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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)

6

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2016 calendar year, or tax year beginning and endir	ng	_	
В	Check if applicabl	I THE COMMONITY FOUNDATION SAN LOTS OBTSEC	)	D Employer identifie	cation number
L	Addre chang Name				406500
L	chang	Doing business as			496500
	return Final return	Number and street (or P.O. box if mail is not delivered to street address)  550 DANA STREET	E Telephone number 805-	543-2323	
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	24,387,385.
L	Amen	DAN LOIS OBISFO, CA 95401		H(a) Is this a group re	
	Application			for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
<u>L</u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		te: > WWW.CFSLOCO.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other I	∟ Year o	of formation: $1998$ N	Natate of legal domicile: CA
P		Summary			
ω	1	Briefly describe the organization's mission or most significant activities: SEE SCH	EDU	LE O.	
Governance					
ž.	2	Check this box  if the organization discontinued its operations or disposed o	f more	than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
<u>ت</u>		Number of independent voting members of the governing body (Part VI, line 1b)			15
es &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			9
į		Total number of volunteers (estimate if necessary)			100
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		5,650,351.	3,302,013.
		Program service revenue (Part VIII, line 2g)		0.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,576,453.	1,786,214.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,692.	-181,867.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,272,496.	4,906,360.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,461,421.	2,148,335.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		479,542.	539,242.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
þei	b	Total fundraising expenses (Part IX, column (D), line 25) 150, 921.			
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,049.	515,669.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,181,012.	3,203,246.
		Revenue less expenses. Subtract line 18 from line 12		4,091,484.	1,703,114.
Net Assets or Fund Balances				ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		49,477,305.	52,804,715.
ASS	21	Total liabilities (Part X, line 26)	. —	4,822,359.	5,036,367.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	·	44,654,946.	47,768,348.
P	art II	Signature Block	•	, ,	· ,
Und	ler pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pi	reparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
Hei		► HEIDI MCPHERSON, CHIEF EXECUTIVE OFFICER	2		
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Pai	d	KIMBERLYN SPILLER		if self-employe	P01491937
	parer	Firm's name CALIBER AUDIT & ATTEST, LLP		Firm's EIN	26-2350873
	Only	Firm's address 265 SOUTH STREET, SUITE A		5 Em	
	•	SAN LUIS OBISPO, CA 93401		Phone no. 80	5-888-0240
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO PROVIDE LEADERSHIP AND TO ENCOURAGE CHARITABLE GIVING FOR THE
	ISSUES THAT IMPROVE AND ENHANCE LIVES IN THE COUNTY IT SERVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY SERVES THE ENTIRE
	COUNTY OF SAN LUIS OBISPO, FUNDING A WIDE RANGE OF INITIATIVES,
	PROJECTS AND ORGANIZATIONS. THROUGH THE GENEROSITY OF OUR DONORS, PAST
	AND PRESENT, PHILANTHROPY IS PROMOTED THAT STRENGTHENS CIVIC LIFE
	ACROSS THE SAN LUIS OBISPO COUNTY REGION IN RESPONSE TO THE EVER
	CHANGING DEMOGRAPHICS AND NEEDS OF OUR COMMUNITIES. WE FOCUS OUR
	GRANTMAKING ON THE FOLLOWING CORE AREAS: ARTS & CULTURE, EDUCATION,
	HEALTH, HUMAN SERVICES, SCHOLARSHIPS, ENVIRONMENT AND COMMUNITY
	ENHANCEMENT.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 2,711,338.
	Form <b>990</b> (2016)

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	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	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b	X	
С	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	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	12b	Х	37
13	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		X
b				
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₩.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		Х
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G, Part III	19		- 22

