

JOHNSON & ASSOCIATES CPAS, INC.

631 15th Street Modesto, CA 95354 Phone (209) 236-1040 • Fax (209) 236-1068

August 24, 2017

Stanislaus Community Foundation 1029 16th Street Modesto, CA 95354

Dear Marian Kaanon, CEO:

Your 2016 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. Please return this form on or before November 15, 2017. No tax is payable with the filing of this return.

Your 2016 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by November 15, 2017. 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, 2017 to:

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

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

Sincerely,

Michelle N Matos

Certified Public Accountant

Form **990**

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

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

OMB No. 1545-0047 2016

Depa Inter	artment of th	ne Treasury e Service	► Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form.	lic.		Open to Public Inspection		
Α	For the 2	2016 calendar	year, or tax year beginning , 2016, and ending		,			
В	Check if ap	pticable: C		D Employ	er identif	ication number		
	Addres	ss change ST	FANISLAUS COMMUNITY FOUNDATION	68-0483054				
	Name	change 10	029 16TH STREET	E Telepho	ne numbe	er		
	Initial	return MC	DDESTO, CA 95354	(20)	9) 57	6-1608		
		urn/terminated		,				
		fed return		G Gross re	eceipts \$	14,912,957.		
	-		Name and address of principal officer: MARIAN KAANON H(a) Is	this a group retur	n for subc			
	Ш. т.		D29 16TH STREET MODESTO, CA 95354	re all subordinates 'No,' attach a list.	included	? Yes No		
ī	Tax-exer		501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	ivo, attach a list.	(see insir	uctions)		
j	Websit		<u> </u>	roup exemption nu	mber >			
K			Corporation Trust Association Other ► L Year of formation: 2			gal domicile: CA		
		Summary						
			the organization's mission or most significant activities: TO FACILITATE	AND DEVI	ELOP	PHILANTHROPY		
4.	77		G IN GRANTMAKING.					
8								
Governance								
ě	2 Ch	eck this box 🕨	if the organization discontinued its operations or disposed of more that	an 25% of its				
Ō	3 Nu		g members of the governing body (Part VI, line 1a)		3	<u>17</u>		
Š			pendent voting members of the governing body (Part VI, line 1b)		4 5	17		
ij			volunteers (estimate if necessary)		6			
Activities &			business revenue from Part VIII, column (C), line 12		7a	0.		
•			siness taxable income from Form 990-T, line 34		7b	0,		
	20 110			Prior Year		Current Year		
	8 Co	ntributions an	d grants (Part VIII, line 1h)	2,316,5	51.	4,748,115.		
E.	ł .		revenue (Part VIII, line 2g)	22,5		3,153.		
Revenue	10 Inv	estment incor	me (Part VIII, column (A), lines 3, 4, and 7d)	323,1		60,509.		
ď	11 Oth	ner revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,3	06.	26,036.		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,689,5	24.	4,837,813.		
			ar amounts paid (Part IX, column (A), lines 1-3)	2,283,6	31.	1,603,328.		
			or for members (Part IX, column (A), line 4)					
"	15 Sa	laries, other c	ompensation, employee benefits (Part IX, column (A), lines 5-10)	328,100.		410,613.		
Expenses	16a Pro	ofessional fund	draising fees (Part IX, column (A), line 11e)					
per	b Tot	tal fundraising	g expenses (Part IX, column (D), line 25) ► 123,184.	State and particular				
Щ	•	_	(Part IX, column (A), lines 11a-11d, 11f-24e)	176,1	63.	337,116.		
			Add lines 13-17 (must equal Part IX, column (A), line 25)	2,787,8		2,351,057.		
	!	,	penses. Subtract line 18 from line 12	-98,3		2,486,756.		
8 6			<u> </u>	inning of Curren		End of Year		
an et	20 Tot	tal assets (Pa	rt X, line 16)	17,594,9		21,335,794.		
& 8	21 Tot	tal liabilities (f	Part X, line 26)	66,3	90.	89,676.		
Net Assets or Fund Balances	22 Ne	t assets or fur	nd balances. Subtract line 21 from line 20	17,528,5	34.	21,246,118.		
_		Signature E						
			e that I have examined this return, including accompanying schedules and statements, and to the best (other than officer) is based on all information of which preparer has any knowledge.	of my knowledge	and belie	f, it is true, correct, and		
com	olete. Declar	ation of preparer ((other than officer) is based on all information of which preparer has any knowledge.		<i>/</i>			
			watchewis	9/1/	<u> </u>			
Sign		Signature of		Date				
He	re	CRAIG		AIRMAN				
			t name and title	T-	,	TINE		
		Print/Type prepa	$\frac{1}{2}$		ן "נ	TIN		
Pai		MICHELLE	WINITED IT TO TO THE TENT OF T	self-employe	đ F	01251310		
	eparer	Firm's name	► JOHNSON & ASSOCIATES CPAS INC					
Us	e Only	Firm's address	631 15TH ST			3994255		
			MODESTO, CA 95354			236-1040		
Max	the IRS	discuss this re	eturn with the preparer shown above? (see instructions)	. , ,		X Yes No		

Form 990 (2016)

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... Х 3 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? If 'Yes,' complete Schedule C, Part II...... X 4 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? If 'Yes,' complete Schedule C, Part III Χ 5 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? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II..... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 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? If 'Yes,' complete Schedule D, Part IV...... Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V...... Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 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? If 'Yes,' complete Schedule D, Part VII. 11 b Х 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? If 'Yes,' complete Schedule D, Part VIII. Х 11 c 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? If 'Yes,' complete Schedule D, Part IX..... Х 11 d Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part 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)? If 'Yes,' complete Schedule D, Part X... X 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional..... Х 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **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? *If 'Yes,' complete Schedule F, Parts I and IV.* X 14b 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? If 'Yes,' complete Schedule F, Parts II and IV..... Х 15 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? If 'Yes,' complete Schedule F, Parts III and IV..... 16 Х 16 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? If 'Yes,' complete Schedule G, Part I (see instructions)..... 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X complete Schedule G, Part III.....

Form 990 (2016) STANISLAUS COMMUNITY FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20	Da Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
2	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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	2 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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	B Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	la 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	ta 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? If 'Yes,' complete Schedule L, Part I	25a		Х
	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? If 'Yes,' complete Schedule L, Part I	25b		х
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? If 'Yes,' complete Schedule L, Part II	26		х
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? If 'Yes,' complete Schedule L, Part III	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	, , , , , , , , , , , , , , , , , , , ,	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	X	0015
BA		Form	990 (2016)

Form 990 (2016)

	Check if Schedule O contains a response or note to any line in this Part V			<u>. </u>
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 2a 8			
	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?	За		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		
	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		Х
	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	24	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 с		
	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?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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		Х
	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			<u> </u>
	Form 8282?	7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year		3000	
	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
	a 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		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			X
	organization have excess business holdings at any time during the year?	8		Λ
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		igwdow
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		SUSPECIO
	Section 501(c)(7) organizations. Enter:		300	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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			
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			
	c Enter the amount of reserves on hand			1
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		<u> </u>
	Bib. 103, 193 Kinga at Otth / Lo to topots those politioners of 170) provide an improvement			

Pa	it VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for					
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges i	n						
	Check if Schedule O contains a response or note to any line in this Part VI			. X					
Se	ction 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 1a 17								
	If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
	1 1	100	0.00						
	b Enter the number of voting members included in line 1a, above, who are independent 1b 17								
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		Х					
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		х					
4	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		Х					
6		6		Х					
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		х					
	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	. 1	Х					
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	Χ	SPANOSHERS					
	b Each committee with authority to act on behalf of the governing body?	8 b	Х						
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		х					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re		ie Co						
	The state of the country of the state of the		Yes	No					
10	a Did the organization have local chapters, branches, or affiliates?	10a		Х					
	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		S. S						
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	. 20000000000000					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х						
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE. SCHEDULE. O.	12 c	Х						
13		13	X						
14		14	X						
15									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15.							
	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE . 0	15 a 15 b	X						
. '	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	130							
10	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		Χ					
•	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Sec	ction C. Disclosure								
17									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	able					
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	the public during the tax year. SEE SCHEDULE O	ble to							
20	and the second s								
	MARIAN KAANON, CEO 1029 16TH STREET MODESTO CA 95354 209-576-1608								

6)	STANISLAUS	COMMUNITY	FOUNDATION

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

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

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

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 r	elated organiz	ation	con	npen	sate	d any c	urrent officer, direct	or, or trustee.	
				(C)					
(A) Name and Title	(B) Average hours per	is	both dir	(do no box, n an o ector/	fficer truste		Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	T (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BRITTA FOSTER	0								
DIRECTOR	0	X					0.	0.	0.
(2) JEFF BURDA									
DIRECTOR	0	Х					0.	0.	0.
(3) CRAIG C. LEWIS	11								
CHAIRMAN	0	Х		Х			0.	0.	0,
(4) MATT FRIEDRICH									_
DIRECTOR	0	X					0.	0.	0.
(5) BILL JACKSON	11								_
SECRETARY	0	X		X			0,	0.	0.
(6) JOHN LAZAR									
DIRECTOR	0	Х					0.	0.	0.
(7) MARIAN MARTINO									_
DIRECTOR	0	X					0.	0.	0.
(8) CHRIS TYLER									
DIRECTOR	0	X					0.	0.	0.
(9) JEFF COLEMAN	11								
TREASURER	0	X		Х			0.	0.	0.
(10) JEFF GROVER									_
PAST CHAIR	0	Х					0.	0.	0.
(11) EVAN PORGES			ĺ						
DIRECTOR	0	X					0.	0.	0.
(12) JUDY SLY HERRERO	0								_
DIRECTOR	0	Х					0.	0.	0.
(13) LYNN DICKERSON	0							_	
DIRECTOR	0	Х					0.	0.	0.
(14) MARIAN KAANON	40							_	_
PRESIDENT/CEO	0	Х		X			130,211.	0.	0.

Pai	t VII Section A. Officers, Directors, Tru	istees, l	Key	En	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)	(C) Position (do not check more than one									
	(A) Name and title	Average hours per	box	, unie	ess pe	erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (fist any hours							the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		for related organiza	Mirecto	mbon	Officer	Key employee	yloyee	렱			and related organizations
		- tions below dotted	individual trustee or director	nstitutional trustee		gyee	mpen				
		line)	, it	88			Highest compensated employee				
(15)	MELANIE CHIESA	0									
(16)	VICE CHAIR JOE DURAN	0	Х		X			-	0.	0.	0.
<u> </u>	DIRECTOR	0	Х						0.	0.	0.
(17)	DARYN KUMAR	0	х						0.	0.	0.
(18)	DIRECTOR	U	Λ			\vdash			V.	<u> </u>	0.
							ļ	_			
(19)	· 										
(20)											
(21)											
(22)											
(23)											
(2.5)	·										
(24)											
(25)											
1 b	Sub-total		L	Ш.		L	L	>	130,211.	0.	0.
	Total from continuation sheets to Part VII, Section							•	0.	0.	
d	Total (add lines 1b and 1c) Total number of individuals (including but not limited	to those li	ctod	aho.		vho:	recei	ved.	130, 211.	0.	0.
	from the organization 1	. 10 (1036 11	sicu	abo	vc) v	YI IO	10001	vcu	more than proofee	o or reportable com	
•	Did the agent in the age former officer disco	kan an kons		kov		بمامر		ar h	iahoat somnonco	tod amplayaa	Yes No
	Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al		• • • •		• • • •				3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	e coi 50,00	mpe 00?	nsa If 'Y	tion es,	and con	oth <i>ple</i>	er compensation te Schedule J for	from 	4 X
5	Did any person listed on line 1a receive or accrumental for services rendered to the organization? If 'Yes	e compen s,' comple	satio <i>te Sc</i>	n fre hea	om a lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	individual	5 X
Sec	tion B. Independent Contractors Complete this table for your five highest compen	sated inde	nan	dent	COL	ntrad	otore	fha	t received more t	an \$100 000 of	
	compensation from the organization. Report compen	sation for t	the ca	alen	dar y	/ear	endi	ng v	vith or within the or	ganization's tax yea	
	(A) Name and business addr	ress							(B) Description o	of services	(C) Compensation
		···· ··· ·									
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ted to	tho	se l	istec	labo	ve) v	who received more	than	
	wive, you or compensation from the organization	U								55.2	

Par	t VI	II Statement of Rev						
		Check if Schedule O	contains a resp	onse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gsimilar amounts not included	1 b 1 c 1 d 1 d 1 ons) 1 e 1 grants, and above	4,748,115.				
Sont and (g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f				4,748,115.			
ce Revenue	2 a	PROGRAM INCOME PLEDGE INCOME		Business Code	3,123.	3,123. 30.		
Program Service Revenue	d e f	All other program service			2.152			
<u> </u>	3	Total. Add lines 2a-2f			3,153.			
	4 5	Investment income (inc other similar amounts). Income from investmen Royalties	t of tax-exempt	bond proceeds>	410,245.			410,245
	b	Gross rents	(i) Real	(ii) Personal				
	7 a		(i) Securities 9,725,408	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	10075144 -349,736		-349,736.	-349,736.		
Other Revenue		Gross income from fund (not including. \$ of contributions reporte See Part IV, line 18	d on line 1c).					
Zthe		Less: direct expenses : Net income or (loss) fro						
	9 a	Gross income from gan See Part IV, line 19 Less: direct expenses	ning activities.	a				
	10 a	Net income or (loss) from Gross sales of inventory and allowances	y, less returns					
	С	Net income or (loss) fro	om sales of inve	ntory	26.020	26.026		
	b c d	All other revenue		900099	26,036.	26,036.		
	e 12	Total Add lines 11a-11			26,036. 4 837 813	-320.547	0.	410,245

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).

000	Check if Schedule O contains a				
Do i 6b,	not include amounts reported on lines 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	1,603,328.	1,603,328.		
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 5	Benefits paid to or for members Compensation of current officers, directors,	400 044		01 140	20.002
6	trustees, and key employees	130,211.	0.	91,148.	39,063.
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	220,753.		154,527.	66,226.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,073.		21,751.	9,322.
10	Payroll taxes	28,576.		20,003.	8,573.
11	Fees for services (non-employees):				
	Management				
	Legal				
	: Accounting	9,000.		9,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	24,380.		24,380.	
12	Advertising and promotion	34,430.		34,430.	
13	Office expenses	6,228.		6,228.	
14	Information technology				
15	Royalties				
16	Occupancy	37,416.		37,416.	
17	Travel	9,182.		9,182.	
	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	3,065.		3,065.	
23	Insurance	10,878.		10,878.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses				
	in line 24e. If line 24e amount exceeds 10%	Company of the second			
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
5	ASSET MANAGEMENT	65,042.		65,042.	
	P EVENTS	33,457.	33,457.	00/012	
	MANAGEMENT FEE	29,395.		29,395.	
	PROGRAM EXPENSESS	19,708.	19,708.		
	All other expenses	54,935.		54,935.	
	Total functional expenses. Add lines 1 through 24e	2,351,057.	1,656,493.	571,380.	123,184.
	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				
	SOP 98-2 (ASC 958-720)				Form 990 (2016)
BAA	i e	TEEA0110L 11	/16/16		FOILL 330 (2016)

Form 990 (2016)

BAA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year (B) End of year $285,67\overline{1}$ Cash - non-interest-bearing..... 867,125. 2 Savings and temporary cash investments 2 3 916,840. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 961 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L... 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 8 Inventories for sale or use..... Prepaid expenses and deferred charges.... 9 10 a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10 a 10 c 23.007. 10,261 17,854. 17,160,031 11 18,210,768. 11 Investments – publicly traded securities..... 12 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11..... 138,000 323,207 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 17,594,924 16 335,794. 16 17 1,845 17 Accounts payable and accrued expenses..... 10,686. 18 23,000. 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... Loans and other payables to current and former officers, directors, trustees, 22 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable to unrelated third parties..... 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. 64,545 25 55,990. 26 89,676. 66,390 Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Balances lines 27 through 29, and lines 33 and 34. 27 16,606,093. Unrestricted net assets..... 12,838,136 28 557,948 359,929. 28 Temporarily restricted net assets Permanently restricted net assets..... 4,132,450 29 4,280,096. Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 6 30 Capital stock or trust principal, or current funds..... 31 Paid-in or capital surplus, or land, building, or equipment fund..... 32 Retained earnings, endowment, accumulated income, or other funds..... Total net assets or fund balances..... 17,528,534 33 21,246,118. 33 34 21,335,794. 17,594,924 Total liabilities and net assets/fund balances

TEFA0111L 11/16/16

Pa	rt XI Reconciliation of Net Assets				_			
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>837,</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	351,	<u>057.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	486,	<u>756.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,	528,	<u>534.</u>			
5	Net unrealized gains (losses) on investments	5	1,	230,	828.			
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)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,	246,	118.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				П			
	Glock a Collegate of Cornaine a respective of file to daily line in the Control of the Control o			Yes				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			17.60				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	an Schedule O. 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?							
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis								
	b Were the organization's financial statements audited by an independent accountant?		2	b X	6 65000000000			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite						
	X 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?		2	c X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	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?		3	a	Х			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iŧ	з	b				
BA/				m 990	(2016)			
DMA	1		, 0		(,			

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.

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

2016

Open to Public Inspection

Employer identification number Name of the organization 68-0483054 STANISLAUS COMMUNITY FOUNDATION Part | 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.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 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.) 5 6 A federal, state, or local government or governmental unit described in section 170(bX1)(A)(v). 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.) 7 Х 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 10 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). 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. 12 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. 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. 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. 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. 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). (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (i) Name of supported organization (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) your governing document? Yes Nο (A) (B) (C) (D) (E)

1,377,645.

85.32 %

<u>83.2</u>0%

317,936

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))......

15 Public support percentage from 2015 Schedule A, Part II, line 14.....

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 (e) 2016 (f) Total (b) 2013 (c) 2014 (d) 2015 (a) 2012 beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 14,267,268. 1,555,742. 2,124,768 3,522,092. 2,316,551 4,748,115 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the 0. organization without charge . . . 2,124,768 3,522,092 2,316,551 4,748,115 14. 267,268. ,555,742 Total. Add lines 1 through 3... 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) ... 852,360. Public support. Subtract line 5 from line 4..... 13,414,908. Section B. Total Support Calendar year (or fiscal year (e) 2016 (f) Total (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 beginning in) > 267,268. 316,551 748,115 124,768 3,522,092 Amounts from line 4..... 1,555,742 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from

9	Net income from unrelated business activities, whether or								
	not the business is regularly carried on								0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI.				49,809.	29,	189.	7:	8,998.
11	·								
• •	Total support. Add lines 7 through 10							15,72	3,911.
	Gross receipts from related activ		structions)			,	. 12		0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	. ,	▶ []
Sec	tion C. Computation of Pu	blic Support P	Percentage						

241,777

104,875

302,812

410,245

16a	33-1/3% support test—2016. 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	X
b	33-1/3% support test—2015. 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—2016. 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	

	10%-facts-and-circumstances test—2015. 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	- [

14

15

similar sources.....

