

**HUTCHINSON AND BLOODGOOD LLP
579 AUTO CENTER DRIVE
WATSONVILLE, CA 95076
(831) 724-2441**

May 18, 2018

COMMUNITY FOUNDATION FOR MONTEREY COUNTY
2354 GARDEN ROAD
MONTEREY, CA 93940

Dear Members of the Board:

Your 2017 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2017 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by November 15, 2018. Mail your California payment voucher, Form 3586, on or before November 15, 2018 to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$300 payable by November 15, 2018. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2018 to:

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

Please be sure to call us if you have any questions.

Sincerely,

KAREN E. SEMINGSON, CPA

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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.****2017****Open to Public
Inspection****A For the 2017 calendar year, or tax year beginning , 2017, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C COMMUNITY FOUNDATION FOR MONTEREY COUNTY
 2354 GARDEN ROAD
 MONTEREY, CA 93940

D Employer identification number

94-1615897

E Telephone number

(831) 375-9712

G Gross receipts \$ 59,189,740.**F** Name and address of principal officer: DANIEL BALDWIN

SAME AS C ABOVE

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)**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CFMCO.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1945**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO INSPIRE PHILANTHROPY AND BE A CATALYST FOR STRENGTHENING COMMUNITIES THROUGHOUT MONTEREY COUNTY.</u>		
	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	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	40
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	28,050,594.	46,500,784.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	215,729.	300,033.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,601,986.	6,160,728.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,356.	51,578.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,888,665.	53,013,123.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	15,150,730.	16,712,903.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,833,055.	1,943,716.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 385,411.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,154,198.	1,200,994.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,137,983.	19,857,613.
19	Revenue less expenses. Subtract line 18 from line 12	12,750,682.	33,155,510.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	207,964,008.	266,126,373.
	22	Net assets or fund balances. Subtract line 21 from line 20	40,835,680.	52,306,126.
			167,128,328.	213,820,247.

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	
	DANIEL BALDWIN		PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	KAREN E. SEMINGSON, CPA	KAREN E. SEMINGSON, CPA		P00319226
	Firm's name ▶ HUTCHINSON AND BLOODGOOD LLP			
	Firm's address ▶ 579 AUTO CENTER DRIVE WATSONVILLE, CA 95076	Firm's EIN ▶ 95-0858589	Phone no. (831) 724-2441	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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 \$ 17,926,152. including grants of \$ 16,590,009.) (Revenue \$)GRANT PROGRAMS - AS THE LARGEST GRANTMAKING FOUNDATION 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 ARTS AND CULTURE, CHILDREN AND YOUTH, COMMUNITY DEVELOPMENT, HEALTH AND
HUMAN SERVICES, ANIMAL WELFARE AND THE ENVIRONMENT. THESE GRANTS ARE MADE THROUGH A
VARIETY OF FUND TYPES, INCLUDING DONOR ADVISED, SCHOLARSHIP, DESIGNATED, FIELD OF
INTEREST, AND UNRESTRICTED.**4b** (Code:) (Expenses \$ 390,809. including grants of \$) (Revenue \$)ALL OTHER PROGRAMSSEE WWW.CFMCO.ORG FOR ALL OTHER PROGRAMS.SEE SCHEDULE O FOR LEAD PROGRAM SERVICE DESCRIPTION.**4c** (Code:) (Expenses \$ 144,138. including grants of \$ 72,894.) (Revenue \$)THE COMMUNITY FOUNDATION'S CENTER FOR NONPROFIT EXCELLENCE (CNE) WORKS WITH NONPROFIT
STAFF, BOARD AND VOLUNTEERS TO IMPROVE THE CAPACITY OF THE NONPROFIT SECTOR THROUGH
WORKSHOPS, CONSULTING AND PROGRAMS. IN-DEPTH ORGANIZATIONAL AND LEADERSHIP
DEVELOPMENT PROGRAMS FOCUS ON THE SPECIFIC NEEDS OF NONPROFITS, SUCH AS: BUSINESS
MODEL DESIGN, DONOR DEVELOPMENT AND PROGRAM EVALUATION. THE CNE ALSO CONDUCTS LEAD
(LEADERSHIP EDUCATION AND DEVELOPMENT), A PROFESSIONAL DEVELOPMENT INSTITUTE FOR
NONPROFIT MANAGERS IN MONTEREY, SANTA CRUZ, AND SAN BENITO COUNTIES TO INCREASE
LEADERSHIP CAPACITY. LEAD PARTICIPANTS RECEIVE HIGH-QUALITY LEADERSHIP AND MANAGEMENT
TRAINING IN MONTHLY SESSIONS, INDIVIDUALIZED PROFESSIONAL DEVELOPMENT PLANS,
PERSONALIZED COACHING WITH EXPERIENCED COMMUNITY LEADERS, AND THE DEVELOPMENT OF A
STRONG PEER NETWORK.**4d** Other program services (Describe in Schedule O.) SEE SCHEDULE O(Expenses \$ 51,012. including grants of \$ 50,000.) (Revenue \$)**4e** Total program service expenses 18,512,111.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 16		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 22		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 20		
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? 2		X
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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a 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? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
COMMUNITY FDN FOR MONTEREY CO 2354 GARDEN ROAD MONTEREY CA 93940 (831) 375-9712

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) STEVE MCGOWAN CHAIR	2 0	X		X				0.	0.	0.
(2) KENNETH B. PETERSON VICE CHAIR	2 0	X		X				0.	0.	0.
(3) KEN WRIGHT SECRETARY	2 0	X		X				0.	0.	0.
(4) TERI BELLI TREASURER	2 0	X		X				0.	0.	0.
(5) BETSY BUCHALTER ADLER BOARD MEMBER	2 0	X						0.	0.	0.
(6) IDA LOPEZ CHAN BOARD MEMBER	2 0	X						0.	0.	0.
(7) GREG CHILTON BOARD MEMBER	2 0	X						0.	0.	0.
(8) CATHERINE KOBRINSKY EVANS BOARD MEMBER	2 0	X						0.	0.	0.
(9) JEFF EIKENBERRY BOARD MEMBER	2 0	X						0.	0.	0.
(10) PATRICIA HIRAMOTO BOARD MEMBER	2 0	X						0.	0.	0.
(11) BIRT JOHNSON JR. BOARD MEMBER	2 0	X						0.	0.	0.
(12) NOLAN KENNEDY BOARD MEMBER	2 0	X						0.	0.	0.
(13) RICK KENNIFER BOARD MEMBER	2 0	X						0.	0.	0.
(14) TINA STARKEY LOPEZ BOARD MEMBER	2 0	X						0.	0.	0.

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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			
(15) FRED MEURER BOARD MEMBER	2 0	X					0.	0.	0.
(16) BILL MITCHELL BOARD MEMBER	2 0	X					0.	0.	0.
(17) ERICA PADILLA-CHAVEZ BOARD MEMBER	2 0	X					0.	0.	0.
(18) BETSEY PEARSON BOARD MEMBER	2 0	X					0.	0.	0.
(19) ANNA MARIE PONCE BOARD MEMBER	2 0	X					0.	0.	0.
(20) WILLIAM SHARPE BOARD MEMBER	2 0	X					0.	0.	0.
(21) DANIEL BALDWIN PRESIDENT & CEO	40 0			X			254,800.	0.	30,606.
(22) DIANE NONELLA FINANCE DIR.	40 0			X			104,666.	0.	23,089.
(23) LAUREL LEE-ALEXANDER VP OF GRANTS	40 0					X	118,824.	0.	20,379.
(24) CHRISTINE DAWSON VP OF PHILANTHROPY	40 0					X	113,519.	0.	16,446.
(25)									

1 b Sub-total 591,809. 0. 90,520.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 591,809. 0. 90,520.

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 4

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

	Yes	No
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VERUS 999 THIRD AVENUE, SUITE 4200 SEATTLE, WA 98104	INVESTMENT ADVISOR	129,000.

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 RevenueCheck 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	76,178.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	46,424,606.			
	g Noncash contributions included in lines 1a-1f: \$		25,493,372.			
	h Total. Add lines 1a-1f		46,500,784.			
Program Service Revenue	Business Code					
	2 a CRT AND ADMIN FEES	525920	275,773.			275,773.
	b WORKSHOP INCOME	611600	24,260.			24,260.
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		300,033.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		5,888,501.			5,888,501.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 11,100.	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)	11,100.				
	d Net rental income or (loss)		11,100.	11,100.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities 4,583,851.	(ii) Other 1,839,501.			
	b Less: cost or other basis and sales expenses	4,581,125.	1,570,000.			
	c Gain or (loss)	2,726.	269,501.			
	d Net gain or (loss)		272,227.	272,227.		
	8 a Gross income from fundraising events (not including: \$ 76,178. of contributions reported on line 1c). See Part IV, line 18	a	36,945.			
	b Less: direct expenses	b	25,492.			
	c Net income or (loss) from fundraising events		11,453.			
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a MISC ADMIN INCOME	900099	29,025.	29,025.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		29,025.				
12 Total revenue. See instructions		53,013,123.	312,352.	0.	6,188,534.	

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.	16,712,903.	16,712,903.		
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.	413,161.	76,022.	195,838.	141,301.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,112,807.	737,699.	305,412.	69,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	307,697.	164,467.	97,357.	45,873.
10 Payroll taxes.	110,051.	62,432.	36,955.	10,664.
11 Fees for services (non-employees):				
a Management.				
b Legal.	13,558.	9,926.	2,878.	754.
c Accounting.	41,436.	30,323.	8,780.	2,333.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	99,991.	73,173.	21,188.	5,630.
12 Advertising and promotion.	34,726.	20,226.	10,812.	3,688.
13 Office expenses.	37,976.	20,872.	12,754.	4,350.
14 Information technology.				
15 Royalties.				
16 Occupancy.	99,162.	54,502.	33,300.	11,360.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	72,803.	40,014.	24,449.	8,340.
23 Insurance.	16,345.	8,984.	5,489.	1,872.
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 OTHER FUND MGMT EXPENSE	397,863.	264,088.	99,748.	34,027.
b DONOR DEVELOPMENT	164,747.	109,023.	34,348.	21,376.
c REPAIRS AND MAINTENANCE	89,460.	49,168.	30,043.	10,249.
d BANK AND OTHER FEES	34,790.	19,121.	11,683.	3,986.
e All other expenses.	98,137.	59,168.	29,057.	9,912.
25 Total functional expenses. Add lines 1 through 24e.	19,857,613.	18,512,111.	960,091.	385,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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	15,733,486.	2	23,353,269.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,373,761.	4	25,111,584.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,732.	9	31,016.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,288,808.		
	b Less: accumulated depreciation	10b 567,284.		
		1,703,461.	10c	1,721,524.
	11 Investments — publicly traded securities	142,134,053.	11	165,702,857.
	12 Investments — other securities. See Part IV, line 11	17,411,176.	12	17,776,263.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	26,575,339.	15	32,429,860.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	207,964,008.	16	266,126,373.	
Liabilities	17 Accounts payable and accrued expenses	107,865.	17	114,551.
	18 Grants payable	1,969,780.	18	1,595,429.
	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	38,758,035.	25	50,596,146.
	26 Total liabilities. Add lines 17 through 25	40,835,680.	26	52,306,126.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		33,009,639.	27	43,164,783.
28 Temporarily restricted net assets		25,997,665.	28	58,605,031.
29 Permanently restricted net assets		108,121,024.	29	112,050,433.
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		167,128,328.	33	213,820,247.
34 Total liabilities and net assets/fund balances		207,964,008.	34	266,126,373.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,013,123.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,857,613.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,155,510.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167,128,328.
5	Net unrealized gains (losses) on investments	5	19,638,625.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	-6,102,216.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	213,820,247.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	12034809.	11973720.	19562781.	28050594.	46500784.	118122688.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	12034809.	11973720.	19562781.	28050594.	46500784.	118122688.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						13,109,216.
6 Public support. Subtract line 5 from line 4.						105013472.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	12034809.	11973720.	19562781.	28050594.	46500784.	118122688.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	2,668,789.	3,902,875.	4,599,605.	4,203,397.	5,888,501.	21,263,167.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						139385855.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	75.34 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	66.00 %
16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