Form **990** (2016)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
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		Х
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	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	(0045)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Peach   Section   Peach   Pe		Check if Schedule O contains a response or note to any line in this Part V									
b Enter the number of Forms W-2G included in line 1s. Enter of India applicable					Yes	No					
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming granting winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2b If all east one is reported on line 23, did the organization file all required federal employment tax returns?  2b If all least one is reported on line 23, did the organization file all required federal employment tax returns?  2c Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the veganization have unrelated business greas income of \$1 (300 or more during the exalend year, did the organization have an interest in, or a signature or other authority over, a transmit or a foreign country (such as a bank account, securities account, or other financial account)?  4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a transmit or a foreign country.  5b If "Yes," the line 5a of 5b, did the organization file Form 8886-17  5c West the organization have amusing poss receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c C If "Yes," to list the organization file Form 8886-17  6d Dest the organization should with every solicitation an exposes statement that such contributions or grifts were not tax deductible?  6d Dest the organization should with every solicitation an expose statement that such contributions or grifts were not tax deductible as charitable contributions under section 170(c).  a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Sponsoring organization makes and state possible of	1a										
describing winnings to prize winners?  a First the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  filed for the calendar year ending with or within the year covered by this return  b If at least on is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  b If 1'Yes, 1'and 1 till fed Form 990 To for this year If 1'No, 1' for line 30, 1'Drovide an explanation in Schedule 0  b If 1'Yes, 1'and 1 till fed Form 990 To for this year If 1'No, 1' for line 30, 1'Drovide an explanation in Schedule 0  b If 1'Yes, 1'and 1 till fed Form 990 To for this year If 1'No, 1' for line 30, 1'Drovide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b If 1'Yes, 1'droven, 1'Dr	b		ib   °								
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this return.  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  By the comparization have unreated business gross income of \$1,000 or more during the year?  3a	С				77						
tiled for the calandary year ending with or within the year covered by this return.    1				1c	<u> </u>						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization are signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  4a At any time enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, "reter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization in life Form 8896-17  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6a Y  6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If Yes, "did the organization notify the donor of the value of the goods or services provided?  7b If If Yes, "did the organization of the value of the goods or services provided?  7c If If Yes, "did the organization of the value of the goods or services provided?  7d If Yes, "did the organization of the value of the goods or services provided?  7d If Yes, "did the organization is any taxable distributions	2a										
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dit the organization have unrelated business gross ancome of \$1,000 or more during the year?  3b If Yes, *is tifted a Form 980 17 or this year? If Yes, *to fire \$30, provide an explanation in Schedule 0  3b If Yes, *enter the name of the foreign country, ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry (see the organization provided in the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Day 16 Yes, *did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibile as charitable contributions?  6c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c Did the organization start may receive deductible contributions under section 170(c).  6d Did the organization notify the donor of the value of the goods or services provided?  7 Organizations that may receive apayment in excess of \$75 made party as a contribution of organization services provided to the payor?  8 To X Yes, *indicate the number of Forms 8282 filed during the year  9 Did the organization or eceived a contribution of or the value of the goods or services provided?  10 Did the organization received an contribution of crises, boats, and provided to great party and the great payor organization freeded an contribution of crises, boats, and provided the organization freeded and the payor organizat		·			77						
3a	b			2b	X						
the off "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities accountly a foreign country   ►  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 8a or 5b, did the organization the Form 8986-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  8 If If "Yes," indicate the number of Form 8886 fleed during the year  7 If Wes," indicate the number of Forms 8828 fleed during the year  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88887?  9 If If Wes," indicate the number of Forms 8828 fleed during the year  9 If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te Z  7 Te Z  8 Sponsoring organization make a contribution of cars, boats, anjanes, or other evidence, did the organization flee Form 899 as required?  10 If the organization received an contribution of cars, boats, anjanes, or other evidence, did the organization flee Form 899 as required?  10 Section 501(c)(7) organizations maintaining donor advised funds.  11a   Sec			)			77					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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?  6b If "Yes," indic the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor?  7 If "Yes," indicate the number of Forms 8282 filed during the year  10 If Yes," indicate the number of Forms 8282 filed during the year  2 If If Yes," indicate the number of Forms 8282 filed during the year  2 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If Was a proposition received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization make excess business holdings at any time during the year?  9 Sponsoring organization make excess business holdings at any time during the year?  9 Sponsoring organization make excess business holdings at any time during the year?  10 If the organization organization make a distribution to a donor						X					
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	a	in res, mas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<del>;</del>		990	(2016)					

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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.

	Creck it Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
	l l 1=		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	OD		
9		9		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		21
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
40-	Did the every instinct have least about we have been as affiliated.	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 22
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	1 , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С			37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X 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	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DONNA JONES - (805) 543-2323			
	550 DANA STREET, SAN LUIS OBISPO, CA 93401			

## Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Criccit the Sex in Heinfel the organization	THE WITTE	<u> </u>	<u> </u>					ou arry ourront ornoor, t		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		e e	suadı		(W-2/1099-MISC)		organization
	below	ual tr	ional		ploye	t con	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVE MCCARTY	4.00	<del>  -</del>	_		<u> </u>	T 80	ь.			
PRESIDENT	1.00	X		х				0.	0.	0.
(2) JIM BRABECK	4.00									
DIRECTOR		Х						0.	0.	0.
(3) STEVE JOBST	4.00									
DIRECTOR		Х						0.	0.	0.
(4) MIKE PATRICK	4.00									
DIRECTOR	1.00	Х						0.	0.	0.
(5) TOM SHERMAN	4.00							_	_	_
CFO/TREASURER		Х		Х				0.	0.	0.
(6) JOHNINE TALLEY	4.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(7) JIM GLINN	4.00	ļ								
SECRETARY		Х		Х				0.	0.	0.
(8) GWEN ERSKINE	4.00	ļ								
DIRECTOR	1.00	Х						0.	0.	0.
(9) JEFF BUCKINGHAM	4.00	۱								•
DIRECTOR	1	Х						0.	0.	0.
(10) MARY VERDIN	4.00	۱		l						•
VICE PRESIDENT	1	Х		Х				0.	0.	0.
(11) CLAIRE CLARK	4.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) GRENDA ERNST	4.00	١							_	_
DIRECTOR	4 00	Х						0.	0.	0.
(13) JOAN PARKER	4.00	١						_	_	_
DIRECTOR	4 00	Х						0.	0.	0.
(14) ANN ROBINSON	4.00	١,,						0	_	_
DIRECTOR	4 00	Х						0.	0.	0.
(15) BEN MCADAMS	4.00	X						0.	0	_
DIRECTOR	<u> </u>	Α.						0.	0.	0.
(16) HEIDI MCPHERSON	50.00	1		x				131 040	0.	1 1064
CHIEF EXECUTIVE OFFICER	40.00	-		^	_		-	131,049.	0.	4,064.
(17) DONNA JONES	5.00	1		x				76,188.	0.	1,626.
DIRECTOR OF FINANCE AND AD	1 3.00			Λ	<u> </u>			70,100.	0.	Eorm <b>990</b> (2016)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable			stimate	
		week					is bot or/trus		compensation from	compensation from related		ar	nount other	OŤ
		(list any	tor						the	organization		com	pensa	ation
		hours for	r direc				pa:		organization	(W-2/1099-MIS			om th	
		related	stee o	rustee			ensat		(W-2/1099-MISC)			·	anizat	
		organizations below	lal tru	onal t		loyee	comp						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		,	드	드	0	32	T is	Œ						
			1											
				_			_							
							$\vdash$							
								Ļ	207,237.		0.		5,6	<u>a n</u>
	Sub-total Total from continuation sheets to Part V								201,231.		0.		5,0	0.
	Total (add lines 1b and 1c)								207,237.		0.		5,6	
2	Total number of individuals (including but n									,000 of reportab	le		-	
	compensation from the organization													1
													Yes	No
3	Did the organization list any <b>former</b> officer,											,		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
7	and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or a													
_	rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	uch	pers	son .					5		X
	tion B. Independent Contractors									<b>*</b>				
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation	rrom	
	(A)	trio caloridar y	<u> </u>	orran	<u>g                                   </u>	*****	0		(B)	, , , , ,		((	<del></del>	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
								$\dashv$						
								_						
2	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	ا می	ster	d ahove) who received m	ore than				
_	\$100,000 of compensation from the organi		iot II		u 10		0	منحر	a above, who received it	ioro triali				
	,									l l		Form	990 (	2016)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 92,475. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 3,209,538 263,066. g Noncash contributions included in lines 1a-1f: \$ 3,302,013 h Total. Add lines 1a-1f. Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,220,522 other similar amounts) 1,220,522 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 20,019,479 assets other than inventory b Less: cost or other basis 19,453,787. and sales expenses 565,692. c Gain or (loss) 565,692 565,692. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 92,475. of including \$ contributions reported on line 1c). See 51,600. Part IV, line 18 a Other 27,238 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 24,362 24,362. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CHANGE IN SPLIT INTEREST 900099 356,268 356,268 b OTHER REVENUE 28,011 900099 28,011 c INCOME HELD FOR OTHERS 900099 -590,508 -590,508 d All other revenue -206,229 e Total. Add lines 11a-11d 4,906,360, -206,229 Total revenue. See instructions. 1,810,576. Form 990 (2016)