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	Total. Add lines 1 through 5 Amounts included on lines 1,						
/a	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				FOR BUILDING		
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
•	similar sources						
þ	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b						
	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						
19	Part VI.) (Add lines 9						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	id, third, fourth, o	r fifth tax year as	a section 501(c)(3	• □
Sac	tion C. Computation of Pu					1	
15	Public support percentage for 20	16 (line 8. column	n (f) divided by lin	e 13, column (f))		15	8
	Public support percentage from						ફ
	tion D. Computation of Inv						
17	Investment income percentage f	or 2016 (line 10c,	column (f) divide	d by line 13, colu			0/0
18	Investment income percentage f	rom 2015 Schedu	le A, Part III, line	17			%
19a	33-1/3% support tests-2016. If is not more than 33-1/3%, check	the organization d	id not check the t	oox on line 14, an	nd line 15 is more	than 33-1/3%, and orted organization	i line 17
h	22 1/2% cupport tacts2015 If i	he organization d	id not check a ho	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-	1/3%, and
	line 18 is not more than 33-1/3%	o, check this box a	and stop here. The	e organization qu	ialities as a public	iy supported organ	iization
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck 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
-----------	--------	------------	---------------

CC	don A. An 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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
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).	8		
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 .	9a		
	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.	9b		
	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.	9с		
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.	10a		

10b

STANISLAUS COMMUNITY FOUNDATION Schedule A (Form 990 or 990-EZ) 2016 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 11a governing body of a supported organization? 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. 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, 1 applied to such powers during the tax year. 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 2 supporting organization. Section C. Type II Supporting Organizations Yes No 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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s). 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 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 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 3 in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes 2 Activities Test. Answer (a) and (b) below. 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 2a substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the 2b organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

3a

3b

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.

Sche	dule A (Form 990 or 990-EZ) 2016 STANISLAUS COMMUNITY FOUNDATION		68-04	83054 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sec	tion 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	School and the course against a visit	
6	Distributable Amount. Subtract fine 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

	edule A (Form 990 or 990-EZ) 2016 STANISLAUS COMMUNIT		68-04	83054 Page 7
	tion D — Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	· s	`
3	Administrative expenses paid to accomplish exempt purposes of s	upported 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 Part VI). See instructions.	ion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
ē				En Aurodispersoni En eji jedi u u
k				
	From 2013			
	From 2014			
•	From 2015		4.00.02.03.00.00.00.00.00	
	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
ŀ	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
ε	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
ε				
	Excess from 2013			
C	Excess from 2014			

BAA

d Excess from 2015..... e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

68-0483054

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2016	***************************************	2015	2014	2013	2012
PROGRAM INCOME PLEDGE INCOME ADMINISTRATION FEE	\$ 3,123. 30.	\$	4,955. 1,320. 16,228.			
OTHER INCOME TOTAL	\$ 26,036. 29,189.	\$	27,306. 49,809.	\$ 0.	\$ 0.	\$ 0.

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

Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

2016

STANISLAUS COMMUNITY FOUNDATI	ON	68-0483054
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate 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) orga	nization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	to s total continutions.
Special Rules		
X For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations 16a. or 16b. and that
received from any one contributor, during the	ne year, total contributions of the greater of (1) \$5,000 or (2)) 2% of the amount on (i)
Form 990, Part VIII, line In, or (II) Form 99	J-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, liechildren or animals. Complete Parts I, II, and III.	terary, or educational
purposes, or for the prevention of crueity to	children of animals. Complete Faits 1, 11, and 11.	
Dear an arganization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor.
during the year, contributions exclusively fo	r religious, charitable, etc., purposes, but no such contributi	ons totaled more than
\$1,000. If this box is checked, enter here the	e total contributions that were received during the year for a	an <i>exclusively</i> religious,
charitable, etc., purpose. Don't complete ar	ny of the parts unless the General Rule applies to this organ ole, etc., contributions totaling \$5,000 or more during the year	ar P
it received <i>nonexclusively</i> religious, chantac	ite, etc., contributions totaling \$5,000 or more during the year	Allinin
Caution An organization that isn't covered by t	he General Rule and/or the Special Rules doesn't file Scheo	dule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part IV, lin	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it doesn't meet the	ming requirements of Scheddie D (Full) 330, 330-C2, 01 33	U-1 1 /·

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) (2016)

		· :)	
	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 2 of Part
Name of org			r identification number 483054
STANIS	SLAUS COMMUNITY FOUNDATION	[08 - U-	403034
Part I	Contributors (see instructions), Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$279,847.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>180,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,066,002.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$345 <u>,</u> 249.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>225,403.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(b) Name, address, and ZIP + 4

(a) Number

<u>6</u>__

BAA

(d) Type of contribution

X

(Complete Part II for noncash contributions.)

Person

Payroll

Noncash

(c) Total contributions

220,000.

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	2 of 2 of Parl
Name of orga		l ' '	r identification number 483054
	LAUS COMMUNITY FOUNDATION Contributors (see instructions). Use duplicate copies of Part I if additional space		10001
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>98,379.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

1 to

of Part II

Name of organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number 68-0483054

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		ধ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u></u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E2	l Z, or 990-PF) (2016)

Page

to

of Part III

Name of organization

Employer identification number

STANISLAUS COMMUNITY FOUNDATION

Part III Exclusively religious, charitable, etc... 68-0483054 to organizations described in section 501(c)(7), (8),

	or (10) that total more than \$1,000 for the following line entry. For organizations co-contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.)	e year from any one contributor mpleting Part III, enter the total of Enter this information once. See in	exclusively religious, charitable, etc.,		
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held		
	N/A				
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	Relationship of transferor to transferee			
(a) No. from Part í	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

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.

2016

nen to Public

Department of the Treasury Internal Revenue Service Open to Public Inspection

STANISLAUS COMMUNITY FOUNDATION 68-0483054 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 35 Total number at end of year..... 2,095,017. Aggregate value of contributions to (during year) 2 852,535 3 Aggregate value of grants from (during year) 8,331,918 Aggregate value at end of year..... 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?..... X Yes No 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 X Yes No impermissible private benefit?..... Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2 b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 mainta	ining conection	o or Art, riioto	ilcui ilcusulcs, c	. • (1:0: •::::::::::::::::::::::::::::::::::	010 (00)	
Using the organization's acquisition items (check all that apply):	, accession, and othe	r records, check ar	ny of the following that a	are a significant use of its	collection	
a Public exhibition		d ☐ Loan d	or exchange programs			
b Scholarly research		e Other	, and the property			
	atione	• 🗀 •				
4 Provide a description of the organiz		d explain how they	further the organization	s exempt purpose in		
Part XIII.During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	e donations of art	, historical treasures,	or other similar assets	г т	٦.,
to be sold to raise funds rather the	nan to be maintaine	as part of the o	rganization's collection	1?	Yes	No V
Part IV Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if the 1990, Part X,	ne organization at line 21.	nswered 'Yes' on Fo	rm 990, Par	TIV,
1 a Is the organization an agent, trus on Form 990, Part X?				her assets not included	Yes [No
b If 'Yes,' explain the arrangement	in Part XIII and con	nplete the following	ng table:			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						1
2 a Did the organization include an a	mount on Form 990	, Part X, line 21,	for escrow or custodia	al account liability?	_ Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check	here if the explan	ation has been provid	led on Part XIII	· · · · · · · · · · L	
			(D/)	000 D IV/ III	10	
Part V Endowment Funds. C			- I		10 IU.	es book
	(a) Current year	(b) Prior year			(e) Four year	
1 a Beginning of year balance	4,690,398.					
b Contributions	12,646.	93,8	92. 1,5	69,919.	223,	,230.
c Net investment earnings, gains, and losses	418,219.	-57,3	62. 232,13	32. 659,957.	. 473,	,074.
d Grants or scholarships						
e Other expenditures for facilities and programs				0.		
f Administrative expenses	481,238.	284,1				<u>,436.</u>
g End of year balance				L5. 4,972,380	4,498,	,321.
2 Provide the estimated percentage	e of the current year	end balance (lin	e 1g, column (a)) held	i as:		
a Board designated or quasi-endowm	ent ►	%				
b Permanent endowment ►	%					
c Temporarily restricted endowmer	nt 🟲	%				
The percentages on lines 2a, 2b, a	nd 2c should equal 10	0%.				
3 a Are there endowment funds not in t	he possession of the	organization that a	re held and administere	ed for the	Yes	No
organization by: (i) unrelated organizations					. 3a(i)	X
(ii) related organizations					3a(ii)	X
b If 'Yes' on line 3a(ii), are the rela	tod organizations lis	tod as required o	on Schedule R?		3b	
4 Describe in Part XIII the intended					- L 20	ــــــــــــــــــــــــــــــــــــــ
		ation's endowine	in tulius. SEE FAI	VI VIII		
Part VI Land, Buildings, and Complete if the organi	Equipment. ization answered	l 'Yes' on Forr	n 990, Part IV, Iin	e 11a. See Form 99	0, Part X, li	ne 10.
Description of property	(1	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land						
b Buildings						
c Leasehold improvements	.,,		1,319.	792.		527.
d Equipment			37,697.	21,357.	16	,340.
e Other			1,845.	858.		987.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Part X, c	column (B), line 10c.).			,854.
RAA				Sched	ule D (Form 990	J) 2016

BAA

Part VII Investments — Other Securities.		N/A
), Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B) (C)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
(b)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments — Program Related.		N/A
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 15
(a) Des	cription	(b) Book value
(1)		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B)) line 15.)	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	rm 990 Part IV line 11	Le or 11f See Form 990 Part X line 25
(a) Description of liability	(b) Book value	10 01 111. 000 1 0111 000) 1 011 74 1110 20
(1) Federal income taxes		
(2) FUNDS HELD FOR OTHERS	48,96	
(3) FURNITURE & EQUIPMENT	6,77	
(4) PENSION PAYABLE	25	
(5)		
(6)	1	
(7)		
(8)		
(9)		
(9) (10)		
(9)	▶ 55,99	

Part XI Reconciliation of Revenue per I			
Complete if the organization ans	swered 'Yes' on Form 990, Part IV, Iii	ne 12a.	
1 Total revenue, gains, and other support per au	udited financial statements		4,837,813.
2 Amounts included on line 1 but not on Form 9	90, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	. , . , . , . , . , . , . , . , . , . ,	2 e	
3 Subtract line 2e from line 1		,	4,837,813.
4 Amounts included on Form 990, Part VIII, line 12,	but not on line 1:		
a Investment expenses not included on Form 99	90, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c	
5 Total revenue. Add lines 3 and 4c. (This must	t equal Form 990, Part I, line 12.)		4,837,813.
Part XII Reconciliation of Expenses per	Audited Financial Statements With	Expenses per Return.	
Complete if the organization ans	swered 'Yes' on Form 990, Part IV, li	ne 12a.	
1 Total expenses and losses per audited financi	al statements		2,351,057.
2 Amounts included on line 1 but not on Form 9	90 Part IX line 25		
2 Amounts included on line 1 but not on Form 9	30) 1 dit 171 1110 201		
a Donated services and use of facilities	· ·		
a Donated services and use of facilities			
a Donated services and use of facilitiesb Prior year adjustments	2a 2b 2c		
a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c 2d	2e	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d		2,351,057.
a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c 2d 2d 25, but not on line 1:		2,351,057.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2 a 2 b 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d		2,351,057.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2 a 2 b 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d	3	2,351,057.
a Donated services and use of facilities b Prior year adjustments c Other losses	2 a 2 b 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d	3 4c	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2 a 2 b 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d	3 4c	2,351,057. 2,351,057.

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

SCHEDULE 1 (Form 990)

Name of the

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

2016

OMB No. 1545-0047

Open to Public Inspection dentification number 83054 **≗** □

,	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990.
Department of the Treasury Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
lame of the organization	Employer is
STANISLAUS COM	STANISLAUS COMMUNITY FOUNDATION 68-046
Part I General Ir	General Information on Grants and Assistance
1 Does the organizat	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

XYes SEE PART IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part

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.	for any recipient	Organizations that received r	and Domestic GoV nore than \$5,000. F	ernments. Comple Part II can be dupli	te ir tne organizal cated if additional	space is needec	es on I.	
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	j.
(1) SOCIETY FOR DISABILITIES	94-1279804		23.100.	0				
(2) CITY MINISTRY NETWORK PO BOX 4983 MODESTO, CA 95352	26-0100683		11,900.	0				
(3) CITY OF MODESTO	94-6000374 170 (C) (1)	170 (C) (1)	30,968.	0				
(4) DEL RIO CC FOUNDATION 812 14TH STREET MODESTO, CA 95354	91-2143033		26,000.	0.				
(5) CENTRAL WEST BALLET 5039 PENTECOST DR. STE. B2 MODESTO, CA 95356	77-0154765		20,148.	0.				:
(6) CHILDREN'S CRISIS CTR PO BOX 1062 MODESTO, CA 95353	94-2686499		24,000.	0.			,	j
O CENTER FOR HUMAN SVCS 2000 W. BRIGGSMORE MODESTO, CA 95350	94-1725620		57,650.	0				
(8) CSU STANISLAUS 1 UNIVERSITY CIRCLE TURLOCK, CA 95382	77-0492209		38,700.	0				
	3) and government o	organizations listed	in the line 1 table			A .	58	
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				A	9	
DAA Ton Dangerer Dadmetica Act Motion	the transfer of the same of	COO Cor.				Caladad	C 100 100 110 110 110 110 110 110 110 11	

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

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

STANISLAUS COMMUNITY FOUNDATION Schedule I (Form 990) (2016)

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. 68-0483054

(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					
m					
4					
5					:
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the informatior	required in Part I,	line 2; Part III, co	umn (b); and any othe	r additional information.

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

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

THE GRANT RECIPIENTS.

Schedule I (Form 990) (2016)

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

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Continuation Page 1

2016

Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of non-cash assistance (d) Amount of cash grant 10,000. 10,450. 6,231 15,000 7,000 10,000 18,700 8,500 TEEA4001L 11/03/16 (c) IRC section (if applicable) 94-6002388 33-0998513 94-6102833 94-1186155 94-2281314 91-2168629 56-2607443 45-5034180 (b) EIN STANISLAUS COMMUNITY FOUNDATION EMPIRE UNION SCHOOL DISTRICT BOYS & GIRLS CLUB-STANISLAUS __SALIDA_UNION_SCHOOL_DISTRICT (a) Name and address of organization or government <u>JESSICA' HOUSE EMMANUEL MED</u> GALLO CENTER FOR THE ARTS JULINE FND FOR CHILDREN MODESTO GOSPEL MISSION CARDOZO MIDDLE SCHOOL BOY SCOUTS OF AMERICA 422 MCHENRY AVE 3525 SANTA FE ST ... 4031 TECHNOLOGY DR. 2881 GEER RD. STE. A RIVERBANK, CA 95367 TURLOCK, CA 95382 __<u>CASA</u>______ MODESTO, CA 95354 116 N. MCLURE 1700 MCHENRY AVE MODESTO, CA 95350 MODESTO, CA 95353 MODESTO, CA 95356 MODESTO, CA 95357 MODESTO, CA 95353 MODESTO, CA 95354 SALIDA, CA 95368 P.O. BOX 3488 PO BOX 1203__ 1000 I STREET 4801 SISK RD Name of the organization

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

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Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 500. (d) Amount of cash grant 10,000. 12,223 29,862 48,125 9,500 30,000 18,542 19,800 11,500 TEEA4001L 11/03/16 77. (c) IRC section (if applicable) 170 (C) (1) 27-0190717 170 (C) (1) 94-1212129 94-6033763 77-0294263 94-2671824 26-4356268 94-2834151 94-1658486 94-2499361 (b) EIN STANISLAUS COMMUNITY FOUNDATION STANISLAUS UNION SCHOOL DIST (a) Name and address of organization or government STANISLAUS LITERACY CENTER THE JACK & BUENA FOUNDATION UNITED WAY OF STAN CNIX ... STANISLAUS PARTNERS IN ED HOWARD TRAINING CENTER HUGHSON UNIFIED SCHOOL __618_13TH_STREET_____ TUOLUMNE RIVER TRUST HAVEN WOMEN'S CENTER 422 MCHENRY AVE 6815 HUGHSON AVE MODESTO JR COLLEGE HUGHSON, CA 95326 MODESTO, CA 95354 MODESTO, CA 95354 2410 JANNA AVE. MODESTO, CA 95353 435_COLLEGE_AVE MODESTO, CA 95350 MODESTO, CA 95354 1424 STONUM RD MODESTO, CA 95351 MODESTO, CA 95354 MODESTO, CA 95350 MODESTO, CA 95354 1032 11TH STREET 829 13TH ST_ _ P.O. BOX 3290 1100 H STREET Name of the organization

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

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2016

Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 5,250. 81,039 47,438 10,000 8,000 5,866 10,000 57,000 23,000 22,000 TEEA4001L 11/03/16 (c) IRC section (if applicable) 20-2068649 77-0438308 68-0291178 94-2150279 95-1648180 47-3797356 94-6036494 (b) EIN STANISLAUS COMMUNITY FOUNDATION 16 DIGITAL DR. STE. 130 (a) Name and address of organization or government SOUTH MODESTO PARTMERSHIPS. NATIONAL AG SCIENCE CENTER MODESTO SYMPHONY ORCHESTRA BURBANK ELEMENTARY SCHOOL CA 93407 SYLVAN ELEMENTARY SCHOOL 908 TERRACE PL WELLSPRING FOUNDATION __911_13TH_STREET______ CAL POLY ATHLETIC ADV. 2908 COFFEE RD. _ _ 4910 DELPHINA CT. 1135 PARADISE RD. __<u>PO_BOX_4937_____</u> MODESTO, CA 95350 MODESTO, CA 95355 MODESTO, CA 95352 MODESTO, CA 95350 MODESTO, CA 95354 MODESTO, CA 95351 OKIZU FOUNDATION NOVATO, CA 94949 SAN LUIS OBISPO, 1 SHIELDS AVE. KEYES, CA 95328 DAVIS, CA 95616 Name of the organization _ UC DAVIS

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

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Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification numbe Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 10,000. 10,000 11,339 10,000 25,000 21,500 18,750 21,000 10,000 TEEA4001L 11/03/16 (c) IRC section (if applicable) 04-3709177 77-0546574 77-0290002 80-0757122 27-0989324 77-0402974 81-0576641 20-5186517 77-0384311 (b) EIN STANISLAUS COMMUNITY FOUNDATION ALLIANCE EDUCATION FOUNDATION (a) Name and address of organization or government 4335 NORTH STAR WAY BLDG D STATE THEATRE OF MODESTO ___ HEALTHY AGING ASSOCIATION 1010 10TH_STREET______ _1307_J_STREET______ APOSTOLIC JUBILEE CENTER STANISLAUS COUNTY LIBRARY COSTA FAMILY FOUNDATION MODESTO SUNRISE ROTARY 121_DOWNEY_AVE_#102___ 8224 W. GRAYSON RD. CHRYSLER ELEMENTARY FAITH IN THE VALLEY 821 LASSEN AVE. MODESTO, CA 95356 MODESTO, CA 95354 MODESTO, CA 95358 2818 CONANT AVE MODESTO, CA 95350 MODESTO, CA 95354 MODESTO, CA 95358 601 MCHENRY AVE MODESTO, CA 95352 _ 511_VINE_STREET__ MODESTO, CA 95354 MODESTO, CA 95354 MODESTO, CA 95351 CAMP_TAYLOR__ 1500 I STREET Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

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Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification numbe Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 8,000. (d) Amount of cash grant 7,500 7,378 10,000 8,500 7,750 10,000 10,000 9,890 9,000 TEEA4001L 11/03/16 (c) IRC section (if applicable) 94-1337617 509 (A) (1) 71-0936185 26-3920864 95-4800735 47-3274539 20-0128637 36-4548494 (B) EIN STANISLAUS COMMUNITY FOUNDATION FAMILY PROMISE OF GREATER MOD STANISLAUS FAMILY JUSTICE CTR (a) Name and address of organization or government CALIFORNIA AVE ELEMENTARY SCOE CHARITABLE FOUNDATION PEER RECOVERY ART PROJECT RICHARD MOON PRIM SCHOOL 4120 DALE RD STE J8-157 HOMEBOY INDUSTRIES ____ LITILE LIGHTS PRESCHOOL 2301 WOODLAND AVE #8 130 W. BRUNO ST. 624 W. LAS PALMAS AVE LOS ANGELES, CA 90012 __CAMBRIDGE_ACADEMIES 1660 ARBOR WAY ____ WATERFORD, CA 95386 RIVERBANK, CA 95367 PAITERSON, CA 95363 319 N. REINWAY AVE 3800 CALIFORNIA ST LAS PAIMAS SCHOOL MODESTO, CA 95356 TURLOCK, CA 95380 MODESTO, CA 95358 MODESTO, CA 95354 MODESTO, CA 95354 __1625_I_STREET____ MODESTO, CA 95354 1222 J STREET 1100 H STREET Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

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2016

Schedule I Cont (Form 990) 2016 (h) Purpose of Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 5,346. 5,952. 5,500. 7,000 7,000. 5,400 TEEA4001L 11/03/16 (c) IRC section (if applicable) 94-6019706 47-1168855 71-0892856 94-6090626 95-1644593 88-0103531 (b) EIN STANISLAUS COMMUNITY FOUNDATION ADVANCING VIBRANI COMMUNITIES 201_SPROUL_HALL_#1960_____ (a) Name and address of organization or government CENTENARY UNITED METHODIST __UNIVERSITY_OF_NEVADA,_RENO_ 2575 YORBA LIND BLVD ___ MARSHALL B KETCHUM UNIV __1664_N_VIRGINIA_SI___ 3430 TULLY RD #20-239 FULLERTON, CA 92831 BERKELEY, CA 94720 MODESTO, CA 95350 1911 TOYON AVE MODESTO, CA 95350 1347 MCHENRY AVE MODESTO, CA 95350 MOPRIDE, INC. RENO, NV 89557 OC BERKELEY Name of the organization

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Inspection
Employer identification number

68-0483054

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

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

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

THE CHIEF EXECUTIVE OFFICER PROVIDES THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE, AND THE FULL BOARD DRAFT COPIES OF THE 990 TO BE REVIEWED AT THEIR REGULARLY SCHEDULED MEETINGS PRIOR TO THE 990 FILING.

