1154140	501(C)(3)	5,000				GENERAL SUPPORT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	5,000				GENERAL SUPPORT
YOUTH ARTS COLLECTIVE (YAC) 472 CALLE PRINCIPAL MONTEREY, CA 93940	77-0526059	501(C)(3)	38,435				GENERAL SUPPORT

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

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YOUTH MUSIC MONTEREY 546 HARTNELL STREET SUITE B MONTEREY, CA 93940	94-2863607	501(C)(3)	49,965				GENERAL SUPPORT
YWCA MONTEREY COUNTY 236 MONTEREY STREET SALINAS, CA 93901	94-1732598	501(C)(3)	84,226				GENERAL SUPPORT
YWCA OF WATSONVILLE 340 EAST BEACH STREET WATSONVILLE, CA 95076	94-1212142	501(C)(3)	15,000				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION FOR
MONTEREY COUNTY

Employer identification number

94-1615897

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>b If any of the boxes in 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.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>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.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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
		Base (i) 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

Part III Supplemental Information

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

Return Reference**Explanation**

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ **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**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION FOR
MONTEREY COUNTY

Employer identification number
94-1615897

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 OF D
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?		No
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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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		

Part III 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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
COMMUNITY FOUNDATION FOR
MONTEREY COUNTY

Employer identification number

94-1615897

990 Schedule O, Supplemental Information

Return Reference	Explanation
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
FORM 990, PART VI, SECTION C, LINE 19	COMMUNITY FND FOR MONTEREY COUNTY
FORM 990, PART XI, LINE 9	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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.** ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR
MONTEREY COUNTY

Employer identification number

94-1615897

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
(1) CFMC-REAL ESTATE NO 1 LLC COMMUNITY 2354 GARDEN RD MONTEREY, CA 93940 20-8880596	HOLD REAL ESTATE	CA	7,414	393,133	COMMUNITY FOUNDATION FOR MONTEREY CO
(2) CFMC-REAL ESTATE NO 2 LLC COMMUNITY 2354 GARDEN RD MONTEREY, CA 93940 26-1591345	HOLD REAL ESTATE	CA	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

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?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

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

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows include CFMC REAL ESTATE NO 1 LLC CFMC.

Part VII Supplemental Information

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

Return Reference	Explanation
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