Part IX | Statement of

COUNTY

77-0496<u>500 Page **10**</u>

	P	art	IX State	ement of Fu	nctional	⊏xpen	ses		
_	_							 	

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	se or note to any line in  (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,954,279.	1,954,279.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	194,056.	194,056.		
_	F	131,0301	131,0301		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	207 226	70 500	02 256	41 447
	trustees, and key employees	207,236.	72,533.	93,256.	41,447
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	233,709.	81,798.	105,169.	46,742
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,126.	3,894.	5,007.	2,225
9	Other employee benefits	50,586.	17,705.	22,764.	10,117
10	Payroll taxes	36,585.	12,805.	16,463.	7,317
11	Fees for services (non-employees):		,	,	•
	Management				
	Legal				
	Accounting	23,075.		23,075.	
		20,0101		20,070	
	Lobbying Professional fundraising services. See Part IV, line 17				
		332,180.	332,180.		
	Investment management fees	332,100.	332,100.		
g	Other. (If line 11g amount exceeds 10% of line 25,	1,500.		1,500.	
	column (A) amount, list line 11g expenses on Sch O.)	4,985.	1,645.	1,695.	1 6/15
12	Advertising and promotion				1,645
13	Office expenses	21,630.	7,138.	7,354.	7,138
14	Information technology	29,294.	9,667.	9,960.	9,667
15	Royalties	10 000	4 066	4 205	4 0.55
16	Occupancy	12,927.	4,266.	4,395.	4,266
17	Travel	7,767.	2,563.	2,641.	2,563
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,540.	18,658.	19,224.	18,658
23	Insurance	10,577.	1,253.	8,608.	716
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FUND OPERATION EXPENSE	161,351.	161,351.		
b	MISCELLANEOUS	42,106.	13,868.	14,895.	13,343
C	PROGRAM EXPENSE	22,956.	15,591.	0.	7,365
	MEMBERSHIP DUES AND SUB	15,121.	4,990.	5,141.	4,990
d		-226,340.	-198,902.	-160.	-27,278
	All other expenses	3,203,246.	2,711,338.	340,987.	150,921
25	Total functional expenses. Add lines 1 through 24e	3,403,440.	4,111,330•	340,301.	10,741
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm <b>990</b> (201)

Form 990 (2016)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			338,862.	1	375,571.
	2	Savings and temporary cash investments			4,997,705.	2	5,382,284.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
δ		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9				7,456.	9	11,648.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,954,513.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	314,684.	1,692,913.	10c	1,639,829.
	11	Investments - publicly traded securities	23,832,617.	11	1,639,829. 26,631,292.		
	12	Investments - other securities. See Part IV, line 1		17,186,015.	12	16,927,501.	
	13	Investments - program-related. See Part IV, line	11		100,000.	13	0.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,321,737.	15	1,836,590.		
	16	Total assets. Add lines 1 through 15 (must equa	49,477,305.	16	52,804,715.		
	17	Accounts payable and accrued expenses			37,703.	17	86,982.
	18	Grants payable			442,992.	18	247,267.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D	3,816,069.	21	4,017,632.
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		·	525,595.		684,486.
		Schedule D			4,822,359.	25	5,036,367.
	26	Total liabilities. Add lines 17 through 25		V	4,022,339.	26	5,030,307.
"		Organizations that follow SFAS 117 (ASC 958		ck nere 🚩 🔼 and			
ĕ	07	complete lines 27 through 29, and lines 33 an			4,378,849.	27	4,179,555.
lan	27	Unrestricted net assets			20,433,970.	28	22,633,399.
Ba	28	Temporarily restricted net assets  Permanently restricted net assets			19,842,127.		20,955,394.
Fund Balances	29	Organizations that do not follow SFAS 117 (A		P) shock here	17,042,127.	29	20,555,554.
Ξ		and complete lines 30 through 34.	JU 93	oj, check here 📂 📖			
ts o	30	Capital stock or trust principal, or current funds		1		30	
Se	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			44,654,946.	33	47,768,348.
	34			49,477,305.	34	52,804,715.	
	J-4	TOTAL HADIILIES AND HEL ASSELS/TUHU DAIAHCES				34	52,004,713.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,20	3,2	46.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,70	3,1	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,65		
5	Net unrealized gains (losses) on investments	5	1	,27	5,1	22.
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		13	5,1	66.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	47	,76	8,3	48.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
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 in Schedule					
2a	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 reviewed	d 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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2016)