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

STANISLAUS COMMUNITY FOUNDATION DIRECTORS, ON AN ANNUAL BASIS, DISCLOSE THEIR

CONFLICTS OF INTEREST IN WRITING, PER THE ORGANIZATION POLICY. ALSO, IF A BOARD

DIRECTOR HAS A CONFLICT OF INTEREST RELATED TO A BUSINESS MATTER OR ANY

GRANTMAKING/SCHOLARSHIPS SUBJECT TO APPROVAL BY THE BOARD, THESE ARE DISCLOSED

DURING BOARD MEETINGS AND SAID DIRECTORS ABSTAIN FROM THE DISCUSSION AND SUBSEQUENT

VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE ORGANIZATION HAS AN EVALUATION & COMPENSATION COMMITTEE COMPOSED OF THREE OR
MORE INDEPENDENT BOARD MEMBERS APPOINTED ANNUALLY BY THE PRESIDENT. ALONG WITH
ANNUALLY EVALUATING THE CHIEF EXECUTIVE'S PERFORMANCE THEY MAKE RECOMMENDATIONS TO
THE BOARD WITH RESPECT TO COMPENSATION. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO
ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMPENSATION SURVEYS
OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON
PRACTICES FOR THE STANISLAUS COUNTY AREA.

Employer identification number

68-0483054

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

THE ORGANIZATION HAS AN EVALUATION & COMPENSATION COMMITTEE COMPOSED OF THREE OR MORE INDEPENDENT BOARD MEMBERS APPOINTED ANNUALLY BY THE PRESIDENT. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMEPENSATION SURVEYS OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON PRACTICES FOR THE STANISLAUS COUNTY AREA.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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FEDERAL SUPPORTING DETAIL

PAGE 1

STANISLAUS COMMUNITY FOUNDATION

68-0483054

CONTRIBUTIONS,	GIFTS,	AND G	RANTS	
OTHER CONTRIBL	JTIONS.	GIFTS	GRANTS,	ETC.

CONTRIBUTIONS	\$ 3,376,115.
GRANTS	1,372,000.
TOTAL	\$ 4,748,115.

STMT. OF FUNCTIONAL EXPENSES (990) OCCUPANCY

RENT,	\$ 27,594.
UTILITIES	9,822.
TOTAL	\$ 37,416.

STMT. OF FUNCTIONAL EXPENSES (990) INSURANCE

LIABILITY INSURANCE	Ş	4,348.
WORKER'S COMP INSURANCE		6,530.
TOTAL	\$	10,878.

2016 California Exempt Organization Annual Information Return

 F	OHIV
1	99

Calendar Ye	ar 2016 or fiscal year beginning (mm/dd/yyyy) , and end	ing (mm/dd/yyyy)	•
Corporation/Or	ganization name		California corporation number
STANISI	AUS COMMUNITY FOUNDATION		2358577
Additional info	mation, See instructions.		FEIN
			68-0483054 PMB no.
	(suite or room)		FMB IIU.
City	TH STREET	State	Zip code
MODEST		CA	95354
Foreign country	/ name	Foreign province/state/county	Foreign postal code
		L 0070 0 1' 00701 1 1 1 1	-
A First Retu	III.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inder R&TC Section 23701d, has the n engaged in political activities?	
B Amended	Return • Yes X NO See instruc	tions.,	• Yes No
C IRC Section	on 4947(a)(1) trust Yes X No		N/A
D Final Info	rmation Return? K is the orna	nization exempt under R&TC Section	
• Di	ssolved • Surrendered (Withdrawn) • Merged/Reorganized If 'Ves' ent	er the arass receipts from	
		r sources	
		tion is exempt under R&TC Section the filing fee exception, check box.	23/01d
1 [[(e is required	• X
	er 990 series M Is the orga	nization a Limited Liability Compan	y? ● Yes X No
	01 000 001100	anization file Form 100 or Form 10	9 to report
CI 15 UII5 G		ome?	
H is this or	ganization in a group exemption? Yes X No O Is the orga	nization under audit by the IRS or I	nas the IRS
If 'Yes,' v	what is the parent's name?	a prior year?	
	P is federal i	Form 1023/1024 pending?	Yes No
Did the o	ganization have any changes to its guidelines Date filed	with IRS	
not repor	red to the FTB? See instructions Yes X No		CACA1112L 11/30/16
Part I	Complete Part I unless not required to file this form. See General Instruc		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line		1 10,164,842.
	2 Gross dues and assessments from members and affiliates		2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received	SEE SCH. B. •	3 4,748,115.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through lin		
	This line must be completed. If the result is less than \$50,000, see	General Instruction B	4 14,912,957.
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sold ●	10,075,144.	
	7 Total costs. Add line 5 and line 6		7 10,075,144.
	8 Total gross income. Subtract line 7 from line 4		8 4,837,813.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 2,008,594.
	10 Excess of receipts over expenses and disbursements. Subtract line		10 2,829,219. 11
	11 Total payments		12
	12 Use tax. See General Instruction K		13
	13 Payments balance. If line 11 is more than line 12, subtract line 12 fr		14
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from		
Fee	15 Filing fee \$10 or \$25. See General Instruction F		15
	16 Penalties and Interest. See General Instruction J		16
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	<u></u> .	17 0.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying sche correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of the control of t	dules and statements, and to the bes	it of my knowledge and belief, it is true,
Here	Signature Title	Date	 Telephone
	of officer CHAIRMAN	9/1/17	(209) 576-1608
	Preparer's > 40 40 40 5 told	30 (17 Check if self-employed ► 2	PTIN
Paid	signature Tytchelle Yalls	employed	P01251310 • FEIN
Preparer's Use Only	Firm's name JOHNSON & ASSOCÎATES CPAS INC		
	(or yours, if self-employed) 631 15TH ST		45-3994255 • Telephone
	and address MODESTO, CA 95354		209-236-1040
	May the FTB discuss this return with the preparer shown above? See ins	tructions	
	may the into discuss this retain min the preparet shown above: occurs		

STANISLAUS COMMUNITY FOUNDATION

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.

		1	Gross sales or receipts from al	l business activities. See	instruc	tions		1	
		2	Interest		,			2	
		3	Dividends				,	3	
Rece	ipts	4	Gross rents		<i></i>			4	
Other	r	5	Gross royalties					5	
Sour	ces	6	Gross amount received from sa					6	9,725,408.
		7	Other income. Attach schedule			SEE ST	ATEMENT 1 .	7	439,434.
		8	Total gross sales or receipts from other					8	10,164,842.
		9	Contributions, gifts, grants, and similar	amounts paid. Attach schedule .		SEE ST	ATEMENT 2 .	9	1,260,865.
		10	Disbursements to or for member					10	
		11	Compensation of officers, direct	tors, and trustees. Attach	sched	iule	EE STMT 3 🕳	11	130,211.
		12	Other salaries and wages					12	220,753.
Ехре	nses	13	Interest					13	
and Disbu	Irca.	14	Taxes					14	28,576.
ment		15	Rents					15	37,416.
		16	Depreciation and depletion (Se					16	3,065.
			Other Expenses and Disbursen	e mante Attach cahadula		SEE ST	ATEMENT 4	17	327,708.
		17	Total expenses and disbursements, Add					18	2,008,594.
<u> </u>		18							
	edule	<u> </u>	Balance Sheet	Beginning of	тахар			of taxal	(d)
Asse				(a)		(b) 285,671.	(c)	•	1,867,125.
-			receivable	0.00 a.00 a.00 a.00 a.00 a.00 a.00 a.00		961.		•	916,840.
			receivable	702.702.002.007.000000.0000000000000000		904.		•	510,010.
3 4								•	
			tate government obligations,					•	
6			other bonds	1000004/50000000000000000000000000000000				•	
7	Invostm	ante ii	stockSTMT	5	1.	7,160,031.		•	18,210,768.
8			S			,,		•	
			ents. Attach schedule			138,000.		•	273,000.
			ssets	1		200,000.	40,8	61.	
	•		ated depreciation		<u> </u>	10,261.	23,0		17,854.
			accu depreciation			10,201.		•	
			Attach schedule					•	50,207.
					1	7,594,924.			21,335,794.
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						1,845.		•	10,686.
		, -	able	The second control of		1,013.		•	23,000.
		•	gifts, or grants payable					•	25,000.
			tes payable					•	.,
17	Mortgaç	es pay	/able	Q		EA EAE			55,990.
			s. Attach schedule		-7 1	64,545. 7,528,534.		•	21,246,118.
			or principal fund			1,320,334.		•	21,240,110.
			ital surplus. Attach reconciliation ings or income fund					•	
			es and net worth		7	7,594,924.			21,335,794.
	edule						2000/400/000000000000000000000000000000	55.014.0	
SCIL	eaure	\$41" I	Do not complete this schedule	if the amount on Schedule	L, line	, 13, column (d), is	less than \$50,000		
1	Not inco	me ne	er books	• 2,829,219.			books this year not incl	200000	
			e tax	•	7		h schedule	_	
			tal losses over capital gains	•	8	Deductions in this r			
	against hook income this year								
			le	•	_]				
			rded on books this year not deducted		9		d line 8		
	in this r	eturn.	Attach schedule	•	10	Net income per			
6	Total. A	dd line	e 1 through line 5	2,829,219		Subtract line 9	from line 6		2,829,219.

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

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Name of the organization		Employer identification number
STANISLAUS COMMUNITY FOUND	ATION	68-0483054
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organiza	ation
	4947(a)(1) nonexempt charitable trust r	not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust t	reated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	eneral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Gene	ral Rule and a Special Rule, See instructions.
General Rule		
X For an organization filing Form 990, 9 property) from any one contributor. C	90-EZ, or 990-PF that received, during the year, on plete Parts I and II. See instructions for determination of the properties of the prop	contributions totaling \$5,000 or more (in money or nining a contributor's total contributions.
Special Rules		
For an organization described in section under sections 509(a)(1) and 170(b)(1)(4) received from any one contributor, du Form 990, Part VIII, line 1h, or (ii) Form	on 501(c)(3) filing Form 990 or 990-EZ that met th)(vi), that checked Schedule A (Form 990 or 990-EZ) ring the year, total contributions of the greater of m 990-EZ, line 1. Complete Parts I and II.	ne 33-1/3% support test of the regulations, Part II, line 13, 16a, or 16b, and that (1) \$5,000 or (2) 2% of the amount on (i)
during the year total contributions of	on 501(c)(7), (8), or (10) filing Form 990 or 990-E more than \$1,000 <i>exclusively</i> for religious, charita elty to children or animals. Complete Parts I, II, a	inie, scientific, literary, or educational
during the year, contributions exclusive \$1,000. If this box is checked, enter his charitable, etc., purpose, Don't complete.	on 501(c)(7), (8), or (10) filing Form 990 or 990-E rely for religious, charitable, etc., purposes, but no ere the total contributions that were received duri ete any of the parts unless the General Rule appl paritable, etc., contributions totaling \$5,000 or mo	o such contributions totaled more than ng the year for an <i>exclusively</i> religious, ies to this organization beca <u>u</u> se
Caution. An organization that isn't covere	d by the General Rule and/or the Special Rules do IV, line 2, of its Form 990; or check the box on line of the filing requirements of Schedule B (Form 990	oesn't file Schedule B (Form 990, 990-EZ, or ne H of its Form 990-EZ or on its Form 990-PF,

				,
Schedule B	/Earm 000	ርርርር ሮፖ	AT GOD DEV	20016N
ochequie b	(FUIII 990.	. フフひ・ヒム,	01 220-11)	(2010)

1 of

8 of Part I

Name of organization
STANTSLAIIS COMMINITY FOUNDATION

Employer identification number

68-0483054

OIMMIC	DIAGO COMMONITI FOUNDATION	00 0	100001
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$279,847.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,306.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$180,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>9,039.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	2 of 8 of Part
Name of org	slaus COMMUNITY FOUNDATION	' '	r identification number 483054
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		20001
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$21,848.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$6,856.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$41,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/16	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)

Page

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8 of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page	3	of	8	of Part I
Name of organization	Employer	identific	ation numi	er	
CONSTRUCT ALC COMMUNITOR POLINDATION	68-04	ደ3በ፣	5.4		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13_		\$ <u>70,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14_		\$44,886.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15_		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17_		\$ <u>5,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18_		\$ <u>19,037.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

BAA

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)

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8 of Part I

Name of organization

Employer identification number

STANISLAUS COMMUNITY FOUNDATION 68-0483054

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$1,066,002.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$345,249.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_		\$225 <u>,403</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$ <u>220,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _		\$98,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-E)	Z, or 990-PF) (2016)
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Page 5 of 8 of Part I

Name of organization

STANISLAUS COMMUNITY FOUNDATION

Employer Identification number 68-0483054

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is necessa.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 25</u> _		\$90,604.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _		\$20 <u>,</u> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$ <u>18,829.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
i			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions \$15,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
			Person X Payroll Noncash
28_		\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
28 _ (a) Number	(b) Name, address, and ZIP + 4	\$ 15,000. (c) Total contributions	Person X Payroll
28 _ (a) Number	(b) Name, address, and ZIP + 4	\$15,000. (c)	Person X Payroll

6 of

8 of Part I

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_		\$ <u>10,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>33</u> _		\$10,200.	Person X Payroil Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u> _		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>35</u> _		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> _		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

				/
Schedule B	(Form 990,	990-EZ, or	990-PF)	(2016)

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8 of Part I

Name of organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-	Λ	1	o	2	Λ	Ε	1
6 X -	U	4	×	.3	U	. 5	4

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u> _		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39_		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u> _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>41</u> _		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42_		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	8 of 8 of Part
Name of org			r identification number 483054
	GLAUS COMMUNITY FOUNDATION		403034
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u> _		\$6,438.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_		\$6,00 <u>0</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u> _		\$ <u>5,874.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u> _		\$ <u>5,581.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47_		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48_		\$5,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

1 to

1 of Part II

Name of organization

STANISLAUS COMMUNITY FOUNDATION

Employer Identification number

68-0483054

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 1100	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E2	Z, or 990-PF) (2016)

1 to

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

of Part III

Name of organization
STANISLAUS COMMUNITY FOUNDATION

Employer Identification number 68-0483054

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

Attac	ch to Form 100 or For	m 100W. FORM	1 199							
Corpo	ration name						Califor	nia corp	oratio	n number
STA	NISLAUS COMMU	NITY FOUNDA	TION				235	8577		
Par	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction	under IRC Section	179 for California					1		\$25,000
2	Total cost of IRC Se							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation	<i></i>			3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0				4		
5	Dollar limitation for t	axable year, Subtra	act line 4 from line	1. If zero or less,	enter -0			5		
6		Description of property		(b) Cost (business		(c) Elected				
	Listed property (elec	lad IDC Castian 17	/O acat)		7			1		
7	Total elected cost of	Cled IRC Section 170 s	ranarty Add amou	ente in column (c)	' ' ' <u> </u>	ine 7		8	ISHESSISSES	250000000000000000000000000000000000000
8	Tentative deduction.	Enter the smaller	of line 5 or line 8	ints in column (c),	ine o and n	1116 7 , , , ,		9		
9	Carryover of disallov							10		
10	Business income lim	ved deduction from	mallar of business	income (not less t	than zero) o	r line 5		11		
11 12	IRC Section 179 exp	ence deduction A	dd line 9 and line 1	0 but do not enter	r more than	line 11		12		
13	Carryover of disallov	red deduction to 20	117 Add line 9 and	Lline 10 less line	12	13				
Pari	FII Denreciation at	nd Election of Additi	onal First Year Den	reciation Deduction	Under R&TO	C Section 243	56	L		
			(c)	(d)	(e)	(1)		g)	T	(h)
14	(a) Description	(b) Date acquired	Cost or	Depreciation	Depreciation		Depreci	ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this	year		year
	,			allowable in earlier years					- 1	depreciation
	NOMEDOOK CON	9/01/2006	1,295.	1,295.	S/L	3			\dashv	
	NOTEBOOK COM	3/02/2009	9,658.	9,658.		5				
	/IN C9025 COP	1/29/2010	3,367.		· · · · · ·	3				
	MITEL TELEPHON		2,913.	2,913.		5				
	LL OPTIPLEX 3		***************************************	594.		7		26	4	
	ARD TABLE/FIL		1,845.					20	<u>.</u>	
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, co	lumn (h). The total lumn (h)	of column (h) may	/ not exceed	15		3,06	5.	
Par										
16	Total: If the corporal	tion is electing:		line 15 column (c	v)				ļ	
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	856. add the amou	nts on line 1	5, columns	(g) and (h) or		
	Depreciation (if no e	lection is made), e	inter the amount fro	om line 15, columr	າ (g)			⋯ [_!	6	
17	Total depreciation of	aimed for federal p	ourposes from fede	ral Form 4562, line	e 22	, , ,	, , , , , , , , ,	1	7	
18	Depreciation adjusts	nent If line 17 is a	reater than line 16.	enter the differen	ce here and	on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16, i	enter the differenc	e nere and o determine r	on rorm 100 net income b	or efore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary.). <i>.,</i>			1	8	
Par										
19	(a)	(b)	(c)		(d)	(e)	_ (f)			(g)
	Description	Date acquire	d Cost o		tization	R&TC	Period			Amortization
	of property	(mm/dd/yyyy	v) other bas		r allowable er years	section (see instr)	percent	age		for this year
				, , , ,	0. , 0	(,				
								20		
20	Total, Add the amou	ınts in column (g).					, , , , , , , , ,	20		
21	Total amortization of							21		
22	Amortization adjustr	ment. If line 21 is g	reater than line 20	, enter the differen	ice here and	on Form 100	O or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20.	enter the differenc	e nere and	OH FOITH 100	OI .	22		
	rorm 100W, Side 2,	IIII€ I∠							· · · · · ·	