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Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**. ☐ ►**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2017. 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐ ►**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐ ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
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 I of Schedule L (Form 990 or 990-EZ).		
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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
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 .	11c	

Section B. Type I Supporting Organizations

	Yes	No
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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described 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.	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.		Yes	No
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.	2a		
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.	2b		
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 .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

DRAFT

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	173	324
2 Aggregate value of contributions to (during year)	13,648,672.	34,506,458.
3 Aggregate value of grants from (during year)	9,966,416.	6,746,487.
4 Aggregate value at end of year	63,641,184.	150,179,063.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1 a 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? ☐ Yes ☐ No

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

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	120,443,446.	117,179,184.	120,031,660.	119,611,575.	106,358,801.
b Contributions.....	3,886,078.	667,511.	7,191,568.	4,581,462.	956,478.
c Net investment earnings, gains, and losses.....	17,943,040.	9,303,964.	-3,597,530.	4,078,511.	18,085,286.
d Grants or scholarships.....	4,429,585.	4,845,820.	5,255,709.	5,750,502.	4,078,320.
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....	2,059,066.	1,861,393.	1,190,805.	2,489,386.	1,710,670.
g End of year balance.....	135,783,913.	120,443,446.	117,179,184.	120,031,660.	119,611,575.

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 ▶ 83.00 %

c Temporarily restricted endowment ▶ 17.00 %

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

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

	Yes	No
(i) unrelated organizations.....	3a(i)	X
(ii) related organizations.....	3a(ii)	X

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ 3b

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		461,627.		461,627.
b Buildings.....		1,083,488.	166,691.	916,797.
c Leasehold improvements.....		481,396.	212,890.	268,506.
d Equipment.....		204,295.	136,062.	68,233.
e Other.....		58,002.	51,641.	6,361.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				1,721,524.

BAA

Schedule D (Form 990) 2017

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 <u>TAP COMMODITYBUILDERS & ASB C</u>	17,776,263.	END OF YEAR MARKET VALUE
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶	17,776,263.	

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

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) CHARITABLE GIFT ANNUITIES	3,716,462.
(2) CRT INVESTMENTS	28,713,398.
(3) PROPERTY HELD FOR SALE	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	32,429,860.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FUNDS HELD AS AGENCY ENDOWMENT	5,927,483.	
(3) LIABILITIES UNDER CGA	2,239,453.	
(4) LIABILITIES UNDER CRT	12,257,126.	
(5) LIABILITIES UNDER SPLIT INTEREST	7,777,824.	
(6) STEWARDSHIP FUNDS	22,394,260.	
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	50,596,146.	

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. **SEE, 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	65,208,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,638,625.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	1,615,790.
e	Add lines 2a through 2d	2e	21,254,415.
3	Subtract line 2e from line 1	3	43,954,017.
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.) SEE PART XIII	4b	9,059,106.
c	Add lines 4a and 4b	4c	9,059,106.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	53,013,123.

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	18,516,513.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	25,492.
e	Add lines 2a through 2d	2e	25,492.
3	Subtract line 2e from line 1	3	18,491,021.
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.) SEE PART XIII	4b	1,366,592.
c	Add lines 4a and 4b	4c	1,366,592.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,857,613.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN,
AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGE IN VALUE/SPLIT-INTEREST AGMTS	\$ 1,590,298.
FUNDRAISING EXPENSES	25,492.
TOTAL	\$ 1,615,790.

Part XIII Supplemental Information (continued)**SCHEDULE D, PART XI, LINE 4B****OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

CONTRIBUTIONS RECEIVED FOR OTHERS.....	\$	5,615,811.
INVESTMENT INCOME RECEIVED FOR OTHERS.....		3,443,295.
TOTAL	\$	<u>9,059,106.</u>

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXPENSES.....	\$	25,492.
TOTAL	\$	<u>25,492.</u>

SCHEDULE D, PART XII, LINE 4B**OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

GRANTS DISTRIBUTED FOR OTHER FUNDS.....	\$	1,366,592.
TOTAL	\$	<u>1,366,592.</u>

DRAFT

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total.....▶						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WOMENS LUNCHEO (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	113,123.			113,123.
	2 Less: Contributions	76,178.			76,178.
	3 Gross income (line 1 minus line 2)	36,945.			36,945.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,492.			25,492.
	10 Direct expense summary. Add lines 4 through 9 in column (d)	25,492.			
	11 Net income summary. Subtract line 10 from line 3, column (d)	11,453.			

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2017**Open to Public
Inspection**

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. SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS SUPPORT NETWORK PO BOX 12158 SAN LUIS OBISPO, CA 93401	77-0205717		50,000.	0.			GENERAL SUPPORT
(2) ACTION COUNCIL OF MONTEREY COUNTY - 295 MAIN ST, SUITE 3 SALINAS, CA 93901	77-0357101		212,000.	0.			GENERAL SUPPORT
(3) AG AGAINST HUNGER PO BOX 600 SALINAS, CA 93902	77-0311596		15,064.	0.			MC GIVES
(4) ALISAL CENTER FOR FINE ARTS PO BOX 5440 SALINAS, CA 93915	77-0194560		93,093.	0.			MC GIVES / GENERAL SUPPORT
(5) ALL SAINTS EPISCOPAL SCHOOL 8060 CARMEL VALLEY ROAD CARMEL, CA 93923	77-0296750		55,535.	0.			GENERAL SUPPORT
(6) ALLIANCE ON AGING 247 MAIN STREET SALINAS, CA 93901	94-1747036		61,845.	0.			MC GIVES / GENERAL SUPPORT
(7) ALZHEIMER'S DISEASE 21 LOWER RAGSDALE DR, SUITE B MONTEREY, CA 93940	13-3039601		38,637.	0.			MC GIVES / GENERAL SUPPORT
(8) AMERICAN CANCER SOCIETY, INC. 945 SOUTH MAIN ST, SUITE 201 SALINAS, CA 93901	13-1788491		34,815.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 287

3 Enter total number of other organizations listed in the line 1 table ▶ 6

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

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.

Continuation Sheet for Schedule I (Form 990)

2017

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

Continuation Page 1 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF CC PO BOX AR CARMEL, CA 93921	53-0196605		48,177.				MC GIVES / GENERAL SUPPORT
ANIMAL FRIENDS RESCUE PO BOX 51083 PACIFIC GROVE, CA 93950	77-0491141		32,206.				MC GIVES / GENERAL SUPPORT
ANIMAL WELFARE ASST GROUP PO BOX 347 MONTEREY, CA 93942	94-2499329		10,013.				MC GIVES / GENERAL SUPPORT
ARIEL THEATRICAL INC. PO BOX 1268 SALINAS, CA 93902	77-0237961		12,500.				GENERAL SUPPORT
ART IN ACTION 3925 BOHANNON DR, SUITE 300 MENLO PARK, CA 94025	94-3342383		12,000.				GENERAL SUPPORT
ARTS COUNCIL FOR MC PO BOX 7495 CARMEL, CA 93921	94-2805076		55,990.				MC GIVES / GENERAL SUPPORT
AVE MARIA CONVALESCENT HOSP. 1249 JOSSELYN CANYON RD MONTEREY, CA 93942	94-1294895		13,000.				GENERAL SUPPORT
BAY VIEW ACADEMY 222 CASA VERDE WAY MONTEREY, CA 93940	27-2907444		40,007.				MC GIVES / GENERAL SUPPORT
BIG SUR HEALTH CENTER 46896 HIGHWAY ONE BIG SUR, CA 93920	77-0077112		221,200.				MC GIVES / GENERAL SUPPORT
BIG SUR MARATHON FOUNDATION PO BOX 222620 CARMEL, CA 93922	77-0048388		11,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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

Continuation Page 2 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIG SUR LAND TRUST PO BOX 4071 MONTEREY, CA 93942	94-2473415		326,064.				MC GIVES / GENERAL SUPPORT
BIG SUR RIVER RUN INC. PO BOX 201 BIG SUR, CA 93920	77-0448358		31,000.				GENERAL SUPPORT
BLIND & VISUALLY IMPAIRED 225 LAUREL AVE PACIFIC GROVE, CA 93950	23-7221588		59,982.				MC GIVES / GENERAL SUPPORT
BOISE RESCUE MISSION PO BOX 1494 BOISE, ID 83701	82-6024295		10,000.				GENERAL SUPPORT
BOYS & GIRLS OF MONTEREY PO BOX 97 SEASIDE, CA 93955	94-1702753		372,081.				MC GIVES / GENERAL SUPPORT
BREAKTHROUGH MEN'S COMMUNITY 1069 BROADWAY AV, #102 SEASIDE, CA 93955	77-0115704		26,631.				MC GIVES
CALIFORNIA FARMLINK 303 POTRERO ST, SUITE 29-201 SANTA CRUZ, CA 95060	94-3332630		29,290.				MC GIVES / GENERAL SUPPORT
CAMERATA SINGERS PO BOX 428 SALINAS, CA 93902	94-2847217		15,964.				MC GIVES
CAMPAIGN FOR PRESERVATION PO BOX 450 KING CITY, CA 93930	27-4012100		9,500.				GENERAL SUPPORT
CANCER PATIENTS ALLIANCE 312 FOUNTAIN AVE PACIFIC GROVE, CA 93950	77-0569948		45,357.				MC GIVES