#### **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.

OMB No. 1545-0047

Open to Public Inspection

THE COMMUNITY FOUNDATION SAN LUIS OBISPO **Employer identification number** Name of the organization COUNTY 77-0496500 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6306230.	2247578.	7793849.	5650351.	2978383.	24976391.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6306230.	2247578.	7793849.	5650351.	2978383.	24976391.
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)						
	Public support. Subtract line 5 from line 4.						24976391.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	6306230.	2247578.	7793849.	5650351.	29/8383.	24976391.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	050 050	006 106	1140040	1000504	1000500	FF066F1
	and income from similar sources	950,279.	986,186.	1148940.	1200724.	1220522.	5506651.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20402042
	<b>Total support.</b> Add lines 7 through 10						30483042.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	· ·			•		
Sec	organization, check this box and stoperion C. Computation of Publ		rcentage				<b>P</b> LL_
	Public support percentage for 2016 (I			oolumn (f))		14	81.94 %
	Public support percentage from 2015					15	81.94 %
	33 1/3% support test - 2016. If the c						
IUa	<b>stop here.</b> The organization qualifies	-					
h	33 1/3% support test - 2015. If the c						
b	and <b>stop here.</b> The organization qual	-					
<b>17</b> a	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances tes						
J	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				-		<b>▶</b> □
18							ns
	The state of the s	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   Schedule A (Form 990 or 990-EZ) 2016					

## 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.)

Se	ction A. Public Support	now, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(,	(5) 25 15	(5, 25 : :	(4,7 = 0 + 0	(0, 20.0	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	in and a small superation 540						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
_						1	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					1	
r	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.)						
	ction B. Total Support		1	,			
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</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						
k	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						
13	assets (Explain in Part VI.)					1	
	First five years. If the Form 990 is for	the organization	I 's first second thi	rd fourth or fifth t	ax vear as a secti	 on_501(c)(3) organiz	zation
•		· ·	,	,	•		·
Se	ction C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					<u>, .v , </u>	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2016. If the						
198		-					
	more than 33 1/3%, check this box an						
r	33 1/3% support tests - 2015. If the	· ·			•	•	
20	line 18 is not more than 33 1/3%, chec						. $\square$
20	<b>Private foundation.</b> If the organization	i dia not check a	1 DOX ON IINE 14, 19	ia, or 190, check t	nis dox and see ir	ISTRUCTIONS	

# 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
Г		163	NO
- 1	1		
	2		
	3a		
- 1	3b		
-	3c		
	4 -		
-	4a		
	4b		
	7.0		
- [	4c		
L	5a		
F	5b		
-	5c		
	6		
-	0		
	7		
	8		
L	9a		
	9b		
-	9с		
	100		
-	10a		
	10b		
m 9º	0 or 99	0-EZ	2016

Pa	rt IV   Supporting Organizations (continued)			igo <b>c</b>
	Continued)		Yes	Na
44	Lies the examination eccented a gift or contribution from any of the following necessary		162	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
h				
	A family member of a person described in (a) above?	11b		
	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.  tion B. Type I Supporting Organizations	11c		
360	tion b. Type i Supporting Organizations		Yes	Na
	Did the directors twictors or membership of one or more supported exeminations have the newer to		res	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	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,			
		2		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
360	tion 6. Type if Supporting Organizations		Yes	Na
	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		162	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sac</u>	tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in oupporting Organizations		Yes	No
	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	INO
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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
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			1.0
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI, the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	<sup>₹</sup>	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
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	he organization is responsiv	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Cook	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secu	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	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			
88	Breakdown of line 7:			
a				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

## THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule A	(Form 990 or 990-EZ) 2016 <b>COUNTY</b>	77-0496500 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li 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; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

OMB No. 1545-0047

Name of the organization

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Employer identification number

77-0496500 COUNTY Organization type (check one):

<b>5. 9</b>	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}}} \\ \text{
but it <b>must</b> answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number

77-0496500

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and Zir + +	\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$313,100 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$130,106.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO Employer identification number

77-0496500

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$116,754.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

Employer identification number

77-0496500

Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SECURITIES		
6			
		\$\$	01/13/16
(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
		<del></del>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		\$	90. 990-EZ. or 990-PF) (2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO 77-0496500 COUNTY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COLINA