Attac	ch to Form 100 or For	m 100W. FORM	1 199									
Carpa	ration name								Califor	nia con	oratio	n number
STA	NISLAUS COMM	UNITY FOUNDA	TION						235	8577	<u>'</u>	
Parl	t Election To Ex	kpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction									_ 1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service	. ,						2		
3	Threshold cost of IR											\$200,000
4	Reduction in limitation										L	
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0			, , , , , , , , ,	5	ADMINISTRATIVO	
6	(a)	Description of property		(b) C	ost (business u	ıse only)	(c)	Elected	cost			Spillinger og Golde Stock
7	Listed property (elec	ted IRC Section 17	9 cost)			7						
8	Total elected cost of						ne 7			8	<u> </u>	
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim									11		
12	IRC Section 179 exp									12		
13	Carryover of disallov										100 March 100 Ma	
Parl		nd Election of Additi						n 243	6			
14	(a)	(b)	(c)		(d)	(e)	(1)	(9	g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation			Deprecia	ation 1	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	ra	e	this	year		year depreciation
					er years						1	aoprodiation
LEA	SEHOLD IMPRO	12/16/2013	680.		272.	S/L		5		1.3	6.	
	SEHOLD IMPRO		639.		256.	S/L		5		12	8.	
SIG		10/21/2013	950.		295.	S/L		7		13	6.	
	PUTER - DORI		723.		266.	S/L		5		14	5.	
	TOP - AMANDA		755.		277.	S/L		5		15	1.	
15	Add the amounts in \$2,000. See instruct	column (g) and col	umn (h). The total	of colu	mn (h) may	not exceed	1	15	·			
Parl		ions for the Tity Go	211,7, (1), (1)			· · · · · · · · · · · · · · · · · · ·					•	
16	Total: If the corporal	tion is electing:									1	
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15	, column (g)	or		,				
	Additional first year Depreciation (if no e	depreciation under	R&TC Section 243	856, add	the amount	ts on line 1	5, colu	mns (g) and (n) or	16	
17	Total depreciation of	election is made), e Isimod for fodoral r	urnoses from fede	uni iine ral Forn	n A560 line	22		,			17	
18	Depresiation adjusts	pont If line 17 is a	eater than line 16	onter t	he differenc	a here and	on For	m 100) or	··· -		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and o	n Forn	1 100	or			
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	iounts a	ire used to d	letermine r	iet inco	me be	etore		18	
Dou	state adjustments or	n Form 100 or Form	1 100vv, no adjustn	nent is	necessary.)						.0	
Par		/b)	(6)		(0	47	(e	<u>. </u>	(f)			(g)
19	(a) Description	(b) Date acquire	d (c)	r	Amorti	zation	R&T	c l	Period	or		Amortization
	of property	(mm/dd/yyyy) other bas		allowed or		secti	on	percent	age		for this year
					in earlie	r years	(see i	istr)				
							ļ				ļ	
										Y		
20	Total. Add the amou									20		
21	Total amortization cl	laimed for federal p	urposes from fede	ral Forr	n 4562, line	44				21		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is a	reater than line 20.	, enter t	he differenc	e here and	on Fo	m 100	or or			
-	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Forn	1 100	or	22		
	FUTTH TUUYY, SIGE Z,	IIIC IZ									L	

Atta	ch to Form 100 or For	m 100W. FORM	1 199									
	ration name	Wilson Pold	<u> </u>						Califo	rnia cor	poratio	on number
ST	ANISLAUS COMMU	NITY FOUNDA	TION						235	857	7	
Par	t Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79							
1	Maximum deduction	under IRC Section	179 for California							1	<u> </u>	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.	. , ,			• • • • • •			2	1_	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in lin	nitation		,			3		\$200,000
4	Reduction in limitation										ļ	
5_	Dollar limitation for t		act line 4 from line							3		
6	(a)	Description of property		(b) Co	ost (business	ise only)	(c)	Elected	cost	ł		

				<u></u>		7					100	
7	Listed property (electronal elected cost of	ted IRC Section 17	'9 cost)		الحمارة		lino 7			8	T	
8	Tentative deduction.									9	 	
9 10	Carryover of disallov										╁	
11	Business income lim	itation Enter the s	maller of husiness	income	(not less t	nan zero) (or line 5	5		11	 	
12	IRC Section 179 exp									12	 	
13	Carryover of disallov											
Par		nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&T	C Section	on 243	56			
14	(a)	(b)	(c)		(d)	(e)		f)	(g)_		(h)
	Description	Date acquired	Cost or	Depr	eciation wed or	Depreciation method	n Life ra	e or	Depreci	ation year	for	Additional first year
	of property	(mm/dd/yyyy)	other basis		vable in	HEULUU	'a	ie .	uns	yea		depreciation
				earlie	er years		<u> </u>					
PC	COMPUTER - M		810.		162.	S/L		5			62.	
SOI	TTWARE LICENS	1/15/2015	237.		47.	S/L		5			47.	
	LL CABINET	1/15/2015	121.		24.	S/L		5			24.	
OF	FICE LAPTOP	1/15/2015	804.		161.	S/L		5			61.	
MOI	NITORS	2/23/2015	249.		42.	S/L		5		!	50.	
	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, co	umn (h). The total lumn (h)	of colun	nn (h) may	not excee	d 	15				,
Par												
16	Total: If the corporat	tion is electing:	unt on line 12 and	lina 15	column (a)							
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356. add	the amoun	ts on line	15, colu	ımns (g) and (h) or		
	Depreciation (if no e	lection is made), e	nter the amount from	om line	15, column	(g)					16	
	Total depreciation cl									••• -	17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16, less than line 16	, enter th	ne difference	e here and	d on For	rm 100 n 100	Jor or			
	Form 100W, Side 2.	line 12. (If Californ	iia depreciation am	nounts ar	re used to a	ietermine :	net inco	ome be	etore			
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	nent is r	ecessary.)			• • • • •			18	
Par			7->			j.	1 /	<u>. </u>	70		1	(a)
19	(a) Description	(b) Date acquire	d (c) Cost o	ır	Amort	d) zation	R&	TC	(f) Period	or		(g) Amortization
	of property	(mm/dd/yyyy			allowed or	allowable	sect	ion	percent		ĺ	for this year
					in earlie	years	(see i	nstr)			 	
							_				 	
											+-	
											+	
							<u> </u>				+	
										20	+	
20	Total. Add the amou									21		
21	Total amortization cl									1		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20 Tess than line 20	, enter ti enter the	ne difference e difference	e nere and here and	a on Fo on For	rm 10 n 100	or or	İ		
	Form 100W, Side 2,	line 12				,				22		

Atta	ch to Form 100 or For	m 100W. FORI	M 199							
Corpo	ration name						Califor	rnia corp	oratio	n number
ST	ANISLAUS COMMU	JNITY FOUNDA	TION				235	8577	'	
Par	t I Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction							1		\$25,000
. 2	Total cost of IRC Se							2		
3	Threshold cost of IR									\$200,000
4	Reduction in limitation									
5	Dollar limitation for l	taxable year. Subtr	act line 4 from line					5		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	i cost			
7	Listed property (elec									
8	Total elected cost of							8		
9	Tentative deduction.							9	ļ	
10	Carryover of disallov									
11	Business income lim							11		
12	IRC Section 179 exp							12		
13	Carryover of disallov	ved deduction to 20	17. Add line 9 and	line IV, less line I	Under DOTO	Continu 263	EC		3353558	
Par	· · · · · · · · · · · · · · · · · · ·			reciation Deduction		1				/1->
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	Depreci	g) ation f	for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate		year		year
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		allowable in						depreciation
	DOTAMED	5/15/2015	250.	earlier years 33.	S/L	5		Ę	0.	
	PRINTER TELEPHONE	7/16/2015	353.	21.	S/L	7			0.	
	MERA - FRONT	7/27/2015	590.	49.	S/L	5		11		
	- COMPUTER	9/10/2015	645.	43.	S/L	5		12		
	L PRINTER	9/10/2015	165.	11.	S/L	5		 	3.	,
		· · · · · · · · · · · · · · · · · · ·								
15	Add the amounts in \$2,000. See instruct	column (g) and col	lumn (h). The total lumn (h)	of column (h) may	not exceed	15				
Par										
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g)) Or Its on line 11	5 columns /	(a) and (h	امرا		
	Depreciation (if no e	depreciation under lection is made), e	nter the amount fr	om line 15. column	(a) (b)			" 1	16	
17	Total depreciation cl								17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter the difference	e here and	on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	here and o	n Form 100 et income b	or efore			
	state adjustments or	n Form 100 or Forn	n 100W. no adiustr	nent is necessary.)				1	18	
Par				· · · · · · · · · · · · · · · · · · ·						
19	(a)	(b)	(c)	(d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o	r Amort	ization allowable	R&TC section	Period percent			Amortization
	of property	(mm/dd/yyyy	v) other bas	sis allowed of in earlie		(see instr)	percent	age		for this year
					,					

	Total Add the exercise	into in column (=)						20		
	Total. Add the amou							21		
21										
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the airrerent enter the difference	here and o	n Form 100	or			
	Form 100W, Side 2,	line 12		******				22		

Atta	ch to Form 100 or For	m 100W. FORM	1 199									
Corpo	ration name							Ca	aliforn	ia corp	oratio	n number
ST	ANISLAUS COMMU	JNITY FOUNDA	TION					2	358	577		
Par		kpense Certain Pro										
1	Maximum deduction									1		\$25,000
2	Total cost of IRC Se									2		****
3	Threshold cost of IR									3 4		\$200,000
4	Reduction in limitation									5		
5_	Dollar limitation for		act line 4 from line							3		
6	(a)	Description of property		(6) (ost (business i	ise only)	(C) Ele	cted cost				
									- Immini			Appropriate Company
												Bon Course (Sept. 18)
				<u> </u>					2000			
7	Listed property (elec	ted IRC Section 17	⁷⁹ cost)			7			- 8	8		
8	Total elected cost of									9		
9	Tentative deduction.								_	10		
10 11	Carryover of disallov Business income lim								∵⊢	11		
12	IRC Section 179 exp								· · · · ⊨	12		
13	Carryover of disallov											
Par	Depreciation a	nd Election of Additi	onal First Year Dep	reciation	Deduction	Under R&TO	Section 2	4356				
14	(a)	(b)	(c)		(d)	(e)	(f)		(g))		(h)
, ,	Description	Date acquired	Cost or		reciation	Depreciation					or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	u	his y	ear		year depreciation
					er years							
DE	SK - MARIAN	9/10/2015	2,333.		156.	S/L		5		46	7.	
	NFERENCE PHON	12/29/2015	821.			S/L		7		11	7.	
WOO	DD BLINDS	3/01/2016	196.			S/L		7		2	3.	
EQ	JIPMENT	4/01/2016	265.			S/L		7		2	8.	
EQ	JIPMENT	7/07/2016	166.			S/L	<u> </u>	7		1	2.	
15	Add the amounts in \$2,000. See instruct	column (g) and column (g)	lumn (h), The total lumn (h)	of colu	mn (h) may	not exceed	15	,				
Par												
16	Total: If the corpora	tion is electing:										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15 856. add	, column (g) I the amoun	i or ts on line 1	5 column	s (a) and	d (h)	or		
	Depreciation (if no e	election is made), e	nter the amount fr	om line	15, column	(g)				. 1	6	
17	Total depreciation cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	22				1	7	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	on Form	100 or				
	Form 100W, Side 1, Form 100W, Side 2,	line b. If line 17 is	less than line 16, lais denreciation am	enter in Jounts a	e ainerence re used to a	nere and d letermine r	et income	before				
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is i	necessary.)					1	8	
Par	t IV Amortization						.,					
19	(a)	(b)	(c)	_	() ()	d)	(e) R&TC	D ₂	(f) riod •	<u>. </u>		(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		Amorti allowed or		section		enta			Amortization for this year
	or property	(11,11), (2,2,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3	, , , , , , , , , , , , , , , , , , , ,		in earlie		(see inst	r)				
				_								
	Total. Add the amou									20		
	Total amortization c									21		
	Amortization adjusts	ment If line 21 is a	reater than line 20	enter t	he differenc	e here and	on Form	100 or				
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e aitterence	nere and o	on Form I	oo or		22		
	Form 100W, Side 2,	III10 I∠	.,,,		• • • • • • • • • • • • • • • • • • • •							

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	ch to Form 100 or For	m 100W. FORM	1 199					-	California	cornorati	on number
•	ration name										on number
	NISLAUS COMMU								23585	77	
Pari		pense Certain Pro									405 000
1	Maximum deduction										\$25,000
2	Total cost of IRC Sec										\$200,000
3	Threshold cost of IRO										\$200,000
4	Reduction in limitation Dollar limitation for to								· · · · · · —		
			act line 4 from line		(business)			cted cost	359.75		
6_	(a)	Description of property	***************************************	(n) cost	(DUSHIESS)	use only)	(6) 116	cted cost			
											Description of the second
7	Listed property (elec										
8	Total elected cost of										
9	Tentative deduction.										
10	Carryover of disallow										
11	Business income lim										
12	IRC Section 179 exp								12	3856	
13	Carryover of disallow							24250		575555	
Par		d Election of Additi				1		24350			4.5
14	(a) Description	(b) Date acquired	(c) Cost or	(d Depred	l) ristion	(e) Depreciation	(f) Life o	r Dei	(g) preciatio	n for	(h) Additional first
	of property	(mm/dd/vyvy)	other basis	allowe		method	rate	50	this yea		year
		`		allowa							depreciation
		- /o1 /o01 c	7 000	earlier	years	a /r	1	7		61	
	RHEAD PROJEC	7/21/2016	1,028.			S/L		7		61. 25.	
	K STAND - DO	8/18/2016	518.			S/L					
	K STAND - AM	8/18/2016	307.			S/L		7		15.	
PHC		8/18/2016	335.			S/L		7		16.	
	IN COPIER/FA	8/24/2016	7,089.			S/L	<u> </u>	5		473.	
15	Add the amounts in \$2,000. See instructi							5			
Par											
16	Total: If the corporat	ion is electing:	10	Uma 1E o	aluman (a)						
	IRC Section 179 expended Additional first year of	ense, add the amo Henreciation under	unt on line 12 and R&TC Section 243	ine 15, c 356. add th	olumin (g) ne amoun	ts on line 1	5. column	ıs (g) aı	nd (h) o i	-	
	Depreciation (if no el	lection is made), e	nter the amount fr	om line 15	i, column	(g)				16	
17	Total depreciation cla	aimed for federal p	urposes from fede	ral Form 4	1562, line	22				17	
18	Depreciation adjustment form 100W, Side 1,	ent. If line 17 is gr	eater than line 16,	, enter the	difference	e here and	on Form	100 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6, If line 17 is line 12 7/If Californ	less than line 16, (enter the d nounts are	used to a	nere and d determine r	on Form i net income	oo or e before	2		
	state adjustments on	Form 100 or Form	100W, no adjustn	nent is ne	cessary.)					18	
Parl											
19	(a)	(b)	(c)		(4	d)	(e) R&TC		(f)		(g)
	Description	Date acquire	d Cost o		Amorti	zation allowable	R&TC section		eriod or rcentage		Amortization for this year
	of property	(mm/dd/yyyy	other bas	515 a	in earlie		(see inst		rcernage	·	ioi triis year
						<u></u> .	 				······································
							<u> </u>				
							<u> </u>				
20	Total. Add the amou	nte in column (a)					<u> </u>		20	<u>, </u>	
20	Total amortization cla										
21									·····\ - -'		
22	Amortization adjustment form 100W, Side 1,	ient, it line 21 is gi line 6. If line 21 is	eater than line 20, less than line 20	, enter the enter the c	anterence difference	here and	on Form 1	00 or			
	Form 100W, Side 2,	line 12						<u> </u>	22	2	

	2016 Cor	poration De	preciation ar	ıd An	nortizati	ion					3885
Attac	ch to Form 100 or For	m 100W. FORM	1 199					L Oalifar	-!	- avation	numbor
Corpo	ration name										number
	ANISLAUS COMMU							235	8577	7	
Parl	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79				1	1	#2E 000
1	Maximum deduction								2	 	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service.						3	 	\$200,000
3	Threshold cost of IRe Reduction in limitation	C Section 179 prop	from line 2. If zoro	on in iin	nitation		,		4		Q 2007000
4 5	Dollar limitation for t	on, Subtract line S sovable year Subtr	nom me z. n zero act line A from line	1 lf ze	ro or less e				5		
6		Description of property	act time + from time	(h) C	ost (business u	ise only)	(c) Electe	d cost			
	\a)	pescripaon or property		(3) 5	000 (2000)	,	\\\\				
7	Listed property (elec	ted IRC Section 17	79 cost)			7					
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in c	olumn (c), l	ine 6 and	line 7		8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.				, , , , , , , , , , , , ,		9	ļ	
10	Carryover of disallov	ved deduction from	prior taxable year	s.,					10	ļ	
11	Business income lim	itation. Enter the s	maller of business	income	(not less t	han zero) (or line 5		11 12		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but d	o not enter	more than	1 line l.,		12	100000	
13	Carryover of disallov	ved deduction to 20	ional First Year Dep	i line iu	, less line I	Lindor D&T	C Section 2/13	56		Vessess	
Par						£	1		g)		(h)
14	(a) Description	(b) Date acquired	(c) Cost or		(d) eciation	(e) Depreciatio	n Life or	Depreci	ation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		year		year depreciation
			!		vable in er years		1				depreciation
Τ.Δ.	PTOP	9/14/2016	640.		<u>i.i</u>	S/L	5		4	13.	
	ERHEAD PROJEC		114.			S/L	7			1.	
	HIME INCOLO	22/22/2020									
16	Add the amounts in	column (a) and co	lumn (h). The total	of colu	nn (h) mav	not excee	d				
13	\$2,000. See instruct	ions for line 14, co	lumn (h)				15				
Par											
16	Total: If the corpora	tion is electing:			. , ,						
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and R&TC Section 243	iline 15, 356. add	, column (g) The amoun) or its on line	15, columns	(g) and (h) or		
	Depreciation (if no e	lection is made), e	enter the amount fr	om line	15, column	(g)			· · · · L	16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	eral Forn	n 4562, line	22			··· -	17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter ti	he difference	ce here and	d on Form 10 on Form 100	lu or For			
	Depreciation adjustn Form 100W, Side 1, Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts a	re used to	determine	net income b	efore		ا ۵۰	
	state adjustments or	n Form 100 or Forr	n 100W, no adjustr	nent is r	necessary.)			,,,,,,,,,		18	
Par							(0)	(6)		Т	(g)
19	(a) Description	(b) Date acquire	d (c) d Cost o	r	Amort	d) ization	(e) R&TC	(f) Period	lor		Amortization
	of property	(mm/dd/yyy)) other ba		allowed or	allowable		percent	age		for this year
					in eariit	er years	(see instr)				
										+	
				·						 	
										1	
	Total. Add the amou	into in column (a)			<u> </u>				20	 	
20	Total amortization c	inus in columni (g). Isimad far fadaral	nurnocae from fode	aral Form	n 4562 line	. 44			21	 	
21	total amortization c	lanned for rederal	purposes nom iede	antor t	ha diffaran	na hara en	d on Form 10	nn or		1	
22	Amortization adjustr Form 100W, Side 1,	nent, it line 21 is g line 6. If line 21 is	less than line 20.	enter th	e difference	here and	on Form 100	or			
	Form 100W, Side 2,	line 12							22		
	-										

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	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME MISCELLANEOUS OTHER INVESTMENT INCOME PROGRAM SERVICE REVENUE	TOTA	3,153.
STATEMENT 2 FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRA	NTS, AND SIMILAR AMOUNTS PAID	111 7 233), 333.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	SOCIETY FOR DISABILITIES 1129 8TH STE. 101 : MODESTO, CA 95354	23,100.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:		11,900.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	CITY OF MODESTO PO BOX 3441 MODESTO, CA 95353	30,968.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	DEL RIO CC FOUNDATION 812 14TH STREET : MODESTO, CA 95354	26,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	CENTRAL WEST BALLET 5039 PENTECOST DR. STE. B2 : MODESTO, ÇA 95356	20,148.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	CHILDREN'S CRISIS CTR PO BOX 1062 MODESTO, CA 95353	24,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	CENTER FOR HUMAN SVCS 2000 W. BRIGGSMORE MODESTO, CA 95350	57,650.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	CSU STANISLAUS 1 UNIVERSITY CIRCLE : TURLOCK, CA 95382	38,700.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP AMOUNT GIVEN:	MODESTO GOSPEL MISSION PO BOX 1203 MODESTO, CA 95353	6,231.