Continuation Sheet for Schedule I (Form 990)

2017

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

Continuation Page 3 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CARE U.S.A - SF REGION 465 CALIFORNIA ST, SUITE 475 SAN FRANCISCO, CA 94104	13-1685039		33,300.				GENERAL SUPPORT
CARL CHERRY CENTER FOR ARTS PO BOX 863 CARMEL, CA 93921	94-1207693		12,599.				MC GIVES / GENERAL SUPPORT
CARLETON COLLEGE ONE NORTH COLLEGE ST 5 CENREC NORTHFIELD, MN 55057	41-0694747		10,000.				GENERAL SUPPORT
CARMEL BACH FESTIVAL PO BOX 575 CARMEL, CA 93921	94-1434628		146,905.				MC GIVES / GENERAL SUPPORT
CARMEL FOUNDATION PO BOX 1050 CARMEL, CA 93921	94-1225368		82,037.				MC GIVES / GENERAL SUPPORT
CARMEL HIGH SOBER GRAD PO BOX 222780 CARMEL, CA 93922	94-1725948		7,000.				GENERAL SUPPORT
CARMEL IDEAS FOUNDATION PO BOX 2424 CARMEL, CA 93921	01-0903800		19,500.				GENERAL SUPPORT
CARMEL MUSIC SOCIETY PO BOX 22783 CARMEL, CA 93922	94-6102547		46,086.				MC GIVES / GENERAL SUPPORT
CARMEL YOUTH CENTER PO BOX 2399 CARMEL, CA 93921	94-1415306		20,276.				MC GIVES / GENERAL SUPPORT
CARMEL PUBLIC LIBRARY FOUNDAT PO BOX 2042 CARMEL, CA 93921	77-0257681		75,912.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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

Continuation Page 4 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CASA FOR MONTEREY COUNTY 945 SOUTH MAIN ST, SUITE 107 SALINAS, CA 93901	77-0398079		51,204.				MC GIVES / GENERAL SUPPORT
CATHOLIC CHARITIES -MONTEREY 922 HILBY AVE, SUITE C SEASIDE, CA 93955	77-0042961		46,434.				GENERAL SUPPORT
CENTER FOR COMMUNITY ADVOCACY 22 WEST GABILAN ST SALINAS, CA 93901	77-0192068		70,000.				GENERAL SUPPORT
CENTRAL COAST VNA & HOSPICE PO BOX 2480 MONTEREY, CA 93942	94-1205572		19,500.				GENERAL SUPPORT
CENTRAL COAST YMCA 500 LINCOLN AVE SALINAS, CA 93901	77-0202335		27,500.				GENERAL SUPPORT
CHAMBER MUSIC MONTEREY BAY PO BOX 221458 CARMEL, CA 93922	23-7001657		73,065.				MC GIVES / GENERAL SUPPORT
CHARTWELL SCHOOL 2511 NUMA WATSON ROAD SEASIDE, CA 93955	77-0119013		109,064.				MC GIVES / GENERAL SUPPORT
CHILD FAMILY HEALTH INTRNL 2369 OCEAN AVE, SUITE 200 SAN FRANCISCO, CA 94127	94-3145385		33,300.				GENERAL SUPPORT
CHISPA 295 MAIN STR, SUITE 100 SALINAS, CA 93901	94-2631608		80,500.				GENERAL SUPPORT
CHURCH IN THE FOREST PO BOX 1027 PEBBLE BEACH, CA 93953	77-0366043		13,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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

Continuation Page 5 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF GREENFIELD 599 EL CAMINO REAL GREENFIELD, CA 93927	94-6000343		10,500.				GENERAL SUPPORT
CITY OF MONTEREY 570 PACIFIC STREET MONTEREY, CA 93940	94-6000376		19,820.				GENERAL SUPPORT
CITY OF SALINAS 200 LINCOLN AVE SALINAS, CA 93901	94-6000412		61,000.				GENERAL SUPPORT
COAST PROPERTY OWNERS ASSC PO BOX 59 BIG SUR, CA 93920	77-0091132		793,524.				GENERAL SUPPORT
COMMUNITIES FOR SUSTAINABLE 283 GROVE ACRE PACIFIC GROVE, CA 93950	26-1183384		10,413.				MC GIVES
COMMUNITY FOUNDATION OF SC 7807 SOQUEL DRIVE APTOS, CA 95003	94-2808039		7,935.				GENERAL SUPPORT
COMMUNITY HOMELESS SOLUTIONS PO BOX 1340 MARINA, CA 93933	94-2525231		90,500.				GENERAL SUPPORT
COMMUNITY HUMAN SERVICES PO BOX 3076 MONTEREY, CA 93942	94-6367167		108,202.				MC GIVES / GENERAL SUPPORT
COMMUNITY PARTNERSHIP YOUTH PO BOX 42 MONTEREY, CA 93942	77-0310237		50,563.				MC GIVES / GENERAL SUPPORT
COMPASSION PREGNANCY CENTER 640 CASS ST MONTEREY, CA 93940	94-2888807		10,000.				GENERAL SUPPORT

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONFIDENCE PREGNANCY CENTER 780 EAST ROMIE LN, SUITE C SALINAS, CA 93901	77-0073119		10,000.				GENERAL SUPPORT
CSU FRESNO 5150 N MAPLE AVE, \$JA64 FRESNO, CA 93740	94-6001347		26,000.				SCHOLARSHIP
CSU MONTEREY BAY 100 CAMPUS CENTER SEASIDE, CA 93955	94-6001347		136,000.				SCHOLARSHIP
CSUMB FOUNDATION 100 CAMPUS CENTER -ALUMNI SEASIDE, CA 93955	80-0494808		82,000.				GENERAL SUPPORT
CYPRESS COMMUNITY CHURCH 681 MONTEREY-SALINAS HWY SALINAS, CA 93908	94-2213598		40,000.				GENERAL SUPPORT
DIOCESE OF MONTEREY PO BOX 2048 MONTEREY, CA 93942	94-1658203		45,757.				GENERAL SUPPORT
DIOCESE OF ST AUGUSTINE PRIES 11625 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258	59-3271754		24,846.				GENERAL SUPPORT
DOOR TO HOPE 130 WEST GABILAN ST SALINAS, CA 93901	94-2240770		7,237.				GENERAL SUPPORT
EL CAMINO REAL FUTBOL LEAGUE PO BOX 4384 SALINAS, CA 93912	71-0978744		55,000.				GENERAL SUPPORT
EL PAJARO COMM DEVEL CORP 23 EAST BEACH ST, #209 WATSONVILLE, CA 95076	94-2656048		27,500.				GENERAL SUPPORT

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

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EL SISTEMA USA/SALINAS 820 PARK ROW #672 SALINAS, CA 93901	27-2306206		156,293.				SCHOLARSHIP
ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039	94-2823247		116,982.				MC GIVES / GENERAL SUPPORT
ENSEMBLE MONTEREY PO BOX 4017 MONTEREY, CA 93942	77-0400760		27,256.				MC GIVES
EPISCOPAL SENIOR COMM FOUND. 2185 N. CALIFORNIA BLVD, ST 5 WALNUT CREEK, CA 94596	46-0502111		8,000.				GENERAL SUPPORT
EVERYONE'S HARVEST PO BOX 1423 MARINA, CA 93933	48-1290990		24,353.				MC GIVES / GENERAL SUPPORT
FAMILY SERVICE AGENCY OF CC PO BOX 1222 SANTA CRUZ, CA 95061	94-1716354		20,000.				GENERAL SUPPORT
FIRE SAFE COUNCIL FOR MC 2221 GARDEN ROAD MONTEREY, CA 93940	75-2980732		7,182.				MC GIVES
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET ST, #5 SALINAS, CA 93901	77-0270228		250,078.				MC GIVES / GENERAL SUPPORT
FOREST HILL MANOR 551 GIBSON AVE PACIFIC GROVE, CA 93950	94-1312411		27,157.				GENERAL SUPPORT
FRANCISCAN WORKERS OF JUNIPER PO BOX 2027 SALINAS, CA 93902	77-0081240		45,294.				GENERAL SUPPORT

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Employer identification number

94-1615897

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

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FRIENDS OF MONTEREY ACADEMY PO BOX 3212 MONTEREY, CA 93942	77-0473358		25,634.				MC GIVES
FRIENDS OF OLYMPIA STATION PO BOX 633 SANTA CRUZ, CA 95061	51-0187576		12,000.				GENERAL SUPPORT
FRIENDS OF MONTEREY LIBRARY 625 PACIFIC STREET MONTEREY, CA 93940	91-1976593		10,708.				MC GIVES
FRIENDS OF THE PG LIBRARY PO BOX EH PACIFIC GROVE, CA 93950	77-0055748		9,931.				MC GIVES / GENERAL SUPPORT
GATEWAY CENTER OF MONTEREY 850 CONGRESS AVE PACIFIC GROVE, CA 93950	94-2660677		34,084.				GENERAL SUPPORT
GATHERING FOR WOMEN -MONTEREY PO BOX 601 MONTEREY, CA 93942	47-4275163		450,632.				MC GIVES / GENERAL SUPPORT
GIL BASKETBALL ACADEMY 1522 CONSTITUTION BLVD, #213 SALINAS, CA 93905	27-1492121		53,303.				MC GIVES / GENERAL SUPPORT
GIRL SCOUTS OF CENTRAL COAST 10550 MERRITT STREET CASTROVILLE, CA 95012	94-1567162		30,829.				GENERAL SUPPORT
GIRLS INC. OF CENTRAL COAST 318 CAYUGA ST, SUITE 101A SALINAS, CA 93901	20-5040398		101,188.				MC GIVES / GENERAL SUPPORT
HANDS TO HELP SENIORS PO BOX 655 MONTEREY, CA 93942	45-2403819		10,038.				MC GIVES