**Employer identification number** 77-0496500

OMB No. 1545-0047

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, line		71000differential Complete in the
	organization answered Tes on Form 550, Farthy, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2)
2	Aggregate value of contributions to (during year)	1,250,018.	
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year	15 654 166	
5	Did the organization inform all donors and donor advisors in v		I funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
6			
	for charitable purposes and not for the benefit of the donor of		· v
Pai		anization answered "Ves" on Form 990 Pa	
1	Purpose(s) of conservation easements held by the organization		it iv, line 7.
'	Preservation of land for public use (e.g., recreation or ea	· — · · · · · · · · · · · · · · · · · ·	cally important land area
	Protection of natural habitat	· —	
		Preservation of a certifie	ed historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the form of	Held at the End of the Tax Year
_	day of the tax year.		
a			
b			
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where preparty subject to concernation and	nament is leasted	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conser	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concernation	on accoments during the year
7	\$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	ing of violations, and emorcing conservation	in easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170(h)	(4)(D)(i)
0			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	· · · · · · · · · · · · · · · · · · ·	
	conservation easements.	ion 3 intancial statements that describes the	e organization s accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	racation, or recognism in tartificialities of pasiti	o convices, provide the following amounte
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	, p. 31140
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

632051 08-29-16

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (checks it that apply):  a	Pai	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (continu	ied)
a Public exhibition b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Part V Except and Understand the Amount of the organization's collection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
b Scholarly research c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization collection?		(check all that apply):							
c	а	a Public exhibition d Loan or exchange programs							
4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	b Considering the Scholarly research e Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered Yes* on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11   Yes   X   No b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete   Part IV   Pa	С	c Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization's ex	empt purp	ose in Par	t XIII.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or form 990, Part IV, line 10.    C	5			•	•			7	
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  1 te  1 blinking organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  X Yes  No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11.    Part V   Endowment Funds. Complete if the organization state of the organization and programs and programs and losses 2, 786, 355, 345, 345, 343, 421, 1, 11, 36, 386, 1, 1593, 397, 1, 27, 579, 523.    Part V   Endowment Funds and losses 2, 786, 355, 346, 343, 421, 1, 11, 36, 386, 1, 1593, 397, 1, 391, 391, 391, 391, 391, 391, 391,	D-1								No_
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  LX Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  (a) Current year (b) Priory sar (c) Priory sa	Pai		-	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Amount   Am	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		_	
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability.  2b If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 1a Beginning of year balance 1a Beginning of year balance 2 39, 474, 990, 36, 777, 574, 30, 738, 701, 27, 579, 523, 22, 725, 340.  b Contributions 2 2, 071, 884, 5, 038, 530, 6, 438, 421, 1, 136, 386, 1, 159, 977, 77.  c Net investment earnings, gains, and losses 2, 786, 355, 3-345, 872, 1, 672, 280, 3, 542, 440, 2, 818, 872.  d Grants or scholarships 1, 901, 899, 1, 996, 142, 2, 071, 828, 1, 519, 688, 558, 681.  e Other expenditures for facilities and programs f Administrative expenses g End of year balance 14, 2430, 520, 39, 474, 990, 36, 777, 574, 30, 738, 701, 27, 579, 523.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 54, 00		on Form 990, Part X?					<u> </u>	Yes	X No
C   Beginning balance     1d	b								
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Endowment II   Endow								Amount	
E   Stributions during the year   1   E   1	С	Beginning balance				1c			
The diding balance   The composition of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   X Yes   No bit "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   The part X   The provided on Part XIII   The provided organizations   The part XIII   The provided Part XIII   The provided organizations   The part XIII   The provided organization   The part XIII   The provided organization   The provided organizations   The provided organization   The provided organizat	d	Additions during the year				1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year				1e			
Description   Part XIII. Check here if the explanation has been provided on Part XIII.   X	f	Ending balance				1f		_	
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Table Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Contributions   (a) Current year   (b) Prior year   (c) Two years back   (e) Four ye	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?	<u>X</u>	Yes	
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   39, 474,090.   36,777,574.   30,738,701.   27,579,523.   23,725,340.	b								X
1a Beginning of year balance       39,474,090.       36,777,574.       30,738,701.       27,579,523.       23,725,340.         b Contributions       2,071,884.       5,038,530.       6,438,421.       1,136,386.       1,593,977.         c Net investment earnings, gains, and losses       2,786,355.       -345,872.       1,672,280.       3,542,480.       2,818,887.         e Other expenditures for facilities and programs       1,901,809.       1,996,142.       2,071,828.       1,519,688.       558,681.         e Other expenditures for facilities and programs       42,430,520.       39,474,090.       36,777,574.       30,738,701.       27,579,523.         g End of year balance       42,430,520.       39,474,090.       36,777,574.       30,738,701.       27,579,523.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ►       %         b Permanent endowment ►       46.00       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       3a(i)       X         (i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         3a(iii)	Pai	t V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo		1			
b Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships 1,901,809. 1,996,142. 2,071,828. 1,519,688. 558,681.  e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶ 34.00		To the state of th	39,474,090.	36,777,574.	30,738,701.			23,7	725,340.
d Grants or scholarships	b	Contributions	2,071,884.	5,038,530.	6,438,421.			1,5	593,977.
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 42,430,520. 39,474,090. 36,777,574. 30,738,701. 27,579,523.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 9/6 b Permanent endowment ▶ 54 ⋅ 00 9/6 c Temporarily restricted endowment ▶ 46 ⋅ 00 9/6 The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) depreciation  1a Land 425,000. 425,000. 5 Buildings 1,275,000. 170,000. 1,105,000. c Leasehold improvements d Equipment e Other				-345,872.	· · · · · ·	3,5	542,480.		
and programs  f Administrative expenses g End of year balance  42,430,520. 39,474,090. 36,777,574. 30,738,701. 27,579,523.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 9% b Permanent endowment ▶ 54.00 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations bi If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other depreciation  1a Land 425,000. 425,000. 5 Buildings 5 Leasehold improvements 6 Equipment 7 Equipment 7 Equipment 8 Equipment 8 Equipment 9 Equipmen	d	Grants or scholarships	1,901,809.	1,996,142.	2,071,828.	1,5	519,688.		558,681.
g End of year balance 42,430,520, 39,474,090, 36,777,574, 30,738,701, 27,579,523.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 54.00 %  b Permanent endowment ▶ 54.00 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations 3a(ii) X  (ii) related organizations 9a(iii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 425,000.  b Buildings 1,275,000. 1,70,000. 1,105,000.  c Leasehold improvements 4 Equipment 9a(254,513. 144,684. 109,829.	е	Other expenditures for facilities							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment   %   %   %   %   %   %   %   %   %		and programs							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses							
a Board designated or quasi-endowment ▶	g	End of year balance	42,430,520.	39,474,090.	36,777,574.	30,7	738,701.	27,5	579,523.
b Permanent endowment ▶	2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
c Temporarily restricted endowment ▶ 46.00 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  1 Land  4 25,000 • 425,000				_%					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  1 Land  4 25,000.  4 25,000.  5 Buildings  1,275,000.  170,000.  1,105,000.  6 Equipment  6 Other  9 Other  10 10 425,000.									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  c Leasehold improvements  d Equipment  e Other  Other  254,513. 144,684. 109,829.	С	Temporarily restricted endowment ▶ <u>4</u>	6.00 %						
by: (i) unrelated organizations (ii) related organizations (iii) x  3a(ii) X  3b		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
(ii) unrelated organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) related orga	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_	
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (investment)  425,000  425,000  b Buildings  1,275,000  170,000  1,105,000  c Leasehold improvements  d Equipment  e Other  254,513  144,684  109,829		-							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  425,000.  425,000.  b Buildings  1,275,000.  170,000.  1,105,000.  c Leasehold improvements  d Equipment  e Other  254,513.  144,684.  109,829.									
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  425,000  425,000  b Buildings  c Leasehold improvements  d Equipment  e Other  254,513  144,684  109,829									X
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  425,000.  Buildings  1,275,000.  170,000.  Leasehold improvements  425,000.  Leasehold improvements  C Leasehold improvements  Description of property  (a) Cost or other basis (other)  1	b							3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation	_			wment funds.					
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	Pai								
basis (investment)         basis (other)         depreciation           1a Land         425,000.         425,000.           b Buildings         1,275,000.         170,000.         1,105,000.           c Leasehold improvements         Equipment         254,513.         144,684.         109,829.									
b Buildings       1,275,000.       170,000.       1,105,000.         c Leasehold improvements       Equipment       254,513.       144,684.       109,829.		Description of property	' '		I			(d) Book	value
b Buildings       1,275,000.       170,000.       1,105,000.         c Leasehold improvements       Equipment       254,513.       144,684.       109,829.	1a	Land						425	,000.
c Leasehold improvements         d Equipment         e Other       254,513.       144,684.       109,829.				1,27	5,000.	170,0	00.		
d Equipment									
e Other 254,513. 144,684. 109,829.									
1 400 000				25	4,513.	144,6	84.	109	,829.
	Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		<b></b>	1,639	,829.