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	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRAI	NTS, AND SIMILAR AMOUNTS PAID	
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	BOY SCOUTS OF AMERICA 4031 TECHNOLOGY DR. MODESTO, CA 95356	18,700.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	JESSICA' HOUSE EMMANUEL MED 2881 GEER RD. STE. A TURLOCK, CA 95382	8,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:		10,450.
DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:		82,700.
AMOUNT GIVEN:	BOYS & GIRLS CLUB-STANISLAUS 422 MCHENRY AVE MODESTO, CA 95354	15,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	CARDOZO MIDDLE SCHOOL 3525 SANTA FE ST RIVERBANK, CA 95367	7,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	EMPIRE UNION SCHOOL DISTRICT 116 N. MCLURE MODESTO, CA 95357	10,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	JULINE FND FOR CHILDREN 1700 MCHENRY AVE MODESTO, CA 95350	13,400.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	SALIDA UNION SCHOOL DISTRICT 4801 SISK RD SALIDA, CA 95368	10,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	STANISLAUS PARTNERS IN ED 1100 H STREET MODESTO, CA 95354	9,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	STANISLAUS UNION SCHOOL DIST 2410 JANNA AVE. MODESTO, CA 95350	10,000.
DONEE'S NAME: DONEE'S STREET ADDRESS:	STANISLAUS LITERACY CENTER 1032 11TH STREET	

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	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRAI	NTS, AND SIMILAR AMOUNTS PAID	
DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	MODESTO, CA 95354	11,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	THE JACK & BUENA FOUNDATION P.O. BOX 3290 MODESTO, CA 95353	30,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	TUOLUMNE RIVER TRUST 829 13TH ST MODESTO, CA 95354	18,542.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	MODESTO JR COLLEGE 435 COLLEGE AVE MODESTO, CA 95350	19,800.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	EDUCATION FOUNDATION OF STAN 1100 H ST MODESTO, CA 95354	5,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	HAVEN WOMEN'S CENTER 618 13TH STREET MODESTO, CA 95354	12,223.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	HOWARD TRAINING CENTER 1424 STONUM RD MODESTO, CA 95351	77,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	HUGHSON UNIFIED SCHOOL 6815 HUGHSON AVE HUGHSON, CA 95326	29,862.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	MIRACEL LEAGUE OF STAN CNTY 1129 8TH ST. STE. 101 MODESTO, CA 95354	5,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	UNITED WAY OF STAN CNTY 422 MCHENRY AVE MODESTO, CA 95354	48,125.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	OKIZU FOUNDATION 16 DIGITAL DR. STE. 130 NOVATO, CA 94949	10,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP:	MODESTO SYMPHONY ORCHESTRA 911 13TH STREET MODESTO, CA 95354	

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	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 2 (CONTINUE FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, (D) GRANTS, AND SIMILAR AMOUNTS PAID	
AMOUNT GIVEN:		57,000.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	CAL POLY ATHLETIC ADV. S: 1 GRAND AVE. ZIP: SAN LUIS OBISPO, CA 93407	23,000.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	SYLVAN UNION SCHOOL DIST. S: 605 SYLVAN AVE. ZIP: MODESTO, CA 95350	10,000.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	SOUTH MODESTO PARTNERSHIPS S: 4910 DELPHINA CT. ZIP: KEYES, CA 95328	22,000.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	BURBANK ELEMENTARY SCHOOL S: 1135 PARADISE RD. ZIP: MODESTO, CA 95351	8,000.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	UC DAVIS S: 1 SHIELDS AVE. ZIP: DAVIS, CA 95616	5,250.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	SYLVAN ELEMENTARY SCHOOL S: 2908 COFFEE RD. ZIP: MODESTO, CA 95355	5,866.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	STANISLAUS POETRY CENTER S: PO BOX 578940 ZIP: MODESTO, CA 95357	5,000.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	NATIONAL AG SCIENCE CENTER S: PO BOX 4937 ZIP: MODESTO, CA 95352	81,039.
AMOUNT GIVEN:	WELLSPRING FOUNDATION S: 908 TERRACE PL ZIP: MODESTO, CA 95350	47,438.
DONEE'S NAME: DONEE'S STREET ADDRES DONEE'S CITY, STATE, AMOUNT GIVEN:	MODESTO SUNRISE ROTARY S: 601 MCHENRY AVE ZIP: MODESTO, CA 95352	25,000.
DONEE'S NAME:	FAITH IN THE VALLEY SS: 511 VINE STREET ZIP: MODESTO, CA 95351	

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STANISLAUS COMMUNITY FOUNDATION	68-0483054
NTS, AND SIMILAR AMOUNTS PAID	
	21,500.
ALLIANCE EDUCATION FOUNDATION 1010 10TH STREET MODESTO, CA 95354	18,750.
STANISLAUS COUNTY LIBRARY 1500 I STREET MODESTO, CA 95354	21,000.
STATE THEATRE OF MODESTO 1307 J STREET MODESTO, CA 95354	12,968.
HEALTHY AGING ASSOCIATION 121 DOWNEY AVE #102 MODESTO, CA 95354	11,339.
APOSTOLIC JUBILEE CENTER 821 LASSEN AVE. MODESTO, CA 95358	10,000.
CAMP TAYLOR 8224 W. GRAYSON RD. MODESTO, CA 95358	10,000.
CHRYSLER ELEMENTARY 2818 CONANT AVE MODESTO, CA 95350	10,000.
COSTA FAMILY FOUNDATION 4335 NORTH STAR WAY BLDG D MODESTO, CA 95356	10,000.
HOMEBOY INDUSTRIES 130 W. BRUNO ST. LOS ANGELES, CA 90012	10,000.
RICHARD MOON PRIM SCHOOL 319 N. REINWAY AVE WATERFORD, CA 95386	10,000.
SCOE CHARITABLE FOUNDATION 1100 H STREET MODESTO, CA 95354	
	ALLIANCE EDUCATION FOUNDATION ALLIANCE EDUCATION FOUNDATION 1010 10TH STREET MODESTO, CA 95354 STANISLAUS COUNTY LIBRARY 1500 I STREET MODESTO, CA 95354 STATE THEATRE OF MODESTO 1307 J STREET MODESTO, CA 95354 HEALTHY AGING ASSOCIATION 121 DOWNEY AVE #102 MODESTO, CA 95354 APOSTOLIC JUBILEE CENTER 821 LASSEN AVE. MODESTO, CA 95358 CAMP TAYLOR 8224 W. GRAYSON RD. MODESTO, CA 95358 CHRYSLER ELEMENTARY 2818 CONANT AVE MODESTO, CA 95350 COSTA FAMILY FOUNDATION 4335 NORTH STAR WAY BLDG D MODESTO, CA 95356 HOMEBOY INDUSTRIES 130 W. BRUNO ST. LOS ANGELES, CA 90012 RICHARD MOON PRIM SCHOOL 319 N. REINWAY AVE WATERFORD, CA 95386

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	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 9	ITS, AND SIMILAR AMOUNTS PAID	
AMOUNT GIVEN:		10,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	LAS PALMAS SCHOOL 624 W. LAS PALMAS AVE PATTERSON, CA 95363	9,890.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	STANISLAUS FAMILY JUSTICE CTR 1625 I STREET MODESTO, CA 95354	9,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	CAMBRIDGE ACADEMIES 4120 DALE RD STE J8-157 MODESTO, CA 95356	8,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	LITTLE LIGHTS PRESCHOOL 1660 ARBOR WAY TURLOCK, CA 95380	8,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	CALIFORNIA AVE ELEMENTARY 3800 CALIFORNIA ST RIVERBANK, CA 95367	7,750.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	FAMILY PROMISE OF GREATER MOD 2301 WOODLAND AVE #8 MODESTO, CA 95358	7,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	PEER RECOVERY ART PROJECT 1222 J STREET MODESTO, CA 95354	7,378.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	MARSHALL B KETCHUM UNIV 2575 YORBA LIND BLVD FULLERTON, CA 92831	7,000.
DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	UNIVERSITY OF NEVADA, RENO 1664 N. VIRGINIA ST. RENO, NV 89557	7,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	ADVANCING VIBRANT COMMUNITIES 3430 TULLY RD #20-239 MODESTO, CA 95350	5,952.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP:	UC BERKELEY 201 SPROUL HALL #1960 BERKELEY, CA 94720	

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2016	CALIFORNIA STATEMENTS	PAGE 7
	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRAI	NTS, AND SIMILAR AMOUNTS PAID	
AMOUNT GIVEN:		5,500.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	CENTENARY UNITED METHODIST 1911 TOYON AVE MODESTO, CA 95350	5,400.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	MOPRIDE, INC. 1347 MCHENRY AVE MODESTO, CA 95350	5,346.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	CAMBODIA IMPACT 4300 NORTH AVE MODESTO, CA 95358	5,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	EAST STANISLAUS RESOURCE CONS 3800 CORNUCOPIA WAY #E MODESTO, CA 95358	5,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	TURLOCK EDUCATION FOUNDATION PO BOX 638 TURLOCK, CA 95380	5,000.
DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	WESTSIDE MINISTRIES 950 COLUMBIA ST. TURLOCK, CA 95380	5,000.
		TOTAL \$ 1,260,865.
STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS,	DIRECTORS, TRUSTEES AND KEY EMPLOYEES	
CURRENT OFFICERS:	TITLE AND TOTAL AVERAGE HOURS COMPEN-	
NAME AND ADDRESS BRITTA FOSTER 1029 16TH STREET MODESTO, CA 95354	DIRECTOR \$ 0.	<u>EBP & DC</u> <u>OTHER</u> \$ 0. \$ 0.
JEFF BURDA 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0.	0. 0.

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STANISLAUS COMMUNITY FOUNDATION

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STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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CURRENT OFFICERS: NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRAIG C. LEWIS 1029 16TH STREET MODESTO, CA 95354	CHAIRMAN 1.00		\$ 0.	1
MATT FRIEDRICH 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
BILL JACKSON 1029 16TH STREET MODESTO, CA 95354	SECRETARY 1.00	0.	0.	0.
JOHN LAZAR 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
MARIAN MARTINO 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
CHRIS TYLER 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
JEFF COLEMAN 1029 16TH STREET MODESTO, CA 95354	TREASURER 1.00	0.	0.	0.
JEFF GROVER 1029 16TH STREET MODESTO, CA 95354	PAST CHAIR 0	0.	0.	0.
EVAN PORGES 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
JUDY SLY HERRERO 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
LYNN DICKERSON 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
MARIAN KAANON 1029 16TH STREET MODESTO, CA 95354	PRESIDENT/CEO 40.00	130,211.	0.	0.

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STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ALID DENT	OFFICERS:
CRIMPERIOR	UPPILERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MELANIE CHIESA 1029 16TH STREET MODESTO, CA 95354	VICE CHAIR 0	\$ 0.	\$ 0.	\$ 0.
JOE DURAN 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
DARYN KUMAR 1029 16TH STREET MODESTO, CA 95354	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 130,211.	\$ 0.	\$ 0.

STATEMENT 4 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$	9,000.
ADMINISTRATIVE FEES.		90.
ADVERTISING AND PROMOTION		34,430.
ASSET MANAGEMENT		65,042.
BANK CHARGES.		1,769.
BOARD MEETINGS.		5,058.
COMMUNICATION		2,965.
CONTRACT LABOR		853.
DUES AND SUBSCRIPTIONS		13,527.
EVALUATION		2,632.
EVENTS		33,457.
FACILITIES		2,562.
INSURANCE		10,878.
MANAGEMENT FEE		29,395.
MEETINGS		1,520.
MISCELLANEOUS		4,622.
OFFICE EXPENSES		6,228.
OTHER EMPLOYEE BENEFIT		31,073.
OTHER FEES		24,380.
POSTAGE AND SHIPPING		1,761.
PRINTING AND PUBLICATIONS		4,915.
PROFESSIONAL DEVELOPMENT		6,323.
PROGRAM EXPENSESS		19,708.
PUBLICATIONS		215.
SERVICE CONTRACTS		5,243.
TRAINING/CAPACITY BUILDING		880.
TRAVEL	-	9,182.
TOTAL	\$	327,708.

2016	CALIFORNIA STATEMENTS	PAGE 10
	STANISLAUS COMMUNITY FOUNDATION	68-0483054
STATEMENT 5 FORM 199, SCHEDULE L, LIN INVESTMENTS IN STOCKS PUBLICLY TRADED SECURIT	IE 7 IESTOTA	. \$ 18,210,768. AL <u>\$ 18,210,768.</u>
STATEMENT 6 FORM 199, SCHEDULE L, LIN OTHER INVESTMENTS REAL ESTATE	IE 9	\$ 273,000. AL \$ 273,000.
	IE 12	2.
FURNITURE & EQUIPMENT	IE 18	6,773. 250.

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 filling penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number 117323		Check if: Change of	address		
		Amended r			
STANISLAUS COMMUNITY FOUNDATION Name of Organization	<u>ON</u>				
1029 16TH STREET Address (Number and Street)		Corporate or 0	Organization No. 2358577		
MODESTO, CA 95354	State ZIP Code	Federal Employ	/er I.D. No. <u>68-0483054</u>		
ANNUAL REGISTRATION R	ENEWAL FEE SCHEDULE (11 Ca	i. Code Regs. s	sections 301-307, 311 and 312)		
Make Check	k Payable to Attorney General's I	Registry of Cha	ritable Trusts		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million		150 225
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 million		300
PART A - ACTIVITIES					
For your most recent full accounting per	iod (beginning 1/01/16	ending	12/31/16) list:		
Gross annual revenue \$	4,837,813. Total assets	\$:	21,335,794.		
PART B - STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PERIO	DD OF THIS REPORT		A
Note: If you answer 'yes' to any of the que	stions below, you must attach a	separate sheet	providing an explanation and details	for e	ach
'yes' response. Please review RRF-1	instructions for information requ	uired.		Yes	No
1 During this reporting period, were there a	ny contracts, loans, leases or oth	er financial tran	sactions between the		
organization and any officer, director or trust director or trustee had any financial intere	ee thereof either directly or with an east?	entity in which ar	ty such officer,		X
During this reporting period, was there any the property or funds?	neft, embezzlement, diversion or mis	suse of the organ	ization's charitable		X
3 During this reporting period, did non-prog-	ram expenditures exceed 50% of	gross revenues	;? .		X
4 During this reporting period, were any organizer Form 4720 with the Internal Revenue Serv	zation funds used to pay any penalty	y, fine or judgme	nt? If you filed a		X
During this reporting period, were the serve purposes used? If 'yes,' provide an attachme provider.					X
6 During this reporting period, did the organizathe name of the agency, mailing address,	tion receive any governmental fundi contact person, and telephone n	ng? If so, providoumber.	e an attachment listing		X
7 During this reporting period, did the organizar indicating the number of raffles and the d	tion hold a raffle for charitable purpo		ovide an attachment		X
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'ves,' provide an a	ttachment indica ts with a comm	ting whether ercial fundraiser for		X
9 Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with ge	nerally accepted accounting		X
Organization's area code and telephone number	er (209) 576-1608				
	TANISLAUSCF.ORG				
	IG C. LEWIS	CHAIRMAN	ocuments, and to the best of my know	owled	ge
Signature of authorized efficer Printer	d Name	Title	⊔ate		

Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

➤ Do not enter social security numbers on this form as it may be made public. ➤ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

, 2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable: 68-0483054 STANISLAUS COMMUNITY FOUNDATION Address change Telephone number 1029 16TH STREET Name change MODESTO, CA 95354 (209) 576-1608 Initial return Final return/terminated G Gross receipts \$ 14,912,957 Amended return H(a) Is this a group return for subordinates? X No F Name and address of principal officer: MARIAN KAANON Yes Application pending H(b) Are all subordinates included?
If 'No.' attach a list, (see instructions) Yes 1029 16TH STREET MODESTO, CA 95354 4947(a)(1) or 527 X 501(c)(3)) ◀ (insert no.) Tax-exempt status 501(c) (H(c) Group exemption number > WWW.STANISLAUSCF.ORG Website: ► M State of legal domicile: CA L Year of formation: 2001 Form of organization: X Corporation Association Other P Part I Summary Briefly describe the organization's mission or most significant activities: TO FACILITATE AND BY ENGAGING IN GRANTMAKING Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a)..... 5 8 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12...... b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 4,748,115. Contributions and grants (Part VIII, line 1h)..... 2,316,551 Program service revenue (Part VIII, line 2g)..... 22,503 3,153. 60,509. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 323,164 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 27,306 26,036. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 2,689,524. 4,837,813. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 2,283,631 1,603,328. 13 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 328,100 410,613. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) 176,163 337,116. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2.351.057 2,787,894 Revenue less expenses. Subtract line 18 from line 12..... 2,486,756. -98,37019 End of Year **Beginning of Current Year** 21,335,794 Total assets (Part X, line 16)..... 17,594,924 20 Total liabilities (Part X, line 26)..... 66,390 89,676. 21 17,528,534 21,246,118. Net assets or fund balances, Subtract line 21 from line 20..... 22 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 open information of which preparer has any knowledge. Signature of officer Sign Here CRAIG C. LEWIS CHAIRMAN Type or print name and title PTIN Preparer's signature Date Print/Type preparer's name P01251310 self-employed MICHELLE N MATOS Paid JOHNSON & ASSOCIATES CPAS INC Preparer Firm's name Firm's EIN - 45-3994255 Use Only Firm's address 631 15TH ST Phone no. 209-236-1040 MODESTO, CA 95354 May the IRS discuss this return with the preparer shown above? (see instructions)..... No Yes

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Page 2

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... 3 3 Х 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? If 'Yes,' complete Schedule C, Part II..... Х 4 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? If 'Yes,' complete Schedule C, Part III Х 5 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? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II..... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 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? If 'Yes,' complete Schedule D, Part IV...... Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D, Part VI..... 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? If 'Yes,' complete Schedule D, Part VII. Х 11 b 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? If 'Yes,' complete Schedule D, Part VIII. Х 11 c 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? If 'Yes,' complete Schedule D, Part IX...... Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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)? If 'Yes,' complete Schedule D, Part X... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional...... 12b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?.... **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? *If* 'Yes,' complete Schedule F, Parts I and IV...... 14b Х 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? If 'Yes,' complete Schedule F, Parts II and IV. Х 15 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? If 'Yes,' complete Schedule F, Parts III and IV..... Х 16 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? If 'Yes,' complete Schedule G, Part I (see instructions)..... Х 17

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

Checklist of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 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? If 'Yes,' complete Schedule I, Parts I and III..... Х 22 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? If 'Yes,' complete Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds?..... d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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? If 'Yes,' complete Schedule L, Part I...... 25a X X 25b 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? If 'Yes,' complete Schedule L, Part II..... Х 26 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? If 'Yes,' complete Schedule L, Part III. Х 27 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? If 'Yes,' complete Schedule L, Part IV..... X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV..... 28b 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? If 'Yes,' complete Schedule L, Part IV..... Х 280 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If 'Yes,' complete Schedule R, Part I..... Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1..... Х X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? If 'Yes,' complete Schedule R, Part V, line 2..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... Х 36 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? If 'Yes,' complete Schedule R, Part VI...... X 37

Form 990 (2016)

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......