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COMMUNITY FOUNDATION FOR MONTEREY COUNTY

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94-1615897

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

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HARMONY AT HOME 3785 VIA NONA MARIE, SUITE 300 CARMEL, CA 93923	76-0769331		28,500.				GENERAL SUPPORT
HARTNELL COLLEGE FINANCIAL 411 CENTRAL AVE SALINAS, CA 93901	77-0086025		62,500.				SCHOLARSHIP
HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVE SALINAS, CA 93901	94-2781664		109,539.				MC GIVES / GENERAL SUPPORT
HIJOS DEL SOL ARTS PRODUCTION 1522 CONSTITUTION BLVD. #187 SALINAS, CA 93905	46-4445158		57,000.				GENERAL SUPPORT
HILLBROOK SCHOOL 300 MARCHMONT DRIVE LOS GATOS, CA 95032	94-0382325		6,500.				GENERAL SUPPORT
HOSPICE GIVING FOUNDATION 80 GARDEN COURT, SUITE 201 MONTEREY, CA 93940	94-2404634		89,852.				MC GIVES / GENERAL SUPPORT
HOUSING RESOURCE CENTER 201 A JOHN STREET SALINAS, CA 93902	20-0125143		26,888.				MC GIVES / GENERAL SUPPORT
HUMANE SOCIETY OF THE US 700 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879	53-0225390		33,300.				GENERAL SUPPORT
INDEPENDENT TRANSPORT NETWORK PO BOX 2121 SEASIDE, CA 93955	45-3745255		34,622.				MC GIVES / GENERAL SUPPORT
INTERIM, INC. PO BOX 3222 MONTEREY, CA 93942	51-0159122		65,731.				MC GIVES / GENERAL SUPPORT

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Employer identification number

94-1615897

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

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JACOB'S HEART CHILDRENS 680 WEST BEACH STREET WATSONVILLE, CA 95076	68-0413822		6,000.				GENERAL SUPPORT
JAPANESE AMERICAN CITIZENS 424 ADAMS STREET DEL REY OAKS, CA 93940	94-6102627		35,000.				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF N. CA 3003 OAK RD, SUITE 109 WALNUT CREEK, CA 94597	94-1322179		12,000.				GENERAL SUPPORT
JUNIOR LEAGUE OF MONTEREY CO. 391 DECATUR STREET MONTEREY, CA 93940	94-6080038		13,744.				MC GIVES / GENERAL SUPPORT
KIDPOWER PO BOX 1212 SANTA CRUZ, CA 95061	77-0226712		10,000.				GENERAL SUPPORT
KINSHIP CENTER 124 RIVER ROAD SALINAS, CA 93908	94-2971761		27,127.				GENERAL SUPPORT
LANDWATCH MONTEREY COUNTY PO BOX 1876 SALINAS, CA 93902	91-1862145		58,393.				MC GIVES / GENERAL SUPPORT
LEGAL SERVICES FOR SENIORS 915 HILBY AVE, SUITE 2 SEASIDE, CA 93955	77-0073127		82,476.				MC GIVES / GENERAL SUPPORT
LIFE IS FOR EVERYONE, INC. PO BOX 5600 SALINAS, CA 93915	77-0501692		70,028.				MC GIVES / GENERAL SUPPORT
LIFEWATER INTERNATIONAL PO BOX 3131 SAN LUIS OBISPO, CA 93403	95-3987142		33,300.				GENERAL SUPPORT

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

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LOAVES, FISHES & COMPUTERS 938 SOUTH MAIN STREET SALINAS, CA 93901	27-0187805		43,331.				MC GIVES / GENERAL SUPPORT
LOPEZ ISLAND FAMILY RESOURCE PO BOX 732 LOPEZ ISLAND, WA 98261	91-1919212		7,500.				GENERAL SUPPORT
MADONNA DEL SASSO CHURCH 320 E. LAUREL DRIVE SALINAS, CA 93906	94-1658203		16,085.				GENERAL SUPPORT
MADONNA DEL SASSO SCHOOL 20 SANTA TERESA WAY SALINAS, CA 93906	94-1658203		25,736.				GENERAL SUPPORT
MARINE LIFE STUDIES PO BOX 163 MOSS LANDING, CA 95039	27-0318674		49,281.				MC GIVES
MEALS ON WHEELS OF MONTEREY 700 JEWELL AVE PACIFIC GROVE, CA 93950	94-2157521		42,184.				GENERAL SUPPORT
MEALS ON WHEELS OF SALINAS 40 CLARK ST, SUITE C SALINAS, CA 93901	77-0064507		76,546.				MC GIVES / GENERAL SUPPORT
MEARTH PO BOX 223702 CARMEL, CA 93922	26-2973625		49,204.				MC GIVES / GENERAL SUPPORT
MIDDLEBURY INST OF INTL STUDI 460 PIERCE ST MONTEREY, CA 93940	03-0179298		108,226.				GENERAL SUPPORT
MONTAGE HEALTH PO BOX HH MONTEREY, CA 93942	94-2789696		199,383.				GENERAL SUPPORT

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MONTEREY BAY AQUARIUM FDN 886 CANNERY ROW MONTEREY, CA 93940	94-2487469		188,750.				GENERAL SUPPORT
MONTEREY CO. AG & RURAL LIFE PO BOX 644 KING CITY, CA 93930	94-2495649		26,500.				GENERAL SUPPORT
MONTEREY CO. HEALTH DEPT. 1270 NATIVIDAD ROAD SALINAS, CA 93906	94-6000524		98,005.				GENERAL SUPPORT
MONTEREY COUNTY POPS! PO BOX 3352 MONTEREY, CA 93942	77-0076147		20,881.				MC GIVES / GENERAL SUPPORT
MONTEREY CO. RAPE CRISIS CENT PO BOX 2630 MONTEREY, CA 93942	94-2389889		55,740.				MC GIVES / GENERAL SUPPORT
MONTEREY CO. YOUTH MUSEUM 425 WASHINGTON STREET MONTEREY, CA 93940	77-0394488		8,675.				GENERAL SUPPORT
MONTEREY HIGH SCHOOL 101 HERMAN DRIVE MONTEREY, CA 93940	77-0320712		9,174.				GENERAL SUPPORT
MONTEREY JAZZ FESTIVAL 9699 BLUE LARKSPUR LN, #204 MONTEREY, CA 93942	94-6036515		32,155.				MC GIVES / GENERAL SUPPORT
MONTEREY MUSEUM OF ART 559 PACIFIC STREET MONTEREY, CA 93940	94-1534563		524,862.				MC GIVES / GENERAL SUPPORT
MONTEREY PEACE AND JUSTICE 1364 FREMONT BLVD SEASIDE, CA 93955	56-2554581		52,366.				MC GIVES / GENERAL SUPPORT

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

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MONTEREY PENINSULA COLLEGE 980 FREMONT ST MONTEREY, CA 93940	94-2314506		27,500.				SCHOLARSHIP
MPC FOUNDATION 980 FREMONT STREET MONTEREY, CA 93940	77-0391075		148,114.				MC GIVES / GENERAL SUPPORT
MP SUNRISE ROTARY FDTN PO BOX 2051 MONTEREY, CA 93940	27-4901059		11,500.				GENERAL SUPPORT
MONTEREY SYMPHONY 2560 GARDEN RD, SUITE 101 MONTEREY, CA 93940	94-1584123		205,864.				MC GIVES / GENERAL SUPPORT
NTNL ALLIANCE ON MENTAL ILLNE PO BOX 1367 SALINAS, CA 93902	77-0077138		9,293.				GENERAL SUPPORT
NTNL DISASTER SEARCH DOG FND 6800 WHEELER CANYON RD SANTA PAULA, CA 93060	77-0412509		30,000.				GENERAL SUPPORT
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989		40,870.				GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL 455 PALMA DRIVE SALINAS, CA 93901	94-1658139		46,178.				GENERAL SUPPORT
OGLALA LAKOTA COLLEGE PO BOX 490 KYLE, SD 57752	23-7135915		11,523.				SCHOLARSHIP
OLD CAPITAL CLUB 516 POLK STREET MONTEREY, CA 93940	94-1310194		19,598.				GENERAL SUPPORT

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

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OLD MONTEREY FOUNDATION 98 DEL MONTE AVE, SUITE 210 MONTEREY, CA 93940	45-1343649		10,000.				GENERAL SUPPORT
ORCHESTRA IN THE SCHOOLS PO BOX 1669 MONTEREY, CA 93942	46-4271913		25,363.				MC GIVES / GENERAL SUPPORT
OREGON SHAKESPEARE FESTIVAL 15 SOUTH PIONEER ST ASHLAND, OR 97520	93-0407022		100,000.				GENERAL SUPPORT
OUR LADY OF REFUGE CHURCH 11140 PRESTON STREET CASTROVILLE, CA 95012	94-1658203		15,000.				GENERAL SUPPORT
OUTREACH UNLIMITED PO BOX 1447 MARINA, CA 93933	38-3934212		37,000.				GENERAL SUPPORT
PG MUSEUM OF NATURAL HISTORY 165 FOREST AVE PACIFIC GROVE, CA 93950	32-0268455		86,694.				MC GIVES / GENERAL SUPPORT
PACIFIC REPERTORY THEATRE PO BOX 222035 CARMEL, CA 93922	77-0026957		94,424.				MC GIVES / GENERAL SUPPORT
PAJARO VALLEY COMM HLTH TRUST 85 NIELSON STREET WATSONVILLE, CA 95076	94-1149702		28,475.				MC GIVES
PALMA SCHOOL 919 IVERSON STREET SALINAS, CA 93901	94-1322168		103,766.				GENERAL SUPPORT
PAPILLON CENTER PO BOX 4075 MONTEREY, CA 93942	46-2775961		24,756.				MC GIVES / GENERAL SUPPORT

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Name of the organization

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94-1615897

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PEACE OF MIND DOG RESCUE PO BOX 51554 PACIFIC GROVE, CA 93950	27-1154816		482,143.				MC GIVES / GENERAL SUPPORT
PINNACLES PARTNERSHIP PO BOX 2080 HOLLISTER, CA 95024	76-0849623		17,356.				MC GIVES / GENERAL SUPPORT
PLANNED PARENTHOOD MAR MONTE 1605 THE ALAMEDA SAN JOSE, CA 95126	94-1583439		178,847.				MC GIVES / GENERAL SUPPORT
POINT LOBOS FOUNDATION PO BOX 221789 CARMEL, CA 93922	94-2546064		56,846.				MC GIVES / GENERAL SUPPORT
POSITIVE DISCIPLINE COMM RESO PO BOX 5365 SANTA CRUZ, CA 95063	27-1364795		14,500.				GENERAL SUPPORT
PRAYER BOOK SOCIETY - MC 1490 MARK THOMAS DRIVE MONTEREY, CA 93940	94-6171286		6,116.				GENERAL SUPPORT
RAISING A READER 330 TWIN DOLPHIN DR SUITE 147 REDWOOD CITY, CA 94065	94-3390149		18,250.				GENERAL SUPPORT
RANCHO CIELO PO BOX 6948 SALINAS, CA 93912	77-0555859		719,644.				MC GIVES / GENERAL SUPPORT
READ TO ME PROJECT 32 LIVE OAK LANE CARMEL VALLEY, CA 93924	47-1224251		60,462.				MC GIVES / GENERAL SUPPORT
RENO PHILHARMONIC ASSC. INC. 925 RIVERSIDE DRIVE, #3 RENO, NV 89503	94-2762076		42,500.				GENERAL SUPPORT