THE COMMUNI	TY FOUNDAT:	ON SAN LUIS OF	
Schedule D (Form 990) 2016 COUNTY			77-0496500 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990, Pa	rt X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) HALL CAPITAL& COMMON FUND			
(B) HEDGE FUNDS	2,954,58		AR MARKET VALUE
(C) FIXED INCOME/MUTUAL FUNDS	10,813,42	29. END-OF-YEA	AR MARKET VALUE
(D) US GOVERNMENT AND			
(E) CORPORATE BONDS	3,159,48	88. END-OF-YEA	AR MARKET VALUE
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	16,927,50	01.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		, line 11d. See Form 990, Pa	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.	_		
Complete if the organization answered "Yes"	on Form 990, Part IV		90, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		6 170	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	6,170.
(3)	LIABILITIES TO BENEFICIARIES FROM	
(4)	SPLIT INTEREST AGREEMENTS	678,316.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	684,486.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

		THE	COMMUNITY	FOUNDATION	SAN	LUIS	OBISPO			
Sch	edule D (Form 990) 2016	COUI	NTY					77-	0496500	Page
Pa	rt XI Reconciliation o	f Reve	nue per Audite	d Financial State	ments	With R	evenue per	Retur	n.	
	Complete if the organ	nization a	nswered "Yes" on F	orm 990, Part IV, line 1	2a.					
1	Total revenue, gains, and oth	ner supp	ort per audited finan	cial statements				1	6,284	, 355
2	Amounts included on line 1 b	but not o	n Form 990, Part VII	I, line 12:						•

1	Total revenue, gains, and other support per audited financial statements			1	6,284,355.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,275,122.		
b	Donated services and use of facilities	2b	39,972.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	62,901.		
	Add lines 2a through 2d			2e	1,377,995.
3	Subtract line 2e from line 1			3	4,906,360.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,906,360.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,298,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	39,972.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	55,199.		
е	Add lines 2a through 2d			2e	95,171.
3	Subtract line 2e from line 1			3	3,203,246.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,203,246.

### Part XIII Supplemental Information.

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

#### PART IV, LINE 2B:

THE ORGANIZATION HOLDS AMOUNTS ON BEHALF OF OTHERS AND UNAFFILIATED NON-PROFIT ORGANIZATIONS FOR THEIR DESIGNATED USE, WHICH FOR FINANCIAL STATEMENT PURPOSES IS ACCOUNTED FOR BY THE ORGANIZATION SUBJECT TO THE GUIDANCE PROVIDED BY THE FASB CODIFICATION TOPIC RELATED TO AGENCY TRANSACTIONS (FASB ASC 985-605-25, PARAGRAPHS 21 THROUGH 33).