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... No Yes 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 13 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c 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..... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q...... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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). X 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 5 c c |f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes.' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... 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 X 7 a services provided to the payor?..... 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 X Form 8282?.... 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year...... 7 d Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring X 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?...... 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..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 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 13 b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand..... X 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O..... 14b

68-0483054 Page 6 Form 990 (2016) STANISLAUS COMMUNITY FOUNDATION 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. X Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members SEE SCH. O 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 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee?..... 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?..... X 3 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... Х 8 b b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes 10 a 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes?...... Х 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Х 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b 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. X 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 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?

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		Х
ı	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s only)	avail	able
	Own website Another's website X 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 public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MARIAN KAANON, CEO 1029 16TH STREET MODESTO CA 95354 209-576-1608			

X

X

15 a

If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).

b Other officers or key employees of the organization... SEE . SCHEDULE..O.....

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

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

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

- 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 rela	ted organiz	ation	con	npen	sate	d any	y çu	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	is	Position (do not check more than one box, unless person is both an officer and a director/trustee)			1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BRITTA FOSTER	0									
DIRECTOR	0	X						0.	0.	0.
(2) JEFF BURDA	0									
DIRECTOR	0	Х						0.	0.	0.
(3) CRAIG C. LEWIS	1									_
CHAIRMAN	0	X		X				0.	0.	0.
(4) MATT FRIEDRICH	0									_
DIRECTOR	0	X	<u> </u>					0.	0.	0.
(5) BILL JACKSON	1_								•	_
SECRETARY	0	X		X			ļ	0.	0.	0.
(6) JOHN LAZAR	0									_
DIRECTOR	0	X						0,	0.	0,
(7) MARIAN MARTINO	0									_
DIRECTOR	0	X						0.	0.	0.
(8) CHRIS TYLER										
DIRECTOR	0	X)	L	0.	0.	0.
(9) JEFF COLEMAN	11						1			_
TREASURER	0	X		X				0.	0.	0.
(10) JEFF GROVER	0	}								
PAST CHAIR	0	X	<u></u>	<u> </u>				0.	0.	0.
(11) EVAN PORGES	0					l				
DIRECTOR	0	Х				<u> </u>		0.	0.	0.
(12) JUDY SLY HERRERO	0								_	_
DIRECTOR	0	X	ļ			<u> </u>		0.	0.	0.
(13) LYNN DICKERSON	0					1			_	
DIRECTOR		X		<u></u>		<u> </u>	<u> </u>	0.	0.	0.
(14) MARIAN KAANON	40_									_
PRESIDENT/CEO	0	X		X	<u> </u>	L	<u> </u>	130,211.	0.	0.
BAA	TEEA0	107L	11/1	6/16						Form 990 (2016)

Part VII Section A. Officers, Directors, Tru	ıstees, l	Кеу	En	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
(B) (C)										
(A) Name and title	Average hours per	(do box offi	not o	Poscheck check ess po nd a	sition : more erson direct	than is bot or/trus	one h an itee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any		-	 	<u>~</u>	3 E	ਹੁ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	hours for related	individual trustee or director	nstitutional trustee	Officer	Key emplayee	Highest compensated employee] ∰ €		·	organization and related organizations
	organiza - tions	<u>o</u> 2	置		playe	is con				or garnzations
	below dotted line)	ıstee	<u>ğ</u> .		ð) XIIX				
	inito)		165			g	1			
(15) MELANIE CHIESA	0	<u> </u>								
VICE CHAIR	0	Х		Х				0.	0.	0.
(16) JOE DURAN	0	ļ.,						0.	0.	0.
DIRECTOR (17) DARYN KUMAR	0	X	-			\vdash	-	<u> </u>	0.	0.
DIRECTOR	- -	Х						0.	0.	0.
(18)		-								
(10)							-			
<u>(19)</u>										
(20)										
(01)						ļ				i
(21)		1								
(22)										
(02)		ļ								
(23)										
(24)										
(05)					_	<u> </u>	_			
(25)		1								
1 b Sub-total							>	130,211.	0.	0.
c Total from continuation sheets to Part VII, Secti							•	0.	0.	0.
d Total (add lines 1b and 1c)			<u></u>	• • •	<u></u>		<u> </u>	130,211.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 1	to those li	isted	abo	ve) v	who:	recer	ved	more than \$100,00	of reportable comp	pensation
from the organization 1										Yes No
3 Did the organization list any former officer, direc	tor, or tru	stee.	kev	/ em	ากไดง	/ee.	or h	nighest compensa	ted emplovee	
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportable	le co	mpe	ensa '' ''	tion	and	oth	er compensation	from	
such individual	τι ιιιατι ψτ									4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen	satio	n fr	om Iule	any <i>I fo</i>	unre	late	ed organization or	individual	5 X
Section B. Independent Contractors	, compie		37100		<u> </u>		,,, <u>p</u>	313311111111111111111111111111111111111		
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epen	den alen	t cor	ntra	ctors endi	tha	nt received more to with or within the or	han \$100,000 of ganization's tax vear	•
			ui oi i	uu,	, 001	0.1.0.1		(B)		(C) Compensation
(A) Name and business address Name and business address Description of services Compensation										
							•••••			
		Lact !	l	.a.c. 1	iat	مطما		who received many	thon	
Total number of independent contractors (including be \$100,000 of compensation from the organization)		tea to	บเกด	ose I	ISTEC	aD0	ve)	wito received more	uidii	
PAA		TEE A/	100	11/1	16/16					Form 990 (2016)

Par	t VII	Statement of Rev	/enue					[
		Check if Schedule O	contains a resp	onse or note to an	y line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, gimilar amounts not included Noncash contributions included Total. Add lines 1a-1f PROGRAM INCOME PLEDGE INCOME	1 b 1 c 1 d ons) 1 e grants, and above 1 f in lines 1a-1f: \$	4,748,115. Business Code	4,748,115. 3,123. 30.	3,123. 30.		
Program S	g	All other program service Total. Add lines 2a-2f.			3,153.			
	4 5 6a	Investment income (incother similar amounts). Income from investment Royalties	t of tax-exemp	t bond proceeds >	410,245.			410,245.
	d c	Less: rental expenses Rental income or (loss) Net rental income or (lo Gross amount from sales of assets other than inventory	oss)(i) Securities	(ii) Other				
	c d	Less: cost or other basis and sales expenses			-349,736.	-349,736.		
Other Revenue	b	Gross income from functional from functional from functional from from functional from from functional from functional from functional from from from from from from from from	d on line 1c).	b				
O	9a b	Gross income from gan See Part IV, line 19 Less: direct expenses Net income or (loss) from	ning activities.	a b				
	b	Gross sales of inventor and allowances Less: cost of goods sol Net income or (loss) from	d	b entory▶				
	11 a b	Miscellaneous Revenue a MISCELLANEOUS 900099 b		26,036.	26,036.			
		All other revenue Total. Add lines 11a-11			26,036.			

-320,547

0.

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 (D) Fundraising (C) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Program service expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. 1,603,328 See Part IV, line 21..... 1,603,328 Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 39,063. 130,211 0. 91,148 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 in section 4958(c)(3)(B)..... 0 154,527 66,226. 220,753 Other salaries and wages..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 9,322. 21,751 Other employee benefits..... 31,073 20,003 8,573 Payroll taxes..... 28,576 11 Fees for services (non-employees): a Management,..... **b** Legal...... 9,000 9,000 c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 24,380. 24,380 Advertising and promotion 34,430. 34,430. 12 6,228. 6,228. 13 Office expenses..... 14 Information technology..... Royalties.... 37,416. 37,416. Occupancy..... 16 9,182 9,182 17 Payments of travel or entertainment expenses for any federal, state, or local public officials.... Conferences, conventions, and meetings.... 19 Interest..... Payments to affiliates..... 3,065. 3,065 22 Depreciation, depletion, and amortization ... 10,878 10,878 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.)..... 65,042 65,042 a ASSET MANAGEMENT 33,457 33,457 b EVENTS 29,395 29,395 c <u>MANAGEMENT</u> <u>FEE</u> 19,708 19,708 d PROGRAM EXPENSESS_ 54,935 54,935 e All other expenses..... 571,380 123,184. 1,656,493 2,351,057 25 Total functional expenses. Add lines 1 through 24e . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720).... Form 990 (2016) BAA TEEA0110L 11/16/16

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year 1 1,867,125. 285,671 Cash - non-interest-bearing..... 2 Savings and temporary cash investments 3 916,840. Pledges and grants receivable, net 4 961 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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 Inventories for sale or use..... 8 9 Prepaid expenses and deferred charges..... 10 a 40,861. 10b 23,007. 10,261 10 c 17,854. b Less: accumulated depreciation..... 11 Investments - publicly traded securities..... 17,160,031 18,210,768. 11 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 14 15 Other assets. See Part IV, line 11..... 138,000 323,207 15 16 335,794. Total assets. Add lines 1 through 15 (must equal line 34)..... 17,594,924 16 17 10,686 Accounts payable and accrued expenses..... 1,845 17 18 23,000 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 21 Loans and other payables to current and former officers, directors, trustees, 22 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..... 24 Unsecured notes and loans payable to unrelated third parties..... 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. <u>55,9</u>90. 25 64,545 66,390 26 89,676. Total liabilities. Add lines 17 through 25..... X and complete Organizations that follow SFAS 117 (ASC 958), check here > Balances lines 27 through 29, and lines 33 and 34. 12,838,136 27 16,606,093. Unrestricted net assets..... 28 359,929. Temporarily restricted net assets 557,948 28 29 4,132,450 4,280,096. Permanently restricted net assets..... or Fund 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 32 Retained earnings, endowment, accumulated income, or other funds..... 32 ž 33 21,246,118. 33 Total net assets or fund balances..... 17,528,534 17,594,924. 34 Total liabilities and net assets/fund balances 21,335,794. 34 Form 990 (2016) BAA

Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			Ш				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,837,81	<u>3.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,351,05					
3	Revenue less expenses. Subtract line 2 from line 1	3	2,486,75	·6.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,528,53	4.				
5								
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 0)	9		<u>0.</u>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	01 046 11	0				
350	column (B))	10	21,246,11	0.				
Pai	t XII Financial Statements and Reporting			_				
	Check if Schedule O contains a response or note to any line in this Part XII			Ш				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain		— Yes M	40				
3.	in Schedule O. a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a						
ı	• Were the organization's financial statements audited by an independent accountant?		20 2					
	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: X 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?		2c X	SISI				
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
	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?		За	Х				
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıt . , ,	Зь					
BAA			Form 990 (20	016)				

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047 2016

Open to Public Inspection

68-0483054

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

STA	NISLAUS COMMUNITY FO	UNDATION				68-048305		
Part	Reason for Public Cha	arity Status (All or	ganizations must c	omple	te this	part.) See instruct	ions.	
The o	organization is not a private found							
1	A church, convention of church).		
2	A school described in section							
3	A hospital or a cooperative I	nospital service organi	zation described in sec	tion 170)(b)(1)(A)(iii).		
4	A medical research organiza	ation operated in conju	inction with a hospital c	lescribe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's	
	name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	scribed in	
6 7	A federal, state, or local gov						قد ماند ما د	
,	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)			ental uni	t or from the general pub	oirc described	
8	A community trust described							
9	An agricultural research organ or university or a non-land-grauniversity:	ization described in sec nt college of agriculture	tion 170(b)(1)(A)(ix) opera (see instructions). Enter	ated in co	onjunctione, city, a	n with a land-grant colle and state of the college o	ge r — – – – – – – – – –	
10	An organization that normally from activities related to its investment income and unre June 30, 1975. See section	exempt functions—sub lated business taxable	oject to certain exception e income (less section !	nc and	72) no r	nore than 33-1/3% of fi	IS SUDBORL FOR GLOSS	
11	An organization organized a			ety. See	section	509(a)(4).		
12								
а		ion operated, supervised	d or controlled by its sun	norted o	rganizati	on(s) typically by giving	the supported on. You must	
b	·	zation supervised or c	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by l the supported organizati	having control or on(s). You	
c			ion operated in connection	n with, ar	nd functio	nally integrated with, its	supported	
d	F I	grated. A supporting org organization generally	anization operated in cor must satisfy a distribut	nection tion requ	with its s uiremen	upported organization(s) and an attentiveness	that is not requirement (see	
e	Check this box if the organiz	zation received a writte	en determination from t	he IRS I	that it is	a Type I, Type II, Type	e III functionally	
f	integrated, or Type III non-for Enter the number of supported	unctionally integrated organizations	supporting organization	. 				
α	Provide the following information						. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docum	ion listed I	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
				.,,,,				
(A)								
<u> </u>								
(B)								
(C)								
(D)								
(E)								
Total								

68-0483054

STANISLAUS COMMUNITY FOUNDATION

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.)

Sec	tion A. Public Support						
begiı	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,555,742.	2,124,768.	3,522,092.	2,316,551.	4,748,115.	14,267,268.
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	1,555,742.	2,124,768.	3,522,092.	2,316,551.	4,748,115.	14,267,268.
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)						852,360.
6	Public support. Subtract line 5 from line 4						13,414,908.
Sec	tion B. Total Support					·	
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,555,742.	2,124,768.	3,522,092.	2,316,551.	4,748,115.	14,267,268.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	317,936.	104,875.	241,777.	302,812.	410,245.	1,377,645.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE TART VI.				49,809.	29,189.	78,998.
	Total support. Add lines 7 through 10						15,723,911.
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	>
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	016 (line 6, colum	n (f) divided by li	ne 11, column (f))	ì	14	85.32 %
	Public support percentage from						83.20 %
	33-1/3% support test—2016. If t and stop here. The organization	i qualities as a pu	blicty supported o	organization			
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box iblicly supported (c on line 13 or 16 organization	a, and line 15 is 3	3-1/3% or more,	check this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the Tacts- s-and-circumstan	ces' test. The organized	anization qualifies	s as a publicly sup	ported organizati	on ►
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and the control organization meets the control organization m	est-2015. If the o meets the 'facts- id-circumstances'	rganization did no and-circumstance test. The organiz	ot check a box on es' test, check this ation qualifies as	line 13, 16a, 16b box and stop he a publicly suppor	, or 17a, and line re, Explain in Par ted organization	15 is 10% t VI how the
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a	i, or 17b, check th	is box and see in	structions

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.)

Sec	tion A. Public Support							
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions,							
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
	Gross receipts from admissions,							
4	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							
	Total. Add lines 1 through 5 Amounts included on lines 1,							
, a	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.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 6	(-) :-	<u> </u>					
_	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							
_	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on 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.)	in fourther areas	ationla first acces	d third fourth a	r fifth tay year as	a section 501(a)(3) —	
14	organization, check this box and	stop here	secoi	ia, iinia, ioaiiii, o		a section 501(c)(Ÿ <u>► </u>	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20						<u> </u>	
	Public support percentage from					16	8	
Sec	tion D. Computation of Inv					1 1	0.	
17	Investment income percentage f						96	
18	Investment income percentage f	rom 2015 Schedu	le A, Part III, line	17		18		
19a	33-1/3% support tests—2016. If	the organization d	lid not check the l n here. The organ	box on line 14, ar pization qualifies a	nd line 15 is more as a publicly sunn	tnan 33-1/3%, an orted organization	a iine 1/	
h	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization	
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c			90 or 990 E7) 2016	

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 B. If you checked 12b of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and B. If you checked 12b of Part I complete Section

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	e Pa	(V.)	
Sec	tion A. All Supporting Organizations			т
		rase as	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.	1		
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).	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.	3а		
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.	3b		
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.	3с		
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.	4a	2.400	
t	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.	4b		
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.	4c		8
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).	5a		
Ŀ	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
	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).	7		
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).	8		
	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 .	9a		
ŀ	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.	9b		
	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 .	9с		
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.	10a		
ŀ	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.)	10b	9	

۲٤	Supporting Organizations (continued)			
71	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		<u> </u>
Se	ction B. Type I Supporting Organizations			
_		SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Yes	No
1	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No.' describe in	30.0		100000
	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,	1	40,000,00	
	applied to such powers during the tax year.	.	3456	
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	2		
_	supporting organization.	<u>د</u>		<u> </u>
Se	ction 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		
Se	ction D. All Type III Supporting Organizations			
		V-1000000000000000000000000000000000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	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		
	organization's governing documents in enection the date of normoditing to the extent not promodily promodily			
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		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
'	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 in	nstruc	tions).	•
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	an logi		
	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		Joodyseeda
	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			201200
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_	Devent of Supported Organizations Anguar (a) and (b) halour			and and
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	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.	За		
	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>inizati</u>	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain in t complete Sections A t	Part VI). See hrough E.
Sec	ction 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		
Sec	ction 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		
ν.	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		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		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 inte (see instructions).	grated	Type III supporting orga	anization

Schedule A (Form 990 or 990-EZ) 2016

	: }	:	Giran Caranta	
Sche	dule A (Form 990 or 990-EZ) 2016 STANISLAUS COMMUNITY	FOUNDATION	68-048	33054 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)	
	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organizations	•	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
-	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide o	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b		15 3 2 3 9 9 15 15 4 5 2 1		
С	From 2013			
d	From 2014			
е	From 2015			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years	6465		
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		Autoritation allements	SERVICE SERVICES
4	Distributions for 2016 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			

e Excess from 2016 BAA

b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	<u></u>	2016		2015	2014	2013	2012
PROGRAM INCOME PLEDGE INCOME ADMINISTRATION FEE OTHER INCOME TOTAL	\$	3,123. 30. 26,036. 29,189.	\$ <u>\$</u>	4,955. 1,320. 16,228. 27,306. 49,809.	\$ 0.	<u>\$</u> 0.	\$ 0.