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RESTORATIVE JUSTICE PARTNERS 229 REINDOLLAR AVE, SUITE B MARINA, CA 93933	77-0168443		72,214.				MC GIVES / GENERAL SUPPORT
SACRED HEART CATHOLIC CHURCH 22 STONE STREET SALINAS, CA 93901	94-1658203		48,255.				GENERAL SUPPORT
SACRED HEART SCHOOL 123 WEST MARKET STREET SALINAS, CA 93901	94-1658139		38,604.				GENERAL SUPPORT
SALINAS VALLEY COMM. CHURCH 368 SAN JUAN GRADE ROAD SALINAS, CA 93906	77-0067756		12,000.				GENERAL SUPPORT
SVMH FOUNDATION 450 EAST ROMIE LANE SALINAS, CA 93901	94-2641137		164,393.				MC GIVES / GENERAL SUPPORT
SALUD PARA LA GENTE, INC. 195 AVIATION WAY, SUITE 200 WATSONVILLE, CA 95076	94-2705747		25,500.				GENERAL SUPPORT
SALVATION ARMY - MONTEREY PEN 1491 CONTRA COSTA STREET SEASIDE, CA 93955	94-1156347		44,854.				GENERAL SUPPORT
SJU - FINANCIAL AID ONE WASHINGTON SQUARE SAN JOSE, CA 95192	77-0414438		15,250.				SCHOLARSHIP
SAVE OUR SHORES 345 LAKE AVE, SUITE A SANTA CRUZ, CA 95062	94-2745941		5,869.				MC GIVES / GENERAL SUPPORT
SCOTTISH FIDDLERS OF CA 1578 EXCELSIOR AVE OAKLAND, CA 94602	95-4063752		15,000.				GENERAL SUPPORT

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SENIORS COUNCIL 234 SANTA CRUZ AVENUE APTOS, CA 95003	94-2662950		20,000.				GENERAL SUPPORT
SOL TREASURES 519 BROADWAY STREET KING CITY, CA 93930	26-1764855		70,359.				MC GIVES / GENERAL SUPPORT
SONOMA STATE UNIV - SCHOLRSHIP 1801 EAST COTATI AVE ROHNERT PARK, CA 94928	68-0338225		9,500.				SCHOLARSHIP
SPCA OF MONTEREY COUNTY PO BOX 3058 MONTEREY, CA 93942	94-1167409		357,770.				MC GIVES / GENERAL SUPPORT
SPECTORDANCE 3343 PAUL DAVIS DRIVE MARINA, CA 93933	93-1203319		32,118.				MC GIVES / GENERAL SUPPORT
ST. JOHN'S CHAPEL FOUNDATION 1490 MARK THOMAS DRIVE MONTEREY, CA 93940	77-0111036		6,116.				GENERAL SUPPORT
STANFORD UNIV OFFICE OF DEVEL PO BOX 20466 STANFORD, CA 94309	94-1156365		25,500.				GENERAL SUPPORT
STANFORD UNIV MEDICAL CENTER PO BOX 20466 STANFORD, CA 94309	94-6174066		6,500.				GENERAL SUPPORT
STEVENSON SCHOOL 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	94-1218745		26,000.				GENERAL SUPPORT
SUN STREET CENTERS 11 PEACH DRIVE SALINAS, CA 93901	94-6138701		31,935.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUN VALLEY SUMMER SYMPHONY PO BOX 1914 SUN VALLEY, ID 83353	82-0397940		8,900.				GENERAL SUPPORT
SUN VALLEY WRITERS CONFERENCE PO BOX 957 KETCHUM, ID 83340	82-0496196		9,000.				GENERAL SUPPORT
SUNSET CULTURAL CENTER PO BOX 1950 CARMEL, CA 93921	52-2404864		48,228.				MC GIVES / GENERAL SUPPORT
THE EPICENTER 20 MAPLE STREET SALINAS, CA 93901	47-5474622		63,661.				MC GIVES / GENERAL SUPPORT
THE INTNL SCHOOL OF MONTEREY 1720 YOSEMITE STREET SEASIDE, CA 93955	77-0485756		58,208.				MC GIVES / GENERAL SUPPORT
UC DAVIS CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494		78,667.				SCHOLARSHIP
UC IRVINE - FINANCIAL AID 102 ALDRITCH HALL, ZOT 2825 IRVINE, CA 92697	95-2226406		16,000.				SCHOLARSHIP
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110		16,000.				GENERAL SUPPORT
UNITED WAY MONTEREY CO. 60 GARDEN COURT, SUITE 350 MONTEREY, CA 93940	94-1322169		92,213.				MC GIVES / GENERAL SUPPORT
UC SANTA BARBARA FINANCIAL AID 2103 SAASB SANTA BARBARA, CA 93106	95-6006145		30,000.				SCHOLARSHIP

Continuation Sheet for Schedule I (Form 990)

2017

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Continuation Page 19 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UCSC - FINANCIAL AID 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563		12,000.				SCHOLARSHIP
UC BERKELEY- FINANCIAL AID 210 SPROUL HALL, #1960 BERKELEY, CA 94720	94-6002123		37,750.				SCHOLARSHIP
VENTANA WILDERNESS ALLIANCE PO BOX 506 SANTA CRUZ, CA 95061	77-0532467		73,463.				MC GIVES / GENERAL SUPPORT
VENTANA WILDLIFE SOCIETY 19045 PORTOLA DR, SUITE F-1 SALINAS, CA 93908	94-2795935		148,280.				MC GIVES / GENERAL SUPPORT
VETERANS TRANSITION CENTER 220 12TH STREET MARINA, CA 93933	77-0431413		119,000.				GENERAL SUPPORT
VILLAGE PROJECT, INC. PO BOX 127 SEASIDE, CA 93955	61-1562515		53,549.				MC GIVES / GENERAL SUPPORT
WATSONVILLE WETLANDS WATCH PO BOX 1239 FREEDOM, CA 95019	77-0519882		21,423.				MC GIVES / GENERAL SUPPORT
YORK SCHOOL 9501 YORK ROAD MONTEREY, CA 93940	94-1461062		21,005.				GENERAL SUPPORT
YOUTH ARTS COLLECTIVE 472 CALLE PRINCIPAL MONTEREY, CA 93940	77-0526059		32,333.				MC GIVES / GENERAL SUPPORT
YOUTH MUSIC MONTEREY 546 HARTNELL ST, SUITE B MONTEREY, CA 93940	94-2863607		101,469.				MC GIVES / GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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Continuation Page 20 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YWCA MONTEREY COUNTY 236 MONTEREY STREET SALINAS, CA 93901	94-1732598		67,274.				MC GIVES / GENERAL SUPPORT
ALBA PO BOX 6264 SALINAS, CA 93912	77-0566055		25,000.				GENERAL SUPPORT
ALLIANCE FOR COMMUNITY TRANSF PO BOX 2075 MARIPOSA, CA 95388	77-0272319		6,000.				GENERAL SUPPORT
ALS ASSOC. - GOLDEN WEST CHPT PO BOX 565 AGOURA HILLS, CA 91376	13-3271855		7,304.				GENERAL SUPPORT
AMERICAN ASSOC. OF UNIV WOMEN 1310 L ST, NW SUITE 1000 WASHINGTON, DC 20005	52-6037388		10,000.				GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605		136,200.				DISASTER RELIEF
AMY SEIWERT IMAGERY 613 PERALTA AVE SAN FRANCISCO, CA 94110	45-4254070		15,000.				GENERAL SUPPORT
BIG SUR FIDDLE CAMP 47320 HWY 1 BIG SUR, CA 93920			10,150.				SCHOLARSHIP
BIG SUR VOLUNTEER FIRE BRIGAD PO BOX 520 BIG SUR, CA 93920	94-2840361		66,475.				MC GIVES / GENERAL SUPPORT
BONES PET RESCUE PO BOX 1009 COVELO, CA 95428	74-3055225		22,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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Continuation Page 21 of 29

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF ST HELEN 1420 TAINTER ST ST. HELENA, CA 94574	68-0226714		10,000.				GENERAL SUPPORT
BREAST CANCER ASST GROUP MP PO BOX 221582 CARMEL, CA 93922	91-1972448		30,188.				MC GIVES / GENERAL SUPPORT
BREATHE CA CENTRAL COAST PO BOX 10607 SALINAS, CA 93912	94-1160953		8,000.				GENERAL SUPPORT
CANINE COMPANIONS FOR INDEPEN PO BOX 446 SANTA ROSA, CA 95402	94-2494324		14,393.				MC GIVES / GENERAL SUPPORT
CARMEL FILM FESTIVAL PO BOX 5877 CARMEL, CA 93921	32-0475252		12,000.				GENERAL SUPPORT
CARMEL PRESBYTERIAN CHURCH PO BOX 846 CARMEL, CA 93921	45-3539663		7,000.				GENERAL SUPPORT
CARMEL UNIFIED SCHOOL DISTRIC PO BOX 222700 CARMEL, CA 93922	77-0322693		7,500.				GENERAL SUPPORT
CARMEL VALLEY ROTARY ENDOW PO BOX 221845 CARMEL, CA 93922	77-0362707		46,721.				GENERAL SUPPORT
CARMEL WOMAN'S CLUB PO BOX 2674 CARMEL, CA 93921	94-1295376		8,863.				GENERAL SUPPORT
CENTER FOR PHOTOGRAPHIC ART PO BOX 1100 CARMEL, CA 93921	77-0220629		84,398.				MC GIVES / GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CCC FOR INDEPENDENT LIVING 318 CAYUGA ST, SUITE 208 SALINAS, CA 93901	77-0055747		15,000.				GENERAL SUPPORT
CENTRAL COAST LIGHTHOUSE PO BOX 223014 CARMEL, CA 93922	77-0342442		30,355.				GENERAL SUPPORT
CC VETERANS CEMETERY FOUND PO BOX 849 MARINA, CA 93933	75-3037642		643,840.				SCHOLARSHIP
CITY OF KING CITY 212 SOUTH VANDERHURST AVE KING CITY, CA 93930	94-6000352		10,500.				GENERAL SUPPORT
COASTAL KIDS HOMECARE 1172 S MAIN ST, #125 SALINAS, CA 93901	20-2549984		15,000.				GENERAL SUPPORT
COMM FOUNDATION SONOMA COUNTY 120 STONY POINT RD, SUITE 220 SANTA ROSA, CA 95401	68-0003212		6,000.				GENERAL SUPPORT
CSU NORTHRIDGE SCHOLARSHIPS 18111 NORDHOFF ST, BAYRAMIAN NORTHRIDGE, CA 91330	94-6001347		14,000.				SCHOLARSHIP
DANCE KIDS OF MONTEREY COUNTY PO BOX 6225 CARMEL, CA 93921	77-0334683		5,142.				MC GIVES / GENERAL SUPPORT
ENVIRO JUSTICE COALI. (EJCW) PO BOX 188911 SACRAMENTO, CA 95818	20-2539559		6,298.				GENERAL SUPPORT
FLORIDA AG & MECHANICAL UNIV. 1700 LEE HALL DR, 101 FOOTE H TALLAHASSEE, FL 32307	62-3751831		20,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