## PART V, LINE 4:

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO USE THE EARNINGS IN THE COMMUNITY FOR NON-PROFIT ORGANIZATIONS AND HELP INDIVIDUAL DONORS DIRECT THEIR CHARITABLE GIVING. THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY ENCOURAGES DONORS AND AGENCIES TO OPEN ENDOWMENT FUNDS FOR THE

Part XIII | Supplemental Information (continued)

PURPOSE OF ENSURING FUTURE SUPPORT FOR THE NON-PROFIT AGENCIES WITHIN THE REGION. AT THIS TIME, THE AMOUNT OF EARNINGS DISTRIBUTED IS DETERMINED BY THE FOUNDATION'S SPENDING POLICY WHICH IS TO DISBURSE UP TO 4.00% PER ANNUM OF THE PRECEDING 12 QUARTER TRAILING AVERAGE INVESTED IN THE POOL PER FUND.

#### PART X, LINE 2:

FROM AUDITED FINANCIAL STATEMENTS FOOTNOTE:

THE FOUNDATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE

FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO

PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE.

FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, MANAGEMENT OF THE

FOUNDATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE

ACCOUNTED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE

PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). THE FOUNDATION

RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX

BENEFITS IN INTEREST EXPENSE.

ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE

AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF

UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY

UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)
INCOME RECORDED BY SUPPORTING ORG INCLUDED IN THE CONSOLIDATED
AUDITED FINANCIAL STATEMENTS
TRANSFER RECORDED FROM SUPPORTING ORG INCLUDED
IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS
DIRECT EXPENSES FROM FUNDRAISING EVENT
PART XII, LINE 2D - OTHER ADJUSTMENTS:
EXPENSES RECORDED BY SUPPORTING ORG INCLUDED IN THE CONSOLIDATED
AUDITED FINANCIAL STATEMENTS
DIRECT EXPENSES FROM FUNDRAISING EVENT

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

THE COMMUNITY FOUNDATION SAN LUIS OBISPO Emplo

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COUNTY 77-0496500 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2016

77-0496500 Page 2 Schedule G (Form 990 or 990-EZ) 2016 COUNTY Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WOMEN'S NONE (add col. (a) through LEGACY LUNCH col. (c)) (event type) (total number) (event type) 144,075 144,075. 1 Gross receipts 92,475 92,475. 2 Less: Contributions 51,600. 51,600. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 12,958. 12,958. **7** Food and beverages 2,250. 2,250. 8 Entertainment 12,030. 12,030. Other direct expenses ..... 27,238 10 Direct expense summary. Add lines 4 through 9 in column (d) 24,362. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_ Yes **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

# THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Sch	edule G (Form 990 or 990-EZ) 2016 COUNTY	7-04	<u>96</u>	<u>500</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1	За		%
	An outside facility	·····	3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records				,,,
••	Enter the manie and address of the person who propares the organization organization of garming, special events books and records	<i>,</i> .			
	Name				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	C	,	Yes	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt			
	of gaming revenue retained by the third party ▶\$				
C	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
	retain the state gaming license?	L		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				

# THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule G (Form 990 or 990-EZ) COUNTY	77-0496500 Page 4
Schedule G (Form 990 or 990-EZ) COUNTY  Part IV Supplemental Information (continued)	<u> </u>
	Sahadula C (Farm 000 ar 000 E7)

632084 04-01-16

### **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. THE COMMUNITY FOUNDATION SAN LUIS OBISPO

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

COUNTY							77-0496500
Part I General Information on Grants a	ınd Assistance					•	
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	i <b>c Governments.</b> C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	led.	(6) 14 11 1		
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
COMMUNITY ACTION PARTNERSHIP OF							
SAN LUIS OBISPO COUNTY - 1030							
SOUTHWOOD DRIVE - SAN LUIS OBISPO,							SOUTH COUNTY SUPPORTIVE
CA 93401	95-2410253	501(C)(3)	80,000.	0.	_	N/A	SERVICES PROGRAM
SAN LUIS OBISPO SYMPHONY. INC. P.O. BOX 658 SAN LUIS OBISPO, CA 93406	95-2493144	501(C)(3)	52,790.	0.	-	N/A	ARTS
HOMELESS FOUNDATION FOR SAN LUIS OBISPO COUNTY - P.O. BOX 1444 - SAN LUIS OBISPO, CA 93406	30-0811413	501(C)(3)	50,000.	0.		N/A	UNRESTRICTED
CAL POLY FOUNDATION I GRAND AVE., HERON HALL SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	49,000.	0.	-	N/A	TO SUPPORT THE SOCIAL ENTERPRISE PROGRAM AT THE INCUBATOR.
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277-0053	11-0303001		46,543.	0.	_	N/A	TO TRANSFER THE BALANCE OF THE FUND TO FIDELITY CHARITABLE
CENTRAL COAST AQUARIUM P.O. BOX 460 AVILA BEACH, CA 93424	77-0479110	501(C)(3)	46,058.	0.	-	N/A	LIFE SUPPORT SYSTEM UPGRADES
2 Enter total number of section 501(c)(3) a			he line 1 table				<u>111.</u>
3 Enter total number of other organization	s listed in the line	1 table					<b>▶</b> 20.