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

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

STANISLAUS COMMUNITY FOUNDATION		68-0483054			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treat	led as a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Genera	I Rule or a Special Rule.				
Note. Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule	and a Special Rule. See instructions.			
General Rule					
For an organization filing Form 990, 990-Exproperty) from any one contributor. Complete	Z, or 990-PF that received, during the year, contribut ete Parts I and II. See instructions for determining a	ions totaling \$5,000 or more (in money or contributor's total contributions.			
Special Rules					
X For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during t Form 990, Part VIII, line 1h, or (ii) Form 990	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/ that checked Schedule A (Form 990 or 990-EZ), Part II, he year, total contributions of the greater of (1) \$5,0 00-EZ, line 1. Complete Parts I and II.	3% support test of the regulations line 13, 16a, or 16b, and that 00 or (2) 2% of the amount on (i)			
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that re than \$1,000 <i>exclusively</i> for religious, charitable, scio c children or animals. Complete Parts I, II, and III.	eceived from any one contributor, entific, literary, or educational			
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete a	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that represent the transport of the total contributions that were received during the year of the parts unless the General Rule applies to the ble, etc., contributions totaling \$5,000 or more during	ontributions totaled more than rear for an <i>exclusively</i> religious, nis organization because			
Caution. An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV, lir Part I, line 2, to certify that it doesn't meet the	the General Rule and/or the Special Rules doesn't fi ne 2, of its Form 990; or check the box on line H of i filing requirements of Schedule B (Form 990, 990-E	le Schedule B (Form 990, 990-EZ, or ts Form 990-EZ or on its Form 990-PF, Z, 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)	(∠016)

Page

1 of

2 of Part I

Name of organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number 68-0483054

Part I Contributo	prs (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		 \$ 279,847.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
2		 \$180,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,066,002.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		 \$345,249.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>225,403.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/16	Schedule B (Form 99	30, 990-EZ, or 990-PF) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	2 of 2 of Part
Name of org	anization SLAUS COMMUNITY FOUNDATION	1	483054
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
7		- \$98,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
MAN		_ _\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Long		- \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II for noncash contributions.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/16	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)

2 of Part I

1. to

1 of Part II

Name of organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number

68-0483054

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		 \$	
		<u>'</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
BAA	Sche	edule B (Form 990, 990-E	z, or 990-PF) (2016)

1 to

1 of Part III

Employer identification number 68-0483054

described in section 501(c)(7), (8),

Name of organization		
STANTSTAILS	COMMINITY	FOUNDATIO

Part III	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of	he year from any one contributions projection Part III, enter the total	itor. Complete of <i>exclusivel</i>	columns (a) through (e) and y religious, charitable, etc.,		
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once, See	e instructions	.)\$N/A		
(a) No. from Part I		(c) Use of gift		(d) Description of how gift is held		
Parti	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relat	ionship of transferor to transferee		
		(6)		(d)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Parti						
		(e) Transfer of gift	Relationship of transferor to transferee			
	Transferee's name, addres	ss, and ZIP + 4				
(a) No. from	(b)	(c) Use of gift		(d) Description of how gift is held		
No. from Part I	Purpose of gift	OSC OF GREE		Description of non-garden		
		(e) Transfer of gift				
	Transferee's name, addre		Rela	tionship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
		(e) Transfer of gift	Relationship of transferor to transferee			
	Transferee's name, addre	ss, and ZIP + 4				
			. _			
			C-lo-	dula P. (Form 990, 990, F7, or 990, PF) (2016)		

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 2016

m990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	STANISLAUS COMMUNITY FOUNDA	TION	68-0483054
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other Similar Fur ered 'Yes' on Form 990, Part IV, line	nds or Accounts.
	Complete if the organization answ		(b) Funds and other accounts
4	Takal nameban ak and af acan	(a) Donor advised funds 35	(b) runus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	2,095,017.	
3	Aggregate value of grants from (during year)	852,535.	
4	Aggregate value at end of year	8,331,918.	
5	are the organization's property, subject to the o	rganization's exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring X Yes No
Pa	rt II Conservation Easements.		
200		ered '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., re-	creation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space	based	
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year.		Half all a fat a fat a Ton Vacou
			Held at the End of the Tax Year
	a Total number of conservation easements		
	b Total acreage restricted by conservation easem		
	c Number of conservation easements on a certific		
	d Number of conservation easements included in		
2	structure listed in the National Register Number of conservation easements modified, trans		
3	tax year	erred, released, extinguished, or terminated by the	no organization daring the
4	Number of states where property subject to conserv	ration easement is located >	
5	Does the organization have a written policy rega		– ndling of violations.
•	and enforcement of the conservation easement	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, ins		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to	onservation easements in its revenue and expen the organization's financial statements that o	se statement, and balance sheet, and describes the organization's accounting for
Da	conservation easements. ├ि∥ Organizations Maintaining Collec	tions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answ	ered 'Yes' on Form 990, Part IV, line	8.
	a If the organization elected, as permitted under sart, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	for public exhibition, education, or research in to ial statements that describes these items.	urtherance of public service, provide,
	b If the organization elected, as permitted under shistorical treasures, or other similar assets held for following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, li	ne I	
2	(ii) Assets included in Form 990, Part X	torical treasures, or other similar assets for finan	
_	If the organization received or held works of art, his amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	▶ &
	a Revenue included on Form 990, Part VIII, line 1		,
	b Assets included in Form 990, Part X		······································

Schedule D (Form 990) 2016 STANI Part III Organizations Maintai	SLAUS COMMUN	ITY FOUNDATION	Treasures or	68-0483			Page 2 ed)
3 Using the organization's acquisition, items (check all that apply):	accession, and other			e a significant use of its o	ollection		
a Public exhibition		• }	change programs				
b Scholarly research		e Other					
c Preservation for future genera	ations						
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather th	ion to he maintaine:	i as nan oi me ordan	12auon 5 Concouvii;		Yes	- Part	No FIV
Part IV Escrow and Custodial line 9, or reported an	i Arrangements. amount on Form	Somplete if the 0 990, Part X, line	organization ans 21.	swered tes offici	111 990	, i ait	, I V ,
1.a.le the organization an agent trus	tee custodian or of	her intermediary for c	ontributions or othe	er assets not included	Yes	Г	No
on Form 990, Part X?	in Part XIII and con	nplete the following ta	ble:			<u> </u>	
					Amount		
c Beginning balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1c			
d Additions during the year				1d			
e Distributions during the year			.,	1e			
f Ending balance				1f			- 1
2 a Did the organization include an a b If 'Yes,' explain the arrangement	mount on Form 990	, Part X, line 21, for e	escrow or custodial	account liability? [Yes	 	No
						<u> </u>	
Part V Endowment Funds. C	omplete if the o	rganization answe	ered 'Yes' on Fo	orm 990, Part IV, Im	e 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	
1 a Beginning of year balance	4,690,398	4,938,055.				968,	
b Contributions	12,646	93,892.	1,55	5. 69,919.	ļ	223,	230.
c Net investment earnings, gains, and losses	418,219	-57,362.	232,13	2. 659,957.		473,	074.
d Grants or scholarships					<u> </u>		
e Other expenditures for facilities and programs				0.			100
f Administrative expenses	481,238				ļ <u>.</u>		436.
g End of year balance	4,640,025	. 4,690,398.			4,	498,	321.
2 Provide the estimated percentag	e of the current yea	r end balance (line 1g	ı, column (a)) held	as:			
a Board designated or quasi-endowm		%					
b Permanent endowment ▶	%						
c Temporarily restricted endowmer	nt 🟲	8					
The percentages on lines 2a, 2b, a	nd 2c should equal 10						
3 a Are there endowment funds not in	he possession of the	organization that are h	eld and administered	for the	Г	Yes	No
organization by: (i) unrelated organizations					3a(i)		Х
(i) unrelated organizations							X
(ii) related organizations b If 'Yes' on line 3a(ii), are the rela		-Lad as vacuivad on C	shadula D2		3b		
b If 'Yes' on line 3a(ii), are the rela	ated organizations if	sted as required on S	unds CEE DAD	ጥ VTTT	0.0		
4 Describe in Part XIII the intende		zation's endowment i	uilds. DEE FAN	T VTTT			
Part VI Land, Buildings, and Complete if the organ	Equipment. ization answere	d 'Yes' on Form 9	90. Part IV. line	e 11a. See Form 99	0, Par	t X, liı	ne 10.
				(c) Accumulated	(d) E	Book va	alue
Description of property	(st or other basis (investment)	b) Cost or other basis (other)	depreciation	\., \.		
1 a Land	*****						<u></u>
b Buildings				500			E07
c Leasehold improvements			1,319.	792.		1 /	527.
d Equipment			37,697.	21,357.		ТР	<u>, 340.</u>
e Other			1,845.	858.		4 177	987.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal F	orm 990, Part X, colu	mn (B), line 10c.).		ule D (Fo		, 854.
BAA				SCHEO	uic v (F	טעע ווויג	7 2010

68-0483054

Part VII Investments — Other Securities.	Wast on Form 000	N/A Dept W. line 11b. See Form	000 Part V line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	
(1) Financial derivatives.	(b) Dook value	(c) modified of valuation, cost of sit	d or Jour Markot Falue
(2) Closely-held equity interests			
(3) Other			
(A) (B)			1
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		77/2	
Part VIII Investments – Program Related. Complete if the organization answered	'Vec' on Form 990	N/A Part IV line 11c See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
	(b) Book value	(c) method of valuation cost of o	na or your market raide
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	37 / 3		
Part IX Other Assets. Complete if the organization answered	N/A) Part IV line 11d See Form	990 Part X, line 15.
	scription	5, 7 dict 7, into 11 di 000 1 011.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			.
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		
Part X Other Liabilities.	000 Deat N/ Bee 11	to an 116 Can Favor 000 Dark V line	oc.
Complete if the organization answered 'Yes' on Fo	(b) Book value	Te or TII. See Form 990, Fart A, Tille	20
(a) Description of liability (1) Federal income taxes	(b) BOOK Value		
(2) FUNDS HELD FOR OTHERS	48,96	7	
(3) FURNITURE & EQUIPMENT	6,77		
(4) PENSION PAYABLE	25		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 55,99	00.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fir	nancial statements that reports the organizatio	n's liability for uncertain
tay positions under FIN 48 (ASC 740). Check here if the text of the footnote t			

۲	Ω	_	n	4	Q	3	n	5	Δ

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, P.	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	4,837,813.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	4,837,813.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	4,837,813.
Part XII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per	Return	
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	2,351,057.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	,	3	2,351,057.
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			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4 c	0.051.055
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	2,351,057.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2016

SCHEDULE 1 (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. Part IV, line 21 or 22.

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

OMB No. 1545-0047 2016

Open to Public Inspection

				,		1100	
Name of the organization STANTSLATS COMMINITY FOLINDATION	NOTTA					Employer identification number	rtion number 1
Part General Information on Grants and Assistance	rants and Assista	ınce					
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?	to substantiate the amo	ount of the grants or	assistance, the grantees'	eligibility for the grants of	or assistance, and		V Yes
2 Describe in Part IV the organization's procedures for monitoring the use of	ocedures for monitoring	the use of grant fu	grant funds in the United States.		SEE P	PART IV	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can	nce to Domestic , for any recipient	Organizations at that received r	ations and Domestic Governments. Complete if the organization answered 'Ye eived more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple	Complete if the organization answered 'Yes' on be duplicated if additional space is needed.	ion answered 'Ye space is needed	es' on 1.
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
si Si							
MODESTO, CA 95354	94-1279804		23,100.	0.			
(2) CITY MINISTRY NETWORK							
	1						
	26-0100683		11,900.	0.			
(3) CITY OF MODESTO							
441		() () () () () () () () () ()	4	•			
	94-6000374 170 (C) (1	170 (C) (1)	30,968.	0			
(4) DEL RIO CC FOUNDATION						-	
212 121 21221 MODESTO, CA 95354	91-2143033		26,000.	0			
1 12							
					•		
MODESTO, CA 95356	77-0154765		20,148.	0.			
(6) CHILDREN'S CRISIS CTR							·*************************************
PO BOX 1062							
9535	94-2686499		24,000.	0			
O CENTER FOR HUMAN SVCS							
2000 W. BRIGGSMORE							
MODESTO, CA 95350	94-1725620		57,650.	0.			
(8) CSU STANISLAUS							
1 UNIVERSITY CIRCLE							
ΕI	77-0492209		38,700.	0.			
	(3) and government or		ns listed in the line 1 table			*	58
3 Enter total number of other organizations listed in the line 1 table	tions listed in the line	1 table				A	9

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

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

68-0483054

Page 2

Schedule I (Form 990) (2016) STANISLAUS COMMUNITY FOUNDATION

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
,					
7					
C.					
4					
S					SATING.
· c					
7					
Part IV Supplemental Information. Provide the information	ide the information	n required in Part l	, line 2; Part III, co	lumn (b); and any othe	n required in Part I, line 2; Part III, column (b); and any other additional information.

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

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

THE GRANT RECIPIENTS.

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

2016

Schedule I Cont (Form 990) 2016 9 ö (h) Purpose of grant or assistance Continuation Page 1 Employer identification number Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 10,450. 7,000. 10,000 13,400 10,000 8,500 6,231 18,700 15,000 TEEA4001L 11/03/16 (c) IRC section (if applicable) 91-2168629 94-6002388 94-6102833 33-0998513 94-1186155 94-2281314 56-2607443 45-5034180 **(P)** EIN STANISLAUS COMMUNITY FOUNDATION __3525_SANTA_FE_ST________ EMPIRE UNION SCHOOL DISTRICT GALLO CENTER FOR THE ARTS BOYS & GIRLS CLUB-STANISLAUS SALIDA UNION SCHOOL DISTRICT (a) Name and address of organization or government JESSICA ' HOUSE EMMANUEL MED JULINE FND FOR CHILDREN MODESTO GOSPEL MISSION 2881 GEER RD. STE. A ... 4031 TECHNOLOGY DR. CARDOZO MIDDLE SCHOOL BOY SCOUTS OF AMERICA RIVERBANK, CA 95367 422 MCHENRY AVE 1700 MCHENRY AVE MODESTO, CA 95354 116 N. MCLURE 4801 SISK RD TURLOCK, CA 95382 MODESTO, CA 95354 MODESTO, CA 95357 MODESTO, CA 95350 PO BOX 1203 MODESTO, CA 95353 MODESTO, CA 95356 MODESTO, CA 95353 SALIDA, CA 95368 P.O. BOX 3488 1000 I STREET Name of the organization CASA

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

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Continuation Page 2

2016

Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 30,000. 12,223 77,500 29,862 48,125 19,800 9,500 10,000 11,500 18,542 TEEA4001L 11/03/16 (c) IRC section (if applicable) 170 (C) (1) 27-0190717 170 (C) (1) 94-1212129 77-0294263 94-2671824 26-4356268 94-2834151 94-1658486 94-2499361 94-6033763 (b) EIN STANISLAUS COMMUNITY FOUNDATION HUGHSON UNIFIED SCHOOL ---STANISLAUS UNION SCHOOL DIST (a) Name and address of organization or government THE JACK & BUENA FOUNDATION HOWARD TRAINING CENTER STANISLAUS LITERACY CENTER. STANISLAUS PARTNERS IN ED __618_13TH_STREET______ UNITED WAY OF STAN CNIY TUOLUMNE RIVER TRUST HAVEN WOMEN'S CENTER 422 MCHENRY AVE 6815 HUGHSON AVE MODESTO JR COLLEGE 435 COLLEGE AVE MODESTO, CA 95350 HUGHSON, CA 95326 MODESTO, CA 95354 1100 H STREET 2410 JANNA AVE. MODESTO, CA 95353 MODESTO, CA 95354 MODESTO, CA 95354 1424 STONUM RD MODESTO, CA 95354 MODESTO, CA 95350 MODESTO, CA 95351 1032 11TH STREET MODESTO, CA 95354 _ P.O. BOX 3290_ 829_13IH_ST_ Name of the organization

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

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Continuation Page 3

Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification numbe Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 47,438 8,000 5,250 5,866 81,039 10,000 22,000 23,000 TEEA4001L 11/03/16 10,000 57,000 (c) IRC section (if applicable) 20-2068649 77-0438308 94-6036494 68-0291178 94-2150279 95-1648180 47-3797356 (b) EIN STANISLAUS COMMUNITY FOUNDATION NATIONAL AG SCIENCE CENTER 16 DIGITAL DR. STE. 130 (a) Name and address of organization or government SYLVAN ELEMENTARY SCHOOL CAL POLY ATHLETIC ADV. ___ SYLVAN UNION SCHOOL DIST. MODESTO SYMPHONY ORCHESTRA SOUTH MODESTO PARTNERSHIPS 1_SHIELDS_AVE. BURBANK ELEMENTARY SCHOOL SAN LUIS OBISPO, CA 93407 WELLSPRING FOUNDATION 1135 PARADISE RD. 908 TERRACE PL MODESTO, CA 95350 605 SYLVAN AVE. 4910 DELPHINA CT. UC DAVIS _____ MODESTO, CA 95355 MODESTO, CA 95352 MODESTO, CA 95351 911 13TH STREET MODESTO, CA 95354 MODESTO, CA 95350 NOVATO, CA 94949 OKIZU FOUNDATION 2908 COFFEE RD. KEYES, CA 95328 DAVIS, CA 95616 1 GRAND AVE. PO BOX 4937 Name of the organization

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

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9 (h) Purpose of grant or assistance Continuation Page Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 21,000. 10,000. 10,000 10,000 11,339 10,000 25,000 21,500 18,750 12,968 (c) IRC section (if applicable) 77-0290002 20-5186517 20-2468226 77-0546574 04-3709177 80-0757122 77-0402974 77-0384311 81-0576641 (b) EIN STANISLAUS COMMUNITY FOUNDATION ALLIANCE EDUCATION FOUNDATION (a) Name and address of organization or government - 4335 NORTH STAR WAY BLDG D. STANISLAUS COUNTY LIBRARY HEALTHY AGING ASSOCIATION APOSTOLIC JUBILEE CENTER. STATE THEATRE OF MODESTO COSTA FAMILY FOUNDATION MODESTO SUNRISE ROTARY 121_DOWNEY AVE #102 CHRYSLER ELEMENTARY 8224 W. GRAXSON RD. 2818 CONANT AVE FAITH IN THE VALLEY 821 LASSEN AVE. MODESTO, CA 95356 MODESTO, CA 95358 MODESTO, CA 95358 MODESTO, CA 95354 MODESTO, CA 95350 MODESTO, CA 95352 MODESTO, CA 95354 MODESTO, CA 95354 601 MCHENRY AVE 511 VINE STREET __1010_10TH_STREET__ MODESTO, CA 95354 MODESTO, CA 95351 __CAMP_TAYLOR__ 1500 I STREET 1307 J STREET Name of the organization

Schedule I Cont (Form 990) 2016

TEEA4001L 11/03/16

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

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Continuation Page

2016

Schedule I Cont (Form 990) 2016 (h) Purpose of Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of non-cash assistance (d) Amount of cash grant 8,000. 9,890. 10,000. 9,000 8,500. 7,750 7,500 7,378 10,000 10,000 TEEA4001L 11/03/16 (c) IRC section (if applicable) 94-1337617|509 (A) (1) 71-0936185 26-3920864 95-4800735 36-4548494 47-3274539 20-0128637 (b) EIN STANISLAUS COMMUNITY FOUNDATION FAMILY PROMISE OF GREATER MOD STANISLAUS FAMILY JUSTICE CTR (a) Name and address of organization or government CALIFORNIA AVE ELEMENTARY RICHARD MOON PRIM SCHOOL SCOE CHARITABLE FOUNDATION 624 W. LAS PAIMAS AVE PEER RECOVERY ART PROJECT 4120 DALE RD STE J8-157 LITTLE LIGHTS PRESCHOOL 1660 ARBOR WAY 2301 WOODLAND AVE #8 LOS ANGELES, CA 90012 3800 CALIFORNIA ST 1222 J STREET CAMBRIDGE ACADEMIES. RIVERBANK, CA 95367 PATTERSON, CA 95363 130 W. BRUNO ST. WATERFORD, CA 95386 1625 I STREET 319 N. REINWAY AVE HOMEBOY INDUSTRIES LAS PALMAS SCHOOL MODESTO, CA 95354 MODESTO, CA 95354 MODESTO, CA 95356 TURLOCK, CA 95380 MODESTO, CA 95358 MODESTO, CA 95354 1100 H STREET Vame of the organization

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

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Continuation Page

Schedule I Cont (Form 990) 2016 (h) Purpose of grant or assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 68-0483054 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 7,000. 7,000. 5,500 5,400 5,346 TEEA4001L 11/03/16 5,952 (c) IRC section (if applicable) 94-6019706 95-1644593 71-0892856 94-6090626 47-1168855 88-0103531 (b) EIN STANISLAUS COMMUNITY FOUNDATION ADVANCING VIBRANT COMMUNITIES 2575 YORBA LIND BLVD MARSHALL B KETCHUM UNIV (a) Name and address of organization or government CENTENARY UNITED METHODIST UNIVERSITY OF NEVADA, RENO 3430 TULLY RD #20-239 1664 N. VIRGINIA ST. FULLERTON, CA 92831 1911 TOYON AVE BERKELEY, CA 94720 MODESTO, CA 95350 MODESTO, CA 95350 MODESTO, CA 95350 1347 MCHENRY AVE MOPRIDE, INC. RENO, NV 89557 Name of the organization

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

STANISLAUS COMMUNITY FOUNDATION

Employer identification number
68-0483054

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

THE BOARD HAS ESTABLISHED THE FINANCE & INVESTMENT COMMITTEE FOR WHICH IT HAS

DELEGATED AUTHORITY AND RESPONSIBILITIES. THE PURPOSE OF THE FINANCE & INVESTMENT

COMMITTEE IS TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF INVESTMENT POLICIES

AND PRACTICES, DETERMINING INVESTMENT OBJECTIVES AND MONITORING AND REPORTING THE

PROGRESS OF INVESTMENTS AND SPENDING.