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94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOREST THEATER GUILD PO BOX 2325 CARMEL, CA 93921	23-7227328		8,564.				MC GIVES
FOUNDATION FOR MC FREE LIBRAR 450 LINCOLN AVE, SUITE 203 SALINAS, CA 93901	77-0256346		35,912.				GENERAL SUPPORT
FUTURE CITIZENS FOUNDATION 945 S MAIN STREET, SUITE 210 SALINAS, CA 93901	26-0015069		78,734.				MC GIVES / GENERAL SUPPORT
G.I. JOSIE 4 BAYVIEW RD CASTROVILLE, CA 95012	47-2390165		6,025.				MC GIVES / GENERAL SUPPORT
GERMAN SHEPHERD RESCUE NOR CA PO BOX 1930 CUPERTINO, CA 95015	52-2331060		7,500.				GENERAL SUPPORT
GREATER HOUSTON COMM FOUND 5120 WOODWAY DR, SUITE 6000 HOUSTON, TX 77056	23-7160400		10,000.				GENERAL SUPPORT
HARVARD COLLEGE, ADMIN & FA 86 BRATTLE ST CAMBRIDGE, MA 02138	04-2103580		6,000.				SCHOLARSHIP
HIDDEN HILLS RANCH 19014 PESANTE RD SALINAS, CA 93907	77-0461327		11,405.				MC GIVES
HIDDEN VALLEY MUSIC SEMINARS PO BOX 116 CARMEL VALLEY, CA 93924	95-2259987		5,500.				GENERAL SUPPORT
INTERNATIONAL RHINO FOUND. 201 MAIN ST, SUITE 2600 FORT WORTH, TX 76102	75-2395006		15,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KING CITY BOXING CLUB PO BOX 270 KING CITY, CA 93930	38-4019448		7,000.				GENERAL SUPPORT
KQED, INC. 2601 MARIPOSA ST SAN FRANCISCO, CA 94110	94-1241309		16,536.				MC GIVES / GENERAL SUPPORT
LITWORLD 222 BROADWAY 19TH FLOOR NEW YORK, NY 10038	13-4367685		7,000.				GENERAL SUPPORT
LOS PADRES FOREST ASSOC. 6750 NAVIGATOR WAY, SUITE 150 GOLETA, CA 93117	77-0011516		11,548.				GENERAL SUPPORT
MCOE MC SCHOLARSHIP AWARDS PO BOX 80851 SALINAS, CA 93912	94-6002544		10,000.				SCHOLARSHIP
MEE MEMORIAL HOSP FOUNDATION 300 CANAL ST KING CITY, CA 93930	77-0357968		19,500.				GENERAL SUPPORT
MONTEREY CO. HISTORICAL SOCIE PO BOX 3576 SALINAS, CA 93912	94-1611664		10,557.				GENERAL SUPPORT
MONTEREY CO THEATRE ALLIANCE PO BOX 2531 MONTEREY, CA 93942	94-6163002		7,500.				GENERAL SUPPORT
MHS INSTRUMENTAL MUSIC BOOST PO BOX 2195 MONTEREY, CA 93942	77-0320712		5,204.				MC GIVES
MONTEREY PENINSULA USD 700 PACIFIC ST MONTEREY, CA 93940	77-0320712		19,196.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NAPA VALLEY COMM FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	68-0349777		6,000.				GENERAL SUPPORT
OLINGA LEARNING PO BOX 1705 GONZALES, CA 93926	27-3057607		8,000.				GENERAL SUPPORT
ORPHAN PRODUCTION 484B WASHINGTON ST, #113 MONTEREY, CA 93940	86-1143674		50,000.				GENERAL SUPPORT
PACIFIC GROVE ART CENTER PO BOX 633 PACIFIC GROVE, CA 93950	23-7018132		104,000.				GENERAL SUPPORT
PVPSA 335 EAST LAKE AVE WATSONVILLE, CA 95076	77-0269322		10,000.				GENERAL SUPPORT
PARADOX SPORTS PO BOX 273 ELDORADO SPRING, CO 80025	26-0153796		8,000.				GENERAL SUPPORT
PARTNERS FOR PEACE PO BOX 2473 SALINAS, CA 93902	77-0408564		77,053.				MC GIVES / GENERAL SUPPORT
PARTNERSHIP FOR CHILDREN 342 PAJARO ST, SUITE B SALINAS, CA 93901	02-0646450		5,574.				MC GIVES / GENERAL SUPPORT
PEACOCK ACRES 830 PARK ROW SALINAS, CA 93901	77-0013158		8,389.				MC GIVES / GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION 123 WILLIAM ST, 10TH FLOOR NEW YORK, NY 10038	13-1644147		6,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PRISON UNIVERSITY PROJECT PO BOX 492 SAN QUENTIN, CA 94964	20-5606926		100,000.				GENERAL SUPPORT
PRO-YOUTH 505 NORTH COURT STREET VISALIA, CA 93291	77-0337714		15,000.				GENERAL SUPPORT
RADCLIFF ELEMENTARY SCHOOL 550 RODRIQUEZ ST WATSONVILLE, CA 95076	77-0375541		8,000.				GENERAL SUPPORT
RADIO BILINGUE, INC. 5005 EAST BELMONT AVE FRESNO, CA 93727	94-2472322		22,500.				GENERAL SUPPORT
RISING WORLD, INC. 300 POTRERO ST SANTA CRUZ, CA 95060	26-0470721		25,000.				GENERAL SUPPORT
ROTACARE BAY AREA, INC. 219 2ND ST PACIFIC GROVE, CA 93950	77-0328723		15,000.				GENERAL SUPPORT
S.T.A.R. FOUNDATION OF MC PO BOX 2538 SALINAS, CA 93902	26-3386730		221,000.				GENERAL SUPPORT
SALINAS VALLEY FAIR HERITAGE PO BOX 942 KING CITY, CA 93930	77-0587714		30,000.				GENERAL SUPPORT
SFSU BURSAR'S OFFICE ADM 155 1600 HOLLOWAY SAN FRANCISCO, CA 94132	93-1137247		28,500.				SCHOLARSHIP
SIGMA CHI FOUNDATION 1714 HINMAN AV EVANSTON, IL 60201	36-2208386		15,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SILICON VALLEY MBC, BOY SCOUT 970 WEST JULIAN ST SAN JOSE, CA 95126	94-1156254		7,038.				GENERAL SUPPORT
SMITH COLLEGE 10 ELM ST NORTHAMPTON, MA 01063	04-1843040		10,000.				GENERAL SUPPORT
SOLEDAD-MISSION REC DISTRICT PO BOX 1650 SOLEDAD, CA 93960	94-1575296		30,000.				GENERAL SUPPORT
SOUTH COAST COMMUNITY LAND TR HC 67 BOX 1772 BIG SUR, CA 93920	77-0235128		8,300.				GENERAL SUPPORT
SPECIAL KIDS CRUSADE 1900 GARDEN RD, SUITE 230 MONTEREY, CA 93940	20-8580107		8,000.				GENERAL SUPPORT
ST DUNSTAN'S EPISCOPAL CHURCH 28005 ROBINSON CANYON RD CARMEL, CA 93923	23-7133913		35,000.				GENERAL SUPPORT
SUN VALLEY PERFORMING ARTS PO BOX 4921 KETCHUM, ID 83340	82-0531282		10,000.				GENERAL SUPPORT
TATUM'S GARDEN FOUNDATION 40 CARL ST, SUITE H SALINAS, CA 93901	46-3045040		14,000.				GENERAL SUPPORT
THE WILDERNESS SOCIETY 1615 M STREET NW WASHINGTON, DC 20036	53-0167933		40,000.				GENERAL SUPPORT
THE WOMENS FOUNDATION OF CA 300 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	94-2752421		20,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2017

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Name of the organization

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94-1615897

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UC HASTINGS COLLEGE OF LAW 200 MCALLISTER ST SAN FRANCISCO, CA 94102	94-3067788		5,500.				GENERAL SUPPORT
UC LOS ANGELES BOX 957089, 1125 MURPHY HALL LOS ANGELES, CA 90095	95-6006143		20,100.				SCHOLARSHIP
UC MERCED, CAMPUS CASHIERING PO BOX 2450 MERCED, CA 95344	27-0093858		11,500.				SCHOLARSHIP
UC REGENTS, VETERINARY MEDICI PO BOX 1167 DAVIS, CA 95617	94-6036494		12,000.				GENERAL SUPPORT
UC SAN DIEGO, STUDENT BUSINES 9500 GILMAN DR, DEPT 0026 LA JOLLA, CA 92093	95-6006144		34,000.				SCHOLARSHIP
UC SANTA CRUZ FOUNDATION 1156 HIGH ST SANTA CRUZ, CA 95064	23-7394590		8,500.				GENERAL SUPPORT
UNION COUNTY HUMANE SOCIETY PO BOX 625 MAYNARDVILLE, TN 37807	62-1640384		20,000.				GENERAL SUPPORT
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	68-0124097		6,000.				GENERAL SUPPORT
UNIV OF ALASKA FAIRBANKS 107 EIELSON BLD PO BOX 756360 FAIRBANKS, AK 99775	92-6000147		7,500.				SCHOLARSHIP
UNIV OF ARIZONA FOUNDATION PO BOX 245153 TUSCON, AZ 85724	86-6050388		30,000.				GENERAL SUPPORT

2017

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Employer identification number	
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94-1615897

[illegible]

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/form990 for instructions and the latest information

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

Part I Questions Regarding Compensation

1 a 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.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as, maid, chauffeur, chef)

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

1 b

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

2

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.

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

4 a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4 b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

5 a

X

b Any related organization?

5 b

X

If 'Yes' on line 5a or 5b, describe in Part III.

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

a The organization?

6 a

X

b Any related organization?

6 b

X

If 'Yes' on line 6a or 6b, describe in Part III.

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DANIEL BALDWIN PRESIDENT & CEO	(i) 254,800.	(ii) 0.	(iii) 0.	12,740.	17,866.	285,406.	0.
		(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
16		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				

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.

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**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

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	X	1	9,000.	APPRAISAL
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	96	4,484,372.	STOCK EXCHANGE
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	X	1	21,000,000.	APPRAISAL
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule M (Form 990) (2017)**

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

94-1615897

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE NEIGHBORHOOD GRANTS PROGRAM (NGP) IS THE COMMUNITY FOUNDATION'S COMMITMENT TO SUPPORT COMMUNITY AND VOLUNTEER-LED GROUPS AT THE GRASSROOTS LEVEL. GROUPS ARE SUPPORTED WITH GRANTS FOR A PROJECT OR SERIES OF ACTIVITIES THAT IMPROVES THE QUALITY OF LIFE IN THE GROUP'S NEIGHBORHOOD. THE COMMUNITY FOUNDATION HAS ALSO INITIATED AND FACILITATED MEETINGS AROUND THE ISSUES OF HOMELESSNESS AND AFFORDABLE HOUSING IN MONTEREY COUNTY. MEETINGS HAVE INCLUDED NONPROFIT SERVICE PROVIDERS, BUSINESS OWNERS, MUNICIPALITIES AND OTHER STAKEHOLDERS.

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

THE ORGANIZATION MAKES THE DRAFT 990 AVAILABLE TO ALL BOARD MEMBERS THROUGH THE ONLINE BOARD PORTAL BEFORE IT IS FILED. BOARD AND STAFF LEADERSHIP ENCOURAGE EVERY BOARD MEMBER TO REVIEW THE 990 BEFORE THE FILING DEADLINE AND TO SEND THEIR COMMENTS TO THE CEO, THE TREASURER, AND/OR THE BOARD CHAIR.

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

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. BOARD MEMBERS ARE ASKED TO DISCLOSE AND RECUSE THEMSELVES FROM VOTING ON ANY MATTER ON WHICH THEY HAVE AN ACTUAL OR APPARENT CONFLICT, SUCH AS GRANTS AND CONTRACTS.

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

THE COMPENSATION COMMITTEE CONSISTS OF THE PAST CHAIR, CURRENT CHAIR, CHAIR ELECT AND ANY OTHER INTERESTED BOARD MEMBERS. THEY REVIEW SALARY SURVEYS PRODUCED BY THE COUNCIL ON FOUNDATIONS, THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS, GUIDESTAR AND THE NORTHERN CALIFORNIA COMPENSATION AND BENEFITS SURVEY OF NORTHERN CALIFORNIA

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

NONPROFIT ORGANIZATIONS. THE COMMITTEE MAKES THE RECOMMENDATION AND THE BOARD
DISCUSSES AND VOTES ON IT IN AN EXECUTIVE SESSION.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE AND UPON REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS.....	\$ 1,590,298.
CONTRIBUTIONS FOR STEWARDSHIP AND AGENCY FUNDS.....	-5,615,811.
GRANTS DISTRIBUTED ON BEHALF OF OTHER FUNDS.....	1,366,592.
INVESTMENT INCOME FOR STEWARDSHIP AND AGENCY FUNDS.....	-3,443,295.
TOTAL	<u>\$ -6,102,216.</u>

DRAFT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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 2354 GARDEN RD MONTEREY, CA 93940 20-8880596	HOLD REAL ESTATE	CA	280,701.	100.	COMMUNITY FOUNDATION FOR MONTEREY CO
(2) CFMC-REAL ESTATE NO. 2 LLC 2354 GARDEN RD MONTEREY, CA 93940 26-1591345	HOLD REAL ESTATE	CA	0.	0.	COMMUNITY FOUNDATION FOR MONTEREY CO
(3) _____					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) _____							

(2) _____							

(3) _____							

(4) _____							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a	X
b Gift, grant, or capital contribution to related organization(s)	1 b	X
c Gift, grant, or capital contribution from related organization(s)	1 c	X
d Loans or loan guarantees to or for related organization(s)	1 d	X
e Loans or loan guarantees by related organization(s)	1 e	X
f Dividends from related organization(s)	1 f	X
g Sale of assets to related organization(s)	1 g	X
h Purchase of assets from related organization(s)	1 h	X
i Exchange of assets with related organization(s)	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
o Sharing of paid employees with related organization(s)	1 o	X
p Reimbursement paid to related organization(s) for expenses	1 p	X
q Reimbursement paid by related organization(s) for expenses	1 q	X
r Other transfer of cash or property to related organization(s)	1 r	X
s Other transfer of cash or property from related organization(s)	1 s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

DRAFT

2017

California Exempt Organization
Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Additional information. See instructions.

California corporation number

0197714

FEIN

94-1615897

Street address (suite or room)

2354 GARDEN ROAD

PMB no.

City

MONTEREY

State

CA

Zip code

93940

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return ☐ Yes ☒ No
B Amended Return ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
D Final Information Return?
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ☐
E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other
F Federal return filed? 1 ☐ 990T 2 ☐ 990-PF 3 ☐ Sch H (990)
4 ☐ Other 990 series
G Is this a group filing? See instructions ☐ Yes ☒ No
H Is this organization in a group exemption? ☐ Yes ☒ No
If 'Yes,' what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
See instructions ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If 'Yes,' enter the gross receipts from nonmember sources \$
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
No filing fee is required ☐
M Is the organization a Limited Liability Company? ☐ Yes ☒ No
N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
P Is federal Form 1023/1024 pending? ☐ Yes ☐ No
Date filed with IRS

CACAT112L 01/02/18

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	12,688,956.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	46,500,784.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	59,189,740.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	6,151,125.
	7	Total costs. Add line 5 and line 6.	7	6,151,125.
	8	Total gross income. Subtract line 7 from line 4.	8	53,038,615.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	19,883,105.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	33,155,510.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Information F.	15	10.
	16	Penalties and Interest. See General Information J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	PRESIDENT & CEO	Date	Telephone (831) 375-9712
	Preparer's signature	KAREN E. SEMINGSON, CPA	Date	PTIN P00319226
	Firm's name (or yours, if self-employed) and address	HUTCHINSON AND BLOODGOOD LLP	Check if self-employed	FEIN 95-0858589
		579 AUTO CENTER DRIVE		Telephone (831) 724-2441
		WATSONVILLE, CA 95076		
May the FTB discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No				

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	
	2	Interest	•	2	
	3	Dividends	•	3	5,888,501.
	4	Gross rents	•	4	11,100.
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See Instructions)	•	6	6,423,352.
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7	366,003.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	•	8	12,688,956.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9	16,712,903.
	10	Disbursements to or for members.	•	10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	•	11	413,161.
	12	Other salaries and wages	•	12	1,112,807.
	13	Interest	•	13	
	14	Taxes	•	14	110,051.
	15	Rents	•	15	99,162.
	16	Depreciation and depletion (See instructions)	•	16	72,803.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	•	17	1,362,218.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	•	18	19,883,105.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		15,733,486.	•	23,353,269.
2	Net accounts receivable		4,373,761.	•	25,111,584.
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock		159,545,229.	•	183,479,120.
8	Mortgage loans			•	
9	Other investments. Attach schedule.			•	
10 a	Depreciable assets.	1,736,315.		1,827,181.	
b	Less accumulated depreciation.	494,481.	1,241,834.	567,284.	1,259,897.
11	Land		461,627.	•	461,627.
12	Other assets. Attach schedule. STM 4		26,608,071.	•	32,460,876.
13	Total assets		207,964,008.		266,126,373.
Liabilities and net worth					
14	Accounts payable		107,865.	•	114,551.
15	Contributions, gifts, or grants payable		1,969,780.	•	1,595,429.
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule. STM 5		38,758,035.		50,596,146.
19	Capital stock or principal fund		167,128,328.	•	213,820,247.
20	Paid-in or capital surplus. Attach reconciliation.			•	
21	Retained earnings or income fund.			•	
22	Total liabilities and net worth		207,964,008.		266,126,373.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	46,691,919.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST. 7	•	21,228,923.
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule. SEE ST. 8	•	1,366,592.
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		22,595,515.
4	Income not recorded on books this year. Attach schedule. SEE ST. 6	•	9,059,106.	10	Net income per return. Subtract line 9 from line 6.		33,155,510.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5.		55,751,025.				

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Name of the organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Employer identification number

94-1615897

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

Use duplicate copies of Part III if additional space is needed.

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	EXECUTIVE DESK	1/01/1990	11,400.	10,100.	S/L	38	300.	
	OFFICE FURNITUR	1/01/2006	15,830.	15,830.	S/L	5		
	OFFICE FURNITUR	1/01/2007	1,659.	1,659.	S/L	5		
	BOARDROOM FURNI	1/01/2008	1,054.	1,054.	S/L	5		
	BOARDROOM FURNI	1/01/2008	1,628.	1,628.	S/L	5		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15	72,803.	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

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California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	BOARDROOM FURNI	1/01/2008	1,387.	1,387.	S/L	5		
	LASER PRINTERS	1/01/2009	1,716.	1,716.	S/L	5		
	SOFTWARE & INST	1/01/2011	3,251.	3,251.	S/L	5		
	ALVAREZ TECH SE	1/01/2011	963.	963.	S/L	5		
	3 NEW SCANNERS	1/01/2011	1,302.	1,302.	S/L	5		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g).....						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
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2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	SCANNERS & INST	1/01/2011	1,130.	1,130.	S/L	5		
	WINDOWS 7 UPGRA	1/01/2012	19,169.	19,169.	S/L	5		
	PIVOT FURNITURE	1/01/2012	16,162.	15,623.	S/L	5	539.	
	CENTRAL COAST S	1/01/2012	1,720.	1,576.	S/L	5	143.	
	ALVAREZ TECH -	1/01/2012	6,167.	5,653.	S/L	5	514.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	CARVID-AV SYSTE	1/01/2012	13,369.	11,587.	S/L	5	1,782.	
	APPLIANCES & AR	1/01/2012	2,500.	2,166.	S/L	5	334.	
	TIGER DIRECT -	1/01/2012	4,691.	3,831.	S/L	5	860.	
	ALVAREZ TECH -	3/17/2013	2,324.	1,782.	S/L	5	542.	
	NEW PHONE SYSTE	7/09/2013	26,472.	18,530.	S/L	5	5,294.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

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COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
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5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
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Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	ALVAREZ TECH -	9/04/2013	1,596.	1,064.	S/L	5	319.	
	ALVAREZ TECH -	12/27/2013	10,248.	6,320.	S/L	5	2,050.	
	SOFTWARE	12/19/2013	1,209.	746.	S/L	5	242.	
	ALVAREZ TECH VI	2/03/2014	8,760.	4,964.	S/L	5	1,752.	
	PIVOT FURNITURE	5/14/2014	4,119.	2,197.	S/L	5	824.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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Part IV Amortization