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

THE CHIEF EXECUTIVE OFFICER PROVIDES THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE, AND THE FULL BOARD DRAFT COPIES OF THE 990 TO BE REVIEWED AT THEIR REGULARLY SCHEDULED MEETINGS PRIOR TO THE 990 FILING.

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

STANISLAUS COMMUNITY FOUNDATION DIRECTORS, ON AN ANNUAL BASIS, DISCLOSE THEIR

CONFLICTS OF INTEREST IN WRITING, PER THE ORGANIZATION POLICY. ALSO, IF A BOARD

DIRECTOR HAS A CONFLICT OF INTEREST RELATED TO A BUSINESS MATTER OR ANY

GRANTMAKING/SCHOLARSHIPS SUBJECT TO APPROVAL BY THE BOARD, THESE ARE DISCLOSED

DURING BOARD MEETINGS AND SAID DIRECTORS ABSTAIN FROM THE DISCUSSION AND SUBSEQUENT

VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE ORGANIZATION HAS AN EVALUATION & COMPENSATION COMMITTEE COMPOSED OF THREE OR
MORE INDEPENDENT BOARD MEMBERS APPOINTED ANNUALLY BY THE PRESIDENT. ALONG WITH
ANNUALLY EVALUATING THE CHIEF EXECUTIVE'S PERFORMANCE THEY MAKE RECOMMENDATIONS TO
THE BOARD WITH RESPECT TO COMPENSATION. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO
ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMPENSATION SURVEYS
OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON
PRACTICES FOR THE STANISLAUS COUNTY AREA.

Employer identification number

68-0483054

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

THE ORGANIZATION HAS AN EVALUATION & COMPENSATION COMMITTEE COMPOSED OF THREE OR MORE INDEPENDENT BOARD MEMBERS APPOINTED ANNUALLY BY THE PRESIDENT. THE COMMITTEE ANNUALLY REVIEWS SALARIES TO ENSURE THAT THEY ARE APPROPRIATE AND CONSISTENT WITH PUBLISHED COMEPENSATION SURVEYS OR REPORTS PREPARED FOR THE COMMITTEE BY OUTSIDE CONSULTANT OR KNOWN COMMON PRACTICES FOR THE STANISLAUS COUNTY AREA.

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

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

Auto-colore														
Page				STANIS	SLAUS	COMMUN	ITY FOL	INDATIO	Z					68-0483054
NEWLYCHEE) NEWLYCHEE) NEWLYCHEE CARINETS 1,245	DESCRIPTION				CUR 179 BONUS.	SPECIAL DEPR. ALLOW	PRIOR 179/ SDNUS/ SP. DEPR		SALVAG /BASIS ŒDUCT	DEPR. BASIS		METHOD	LIFE RATE	CURRENT
FINTURE 12/2/13 1,945 0 0 0 0 0 1,945 594 5/L 7 FINTURE 12/2/13 680 680 272 5/L 680 7/2/13 680 7/2/2 5/L 680 7/2/2	M 990/390-PF													
TOTAL FURNITIER AND FIXTURE 1,845 0 0 1,845 594 57L TOTAL FURNITURE AND FIXTURE 1,845 0 0 0 1,845 594 57L TOTAL FURNITURE AND FIXTURE 1,845 0 0 0 0 1,845 594 57L LEASCHOLD MIPROVEMENTS 1,272/13 639 2 639 226 57L 639 256 57L 640 640 57L 640 640 57L 640	FURNITURE AND FIXTURES													
TOTAL FURNITURE AND FXTURE 1,245 0 0 0 1,245 594 PROVEMENTS PROVEMENTS 1,216/13 680 272 5/1 5/1 LEASE-HOLD IMPROVEMENTS 12/27/13 680 0 0 0 0 0 2/2 5/1 LEASE-HOLD IMPROVEMENTS 12/27/13 680 0 0 0 0 0 0 2/2 5/1 8/1	BOARD TABLE/FILE CABINETS	23/13		1,845						1,845	594	S/L	7	264
PROPERIOR IMPROVEMENTS 12/15/13 680 272 5/1 680 12/25/13 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 680 272 5/1 6/2 272 5/1 6/2 272	TOTAL FURNITURE AND FIXTURE			1,845	0	0	0		0	1,845	594			797
LEASEHOLD IMPROVEMENTS 12/15/13 680 272 5/1<	IMPROVEMENTS													
LEASEHOLD IMPROVEMENTS 659 659 256 5/L TOTAL IMPROVEMENTS 1,319 0 0 0 1,319 328 5/L TOTAL IMPROVEMENTS 4,01708 1,239 0 0 0 0 1,319 328 5/L COHILL PRIZE HOUR SYSTEM 3,02709 9,668 9,688 9,688 9,688 5/L 1,295 1,295 5/L 2	LEASEHOLD IMPROVEMENTS	716/13		089						980	272	S/L	rc.	136
COMTEL IMPROVEMENTS 1,319 0 0 0 1,319 528 7.28 7.28 7.29	LEASEHOLD IMPROVEMENTS	727/13	į	623						639	256	S/L		128
CHINERY AND EQUIPMENT 1,295 1,295 1,295 3/1 HP NOTEBOOK COMPUTER 3,02/09 9,638 9,638 5/1 9,638 5/1 SAVIN C9025 COPIER 3,02/09 9,638 9,638 9,638 5/1 9/1 COMPLE LEPHONE SYSTEM 1/29/10 3,387 3,387 3,387 3,787 5/1 DELL OPTIPLEX 380 (3) 10/01/10 2,913 3,387 3,587 5/1 5/1 SIGN 10/21/13 3,967 3,387 3,587 3,71 5/1 SIGN 10/21/13 3,967 3,72 3,71 3,71 3,71 3,71 SIGN 10/21/13 3,967 3,74 7,72 3,71	TOTAL IMPROVEMENTS			1,319	0	0	<u> </u>		0	1,319	528			264
HP NOTEBOOK COMPUTER 1,295 2,11 2,913 <td>MACHINERY AND EQUIPMENT</td> <td></td>	MACHINERY AND EQUIPMENT													
SAVIN CSOCIA COPIER 3,02,09 9,658 9,658 5,1<		/01/06		1,295						1,295	1,295	S/L		0
COMTEL TELEPHONE SYSTEM 1/29/10 3,367 3,567 5/L	SAVIN C9025 COPIER	.02/09		859'6						9,658	9,658	S/L		0
DELL OPTIPLEX 380 (3) 10/01/10 2,913 2,913 5/L 2,913 5/L 2,913 5/L 3/L <	COMTEL TELEPHONE SYSTEM	/29/10		3,367						3,367	3,367	7/S		0
SIGN 10/21/13 950 295 5/L COMPUTER - DORIS 3/14/14 723 266 5/L LAPTOP - AMANDA 3/14/14 755 277 5/L PC COMPUTER - MARIAN 1/15/15 810 162 5/L SOFTWARE LICENSE 1/15/15 237 47 5/L WALL CABINET 1/15/15 121 24 5/L OFFICE LAPTOP 1/15/15 804 161 5/L MONITORS 2/23/15 249 42 5/L HP PRINTER 5/15/15 250 33 5/L	DELL OPTIPLEX 380 (3)	/01/10		2,913						2,913	2,913	S/L		0
COMPUTER - DORIS 3/14/14 723 266 5/L LAPTOP - AMANDA 3/14/14 755 277 5/L LAPTOP - AMANDA 1/15/15 810 162 5/L PC COMPUTER - MARIAN 1/15/15 237 47 5/L SOFTWARE LICENSE 1/15/15 237 47 5/L WALL CABINET 1/15/15 804 161 5/L OFFICE LAPTOP 1/15/15 804 161 5/L MONITORS 2/23/15 249 42 5/L HP PRINTER 5/15/15 250 33 5/L	Sign	/21/13		920						950	295	S/L	7	136
LAPTOP - AMANDA 3/14/14 755 277 S/L PC COMPUTER - MARIAN 1/15/15 810 162 S/L SOFTWARE LICENSE 1/15/15 237 47 S/L WALL CABINET 1/15/15 121 24 S/L OFFICE LAPTOP 1/15/15 804 161 S/L MONITORS 2/23/15 249 42 S/L HP PRINTER 5/15/15 250 33 S/L	COMPUTER - DORIS	/14/14		723						723	266	S/L		145
PC COMPUTER - MARIAN 1/15/15 810 162 S/L SOFTWARE LICENSE 1/15/15 237 47 S/L WALL CABINET 1/15/15 121 24 S/L OFFICE LAPTOP 1/15/15 804 161 S/L MONITORS 2/23/15 249 42 S/L HP PRINTER 5/15/15 250 33 S/L	LAPTOP - AMANDA	/14/14		755						755	277	S/L		5
SOFTWARE LICENSE 1/15/15 237 47 S/L WALL CABINET 1/15/15 121 24 S/L OFFICE LAPTOP 1/15/15 804 161 S/L MONITORS 2/23/15 249 42 S/L HP PRINTER 5/15/15 250 33 S/L	PC COMPUTER - MARIAN	/15/15		810						810	162	S/L		162
WALL CABINET 1/15/15 121 24 S/L OFFICE LAPTOP 1/15/15 804 161 S/L MONITORS 2/23/15 249 42 S/L HP PRINTER 5/15/15 250 33 S/L	SOFTWARE LICENSE	/15/15		237						237	47	S/L		47
OFFICE LAPTOP 1/15/15 804 161 S/L MONITORS 2/23/15 249 42 S/L HP PRINTER 5/15/15 250 33 S/L	WALL CABINET	/15/15		121						121	24	S/L		24
MONITORS 2/23/15 249 42 S/L HP PRINTER 5/15/15 250 33 S/L	OFFICE LAPTOP	/15/15		804						804	161	S/L		161
HP PRINTER 5/15/15 250 33 S/L	MONITORS	/23/15		249						249	42	S/I		S
	HP PRINTER	/15/15		250						250	33	NS.		20

12/31/16	N	016 F	2016 FEDERAL	_	90	DEP	RECIA	BOOK DEPRECIATION SCHEDULE	CHE	DULE				PAGE 2	
			ST	ANISL	AUS C	OMMU	IITY FOL	STANISLAUS COMMUNITY FOUNDATION	-					68-0483054	
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD.	COST/ BASIS	BUS.	CUR 179 BONIIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR S DEC. BAL / DEPR F	SALVAG /BASIS REDIICT	DEPR. BASIS	PRIOR DEPR.	METHOD.	METHOD., LIEE , BATE	CURRENT	
17 BUS, TELEPHONE SYSTEM	7/16/15		353							353	21	S/L	7	20	
18 CAMERA - FRONT DOOR	7/27/15		290							290	49	1/8	ιςs	118	
19 PC - COMPUTER	9/10/15		645							645	43	1/8	ις	129	
20 DELL PRINTER	9/10/15	-	165							165	11	S/L	52	33	
21 DESK - MARIAN	9/10/15		2,333							2,333	156	S/L	ιņ	467	
22 CONFERENCE PHONE	12/29/15		821							821		1/8	7	117	
23 WOOD BLINDS	3/01/16		196							196		S/L	7	23	
24 EQUIPMENT	4/01/16		265							265		S/L	7	28	
25 EQUIPMENT	7/07/16		166							166		S/L	7	12	
26 OVERHEAD PROJECTOR SCREEN	7/21/16		1,028							1,028		S/L	7	61	
27 DESK STAND - DORIS	8/18/16		518							518		S/L	7	25	-
28 DESK STAND - AMANDA	8/18/16		307							307		S/L	. 7	15	
29 PHONE	8/18/16		335							335		J/S	. 7	16	
30 SAVIN COPIER/FAX	8/24/16		7,089							7,089		S/L	. 2	473	
31 LAPTOP	9/14/16		640							640		3/r		43	_
32 OVERHEAD PROJECTOR	11/29/16		114							114		T/S	. 7		
TOTAL MACHINERY AND EQUIPME			37,697		0	0	_	0	0	37,697	18,820			2,537	
TOTAL DEPRECIATION			40,861	1 11	0	0		0	0	40,861	19,942			3,065	, <u> </u>
GRAND TOTAL DEPRECIATION			40,861	ij	0	0	The second secon	0 0	0	40,861	19,942			3,065	. 1
															7

1		STANIS	LAUS C	LAUS COMMUNITY FOUNDATION	ITY FOU	NDATION					9	68-0483054
DA DESCRIPTION ACQU	DATE DATE ACQUIRED SOLD	COST/ BUS. BASIS PCT.	CUR 179 BONIS.	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR S. DEC. BAL / DEPR. RE	SALVAG /BASIS REDIICT	DEPR. BASIS.	PRIOR DEPR	METHOD_LIFE_BATE	IFE _RATE	CURRENT DEPR
FURNITURE AND FIXTURES												
BOARD TABLE/FILE CABINETS 9/23	9/23/13	1,845	- Incompany of the Control of the Co					1,845	594	1/8	7	264
TOTAL FURNITURE AND FIXTURE		1,845	0	0	0	0	0	1,845	594			264
IMPROVEMENTS												
LEASEHOLD IMPROVEMENTS 12/1	12/16/13	089						089	272	S/L	S.	136
	12/27/13	623						639	256	S/L	rc.	128
TOTAL IMPROVEMENTS		1,319	0	0	0	0	0	1,319	528			797
MACHINERY AND EQUIPMENT												
HP NOTEBOOK COMPUTER 9/0	9/01/06	1,295						1,295	1,295	\$/1	က	0
	3/02/09	9,658						859'6	9,658	S/L	5	0
COMTEL TELEPHONE SYSTEM 1/2	1/29/10	3,367						3,367	3,367	3/F	es	0
DELL OPTIPLEX 380 (3) 10/(10/01/10	2,913						2,913	2,913	S/L	5	0
SIGN 10/2	10/21/13	950						950	295	S/L	7	136
COMPUTER - DORIS 3/1	3/14/14	723						723	266	S/L	ಬ	145
LAPTOP - AMANDA 3/1	3/14/14	755						755	277	S/L	2	151
PC COMPUTER - MARIAN 1/1	1/15/15	810						810	162	S/L	ιm	162
SOFTWARE LICENSE 1/1	1/15/15	237						237	47		S.	47
WALL CABINET 1/1	1/15/15	121						121	24		2	24
OFFICE LAPTOP 1/1	1/15/15	804						804	161	S/L	r.	161
MONITORS 2/2	2/23/15	249						249	42		5	20
HP PRINTER 5/1	5/15/15	250						250	33	S/L	r.	29

12/31/16	201	6 CA	LIFOR	Y N	B 00	X DE	PRECI	ATIO	SCH	2016 CALIFORNIA BOOK DEPRECIATION SCHEDULE				PAGE 2
			ST	ANISL	AUS C	OMMUI	STANISLAUS COMMUNITY FOUNDATION	JNDATIC	Z.					68-0483054
NO. DESCRIPTION	DATE ACOURED	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDIICT .	DEPR. BASIS	PRIOR	METHOD	METHOD LIFE RATE	CURRENT
17 BUS. TELEPHONE SYSTEM	7/16/15		353							353	21	3/1	7	90
18 CAMERA - FRONT DOOR	7/27/15		290							290	49	S/L	S	118
19 PC - COMPUTER	9/10/15		645				٠			645	43	1/8	5	129
20 DELL PRINTER	9/10/15		165							165	=	S/L	ĸ	ee
21 DESK - MARIAN	9/10/15		2,333							2,333	156	S/L	ιΩ	467
22 CONFERENCE PHONE	12/29/15		821							821		S/L	7	117
23 WOOD BLINDS	3/01/16		196							196		S/L	7	23
	4/01/16		265							265		S/F	7	28
25 EQUIPMENT	91//0//		166							166		S/L	7	12
26 OVERHEAD PROJECTOR SCREEN	7/21/16		1,028							1,028		S/L	7	ध
27 DESK STAND - DORIS	8/18/16		518							518		S/L		25
28 DESK STAND - AMANDA	8/18/16		307							307		S/L	7	15
29 PHONE	8/18/16		335							335		S/L	7	16
30 SAVIN COPIER/FAX	8/24/16		7,089							7,089		SVL	ιΩ	473
31 LAPTOP	9/14/16		640							040		1/S	. 2	43
32 OVERHEAD PROJECTOR	11/29/16	·	114	1						114		NS/L		_
TOTAL MACHINERY AND EQUIPME			37,697		0	0	J	0	0	37,697	18,820			2,537
TOTAL DEPRECIATION			40,861	1	0	0			0	40,861	19,942			3,065
GRAND TOTAL DEPRECIATION			40,861	H	0	0		0	0	40,861	19,942			3,065

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FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

STANISLAUS COMMUNITY FOUNDATION

68-0483054

	2016	2015	DIFF
REVENUE CONTRIBUTIONS AND GRANTS. PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE	4,748,115 3,153 60,509 26,036	2,316,551 22,503 323,164 27,306	2,431,564 -19,350 -262,655 -1,270
TOTAL REVENUE	4,837,813	2,689,524	2,148,289
EXPENSES GRANTS AND SIMILAR AMOUNTS PAIDSALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	1,603,328 410,613 337,116	2,283,631 328,100 176,163	-680,303 82,513 160,953
TOTAL EXPENSES	2,351,057	2,787,894	-436,837
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR.	2,486,756 21,335,794 89,676 21,246,118	-98,370 17,594,924 66,390 17,528,534	2,585,126 3,740,870 23,286 3,717,584

2016 CALIFORNIA 199	TAX SUMMAF	RY	PAGE 1
STANISLAUS COMM	UNITY FOUNDATION		68-0483054
REVENUE	2016	2015	DIFF
GROSS AMOUNT FROM SALE OF ASSETS	9,725,408 439,434 4,748,115	1,482,127 352,621 2,316,551	8,243,281 86,813 2,431,564
COST OR OTHER BASIS OF ASSETS SOLD	10,075,144	1,461,775	8,613,369
TOTAL INCOME	4,837,813	2,689,524	2,148,289
EXPENSES AND DISBURSEMENTS CONTRIBUTIONS, GIFTS, GRANTS. COMPENSATION OF OFFICERS, ETC OTHER SALARIES AND WAGES. TAXES. RENTS. DEPRECIATION AND DEPLETION. OTHER DEDUCTIONS.	1,260,865 130,211 220,753 28,576 37,416 3,065 327,708	2,283,631 125,024 165,438 23,921 34,205 2,144 153,531	-1,022,766 5,187 55,315 4,655 3,211 921 174,177
TOTAL DEDUCTIONS	2,008,594	2,787,894	-779,300
EXCESS OF RECEIPTS OVER DISBURSEMENTS	2,829,219	-98,370	2,927,589

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FILING FEE
BALANCE DUE