19	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
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1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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	ALVAREZ TECH- N	9/14/2014	2,447.	1,019.	S/L	5	489.	
	ALVAREZ TECH -	12/01/2014	2,880.	1,200.	S/L	5	576.	
	LAPTOP FOR DAN	1/21/2015	1,000.	400.	S/L	5	200.	
	KITCHEN REMODEL	3/11/2015	970.	211.	S/L	5	194.	
	ALVAREZ TECH-NE	7/30/2015	7,464.	1,617.	S/L	5	1,493.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	TMD CREATIVE- W	7/08/2015	25,000.	5,416.	S/L	5	5,000.	
	ALVAREZ TECH-NE	10/12/2015	15,089.	4,275.	S/L	5	3,018.	
	ALVAREZ-IT UPGR	9/08/2015	10,378.	2,941.	S/L	5	2,076.	
	CONF ROOM AV EQ	10/20/2015	3,615.	903.	S/L	5	723.	
	ALVAREZ-SKY KIC	12/21/2015	1,811.	392.	S/L	5	362.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017 Corporation Depreciation and Amortization**3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	OFFICE 365	2/12/2016	3,611.	602.	S/L	5	722.	
	NOTEBOOK DOCKIN	3/08/2016	563.	85.	S/L	5	113.	
	4 LAPTOPS	10/19/2016	6,962.	348.	S/L	5	1,392.	
	GARDEN ROAD CON	1/01/2006	197,878.	112,961.	S/L	39	5,074.	
	CABINETS	1/01/2006	5,282.	2,973.	S/L	39	135.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	LIGHTING	1/01/2007	29,443.	19,096.	S/L	39	755.	
	WINDOW COVERING	1/01/2007	2,573.	1,502.	S/L	39	66.	
	CFMC SIGN	1/01/2007	543.	332.	S/L	39	14.	
	SALINAS OFFICE	1/01/2008	1,840.	1,171.	S/L	39	47.	
	FLAG HARDWARE &	1/01/2008	1,228.	517.	S/L	39	31.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	GARDEN ROAD CON	1/01/2011	2,400.	370.	S/L	39	62.	
	AIRTECH-HVAC, B	1/01/2011	2,545.	391.	S/L	39	65.	
	KEN YOUNG CONST	1/01/2012	26,314.	26,314.	S/L	5		
	KURT A. HENGELB	1/01/2012	5,000.	5,000.	S/L	5		
	CRAFT ELECTRIC	1/01/2012	2,560.	2,475.	S/L	5	85.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	KEN YOUNG CONST	1/01/2012	51,899.	5,878.	S/L	39	1,331.	
	WALK, RUHNKE &	1/01/2012	8,298.	940.	S/L	39	213.	
	APEX SIGNS	1/01/2012	6,325.	5,169.	S/L	5	1,156.	
	SPECTRUM IMAGIN	1/01/2012	5,574.	4,831.	S/L	5	743.	
	BOYDS ASPHALT-P	1/01/2012	2,050.	224.	S/L	39	53.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	AIRTECH-HVAC, B	1/01/2012	19,831.	5,822.	S/L	39	508.	
	GLASS GURU-BROK	2/11/2014	1,279.	93.	S/L	39	33.	
	PARAGON BUILDER	5/14/2014	3,220.	221.	S/L	39	83.	
	PARAGON BUILDER	5/14/2014	935.	64.	S/L	39	24.	
	AIRTECH-HVAC REP	9/09/2014	4,510.	270.	S/L	39	116.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	BERMAN CARPETS-	12/01/2014	1,650.	88.	S/L	39	42.	
	MESSENGER CONS-	12/01/2014	6,743.	360.	S/L	39	173.	
	PREMO ROOFING	12/01/2014	5,770.	308.	S/L	39	148.	
	JAZZIEL-RESUFAC	7/12/2015	7,129.	259.	S/L	39	183.	
	CRAFT ELECT-NEW	12/08/2015	1,200.	34.	S/L	39	31.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	A&R PLUMBING-WA	9/06/2016	1,450.	12.	S/L	39	37.	
	LIGHTING	1/01/2006	2,560.	1,442.	S/L	39	66.	
	WINDOW COVERING	1/01/2006	1,065.	608.	S/L	39	27.	
	CFMC SIGN	1/01/2006	2,117.	1,210.	S/L	39	54.	
	BUILDING	1/01/2012	1,083,488.	138,909.	S/L	39	27,782.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

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

Part IV Amortization

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

2017**Corporation Depreciation and Amortization****3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	LAND	1/01/2012	461,627.			0		
	VARIDESK - STAN	4/28/2017	3,132.		S/L	5	418.	
	ALVAREZ - NEW C	8/30/2017	7,040.		S/L	5	469.	
	ALVAREZ - LAPTO	9/05/2017	709.		S/L	5	47.	
	2 HP COMPAQ 820	9/11/2017	694.		S/L	5	51.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

Part III Summary

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

Part IV Amortization

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

2017 Corporation Depreciation and Amortization**3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

California corporation number

COMMUNITY FOUNDATION FOR MONTEREY COUNTY**0197714****Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service.....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost).....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from prior taxable years.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12.....	13	

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

14	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	13 MINDOWN UPGR	9/11/2017	415.		S/L	5	28.	
	VARIDESK - ADJ	10/11/2017	1,631.		S/L	5	82.	
	LAPTOPS	12/01/2017	7,060.		S/L	5	118.	
	NEW ROOF CONSTR	8/21/2017	70,185.		S/L	39	600.	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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Part IV Amortization

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

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

94-1615897

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

INCOME FROM SPECIAL EVENTS.....	\$	36,945.
MISC ADMIN INCOME.....		29,025.
PROGRAM SERVICE REVENUE.....		300,033.
TOTAL	\$	<u>366,003.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DANIEL BALDWIN 2354 GARDEN ROAD MONTEREY, CA 93940	PRESIDENT & CEO 40.00	\$ 285,406.	\$ 12,740.	\$ 17,866.
STEVE MCGOWAN 2354 GARDEN ROAD MONTEREY, CA 93940	CHAIR 2.00	0.	0.	0.
KENNETH B. PETERSON 2354 GARDEN ROAD MONTEREY, CA 93840	VICE CHAIR 2.00	0.	0.	0.
KEN WRIGHT 2354 GARDEN ROAD MONTEREY, CA 93940	SECRETARY 2.00	0.	0.	0.
TERI BELLI 2354 GARDEN ROAD MONTEREY, CA 93940	TREASURER 2.00	0.	0.	0.
BETSY BUCHALTER ADLER 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
IDA LOPEZ CHAN 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
GREG CHILTON 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
CATHERINE KOBRINSKY EVANS 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

94-1615897

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JEFF EIKENBERRY 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
PATRICIA HIRAMOTO 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
BIRT JOHNSON JR. 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
NOLAN KENNEDY 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
RICK KENNIFER 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
TINA STARKEY LOPEZ 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
FRED MEURER 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
BILL MITCHELL 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
ERICA PADILLA-CHAVEZ 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
BETSEY PEARSON 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
ANNA MARIE PONCE 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	0.	0.	0.
DIANE NONELLA 2354 GARDEN ROAD MONTEREY, CA 93940	FINANCE DIR. 40.00	127,755.	5,015.	18,074.

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

94-1615897

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILLIAM SHARPE 2354 GARDEN ROAD MONTEREY, CA 93940	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
TOTAL		\$ 413,161.	\$ 17,755.	\$ 35,940.

STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

ACCOUNTING FEES.....	\$ 41,436.
ADVERTISING AND PROMOTION.....	34,726.
BANK AND OTHER FEES.....	34,790.
DONOR DEVELOPMENT.....	164,747.
DUES.....	21,245.
INSURANCE.....	16,345.
LEGAL FEES.....	13,558.
OFFICE EXPENSES.....	37,976.
OTHER EMPLOYEE BENEFIT.....	307,697.
OTHER FEES.....	99,991.
OTHER FUND MGMT EXPENSE.....	397,863.
POSTAGE AND SHIPPING.....	16,967.
PRINTING AND PUBLICATIONS.....	24,684.
PROFESSIONAL DEVELOPMENT.....	20,566.
REPAIRS AND MAINTENANCE.....	89,460.
SPECIAL EVENT EXPENSES.....	25,492.
STAFF EXPENSE.....	14,675.
TOTAL	\$ 1,362,218.

STATEMENT 4

FORM 199, SCHEDULE L, LINE 12

OTHER ASSETS

CHARITABLE GIFT ANNUITIES.....	3,716,462.
CRT INVESTMENTS.....	28,713,398.
PREPAID EXPENSES AND DEFERRED CHARGES.....	31,016.
TOTAL	\$ 32,460,876.

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

94-1615897

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

FUNDS HELD AS AGENCY ENDOWMENT.....	5,927,483.
LIABILITIES UNDER CGA.....	2,239,453.
LIABILITIES UNDER CRT.....	12,257,126.
LIABILITIES UNDER SPLIT INTEREST.....	7,777,824.
STEWARDSHIP FUNDS.....	22,394,260.
TOTAL	<u>\$ 50,596,146.</u>

STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 4
INCOME NOT RECORDED ON BOOKS THIS YEAR

CONTRIBUTIONS RECEIVED FOR OTHERS.....	\$ 5,615,811.
INVESTMENT INCOME RECEIVED FOR OTHERS.....	3,443,295.
TOTAL	<u>\$ 9,059,106.</u>

STATEMENT 7
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

CHANGE IN VALUE/SPLIT-INTEREST AGMTS.....	\$ 1,590,298.
UNREALIZED GAINS.....	19,638,625.
TOTAL	<u>\$ 21,228,923.</u>

STATEMENT 8
FORM 199, SCHEDULE M-1, LINE 8
DEDUCTIONS ON RETURN NOT ON BOOKS

GRANTS DISTRIBUTED FOR OTHER FUNDS.....	\$ 1,366,592.
TOTAL	<u>\$ 1,366,592.</u>

IN

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

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



State Charity Registration Number 002360

COMMUNITY FOUNDATION FOR MONTEREY COUNTY

Name of Organization

2354 GARDEN ROAD

Address (Number and Street)

MONTEREY, CA 93940

City or Town

State ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 0197714

Federal Employer I.D. No. 94-1615897

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/17 ending 12/31/17) list:

Gross annual revenue \$ 53,013,123. Total assets \$ 266,126,373.

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

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

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	☐	☒
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	☐	☒
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	☐	☒
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	☐	☒
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	☐	☒
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	☐	☒
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	☒	☐

Organization's area code and telephone number (831) 375-9712

Organization's e-mail address _____

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

DANIEL BALDWIN

PRESIDENT & CEO

Signature of authorized officer

Printed Name

Title

Date