36

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

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	.,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
EASTER SEALS OF SOUTHERN							
CALIFORNIA - 1570 EAST 17TH STREET							EASTER SEALS OF SOUTHERN
- SANTA ANA, CA 92705	94-3068149		45,541.	0.	_	N/A	CALIFORNIA
							RE-GRADE, RESOD, AND
FOOTHILL COUNTRY DAY SCHOOL							ENLARGE THE UPPER FIELD
1035 WEST HARRISON AVENUE							WITH DROUGHT-TOLERANT
CLAREMONT, CA 91711	95-1816057		43,510.	0.	_	N/A	HYBRID BERMUDA AND
JACK'S HELPING HAND							
P.O. BOX 14718							
SAN LUIS OBISPO, CA 93406	20-4731313	501(C)(3)	40,000.	0.	_	N/A	UNRESTRICTED
<u> </u>	20 1731313	501(0)(0)	10,000.			1771	
SLO COUNTY OFFICE OF EDUCATION							
3350 EDUCATION DRIVE							2016 RAISING A READER
SAN LUIS OBISPO, CA 93405		GOVERNMENT	40,000.	0.	-	N/A	PROGRAM
							EXECUTE BOYS & GIRLS CLU
BOYS & GIRLS CLUB OF NORTH SLO							OF AMERICA SMART GIRLS
COUNTY - P.O. BOX 3037 - PASO							CURRICULUM, COUPLED WITH
ROBLES, CA 93447	77-0272094	501(C)(3)	40,000.	0.	_	N/A	ON-SITE ONE-TO-ONE
CAL POLY FOUNDATION							
I GRAND AVE., HERON HALL							MUSIC DEPT BUILDING
SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	27,828.	0.	_	N/A	CAPITAL IMPROVEMENTS
,			,				
CAL POLY FOUNDATION							
I GRAND AVE., HERON HALL							COLLEGE OF AGRICULTURE
SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	27,828.	0.	_	N/A	BUILDING
FOOD BANK COALITION OF SAN LUIS							
OBISPO COUNTY - 1180 KENDALL ROAD	77 0010707	E01/G)/2)	25 726	0		7/2	AND DIGERRAL ON
- SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	25,736.	0.	_	N/A	ANNUAL DISTRIBUTION
BRIDGE TO TURKIYE FUND							S. SAMI SOLU, M.D.
100 FOX BRIAR LANE							CHARITABLE FUND
CARY, NC 27518	58-2678580	501(C)(3)	24,798.	0.	_	N/A	SCHOLARSHIP

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH COUNTY EDUCATION FOUNDATION							
POST OFFICE BOX 222							SOUTH COUNTY SCHOOL
ARROYO GRANDE, CA 93421-0222	77-0020195	501(C)(3)	24,000.	0.	_	N/A	DISTRICT SUPPORT
MEALS THAT CONNECT, FORMERLY THE	77 0020133	501(0)(3)	24,000.	••		147.22	DIBIRICI BOITORI
SENIOR NUTRITION PROGRAM OF SLO							
COUNTY - 2180 JOHNSON AVENUE - SAN							
LUIS OBISPO, CA 93401	77-0279528	501(C)(3)	24,000.	0.	_	N/A	SENIOR NUTRITION PROGRAM
COMMUNITY ACTION PARTNERSHIP OF				- •			
SAN LUIS OBISPO COUNTY - 1030							
SOUTHWOOD DRIVE - SAN LUIS OBISPO,							OPERATIONS OF PRADO DAY
CA 93401	95-2410253	501(C)(3)	20,684.	0.	_	N/A	CENTER
			,				
TRANSITIONS-MENTAL HEALTH							
ASSOCIATION - 784 HIGH STREET -							INDEPENDENT LIVING
SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	20,000.	0.	_	N/A	PROGRAM
·			,				
MAURY MAGIC RIDERS INC.							
P.O. BOX 560							
COLUMBIA, TN 38402	62-1742129	501(C)(3)	20,000.	0.	-	N/A	UNRESTRICTED
TRANSITIONAL FOOD AND SHELTER,							
INC P.O. BOX 4471 - PASO							TEMPORARY EMERGENCY
ROBLES, CA 93447	77-0489535	501(C)(3)	17,350.	0.	_	N/A	SHELTER FOR THE HOMELESS
FOOD BANK COALITION OF SAN LUIS							
OBISPO COUNTY - 1180 KENDALL ROAD							
- SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	15,800.	0.	_	N/A	NO-COOK BAGS PROGRAM
ARTS OBISPO							
1123 MILL STREET							
SAN LUIS OBISPO, CA 93401	95-3738562	501(C)(3)	15,430.	0.	-	N/A	ARTS OBISPO
vovenda averano passassas se ses							
WOMEN'S SHELTER PROGRAM OF SAN							L
LUIS OBISPO COUNTY - P.O. BOX 125	05 225055	504 (5) (2)	45.000	_		L.,.	MOVE-IN AND CASE
- SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	15,000.	0.	-	N/A	MANAGEMENT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	<del>i</del>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAL POLY ATHLETIC ADVANCEMENT							
1 GRAND AVENUE							
SAN LUIS OBISPO, CA 93407		GOVERNMENT	15,000.	0.	_	N/A	THE MOTT IMPROVMENT FUND
FRENCH HOSPITAL MEDICAL CENTER			20,000.	•		1,	
FOUNDATION AND PUBLIC AFFAIRS -							
1911 JOHNSON AVENUE - SAN LUIS							TO SUPPORT EMERGENCY ROOM
OBISPO, CA 93401	20-3256125	501(C)(3)	15,000.	0.	_	N/A	RENOVATIONS
·							
FRESH S.T.A.R.T.							
907 HATCHER LANE							
COLUMBIA, TN 38401	47-5304890		15,000.	0.	_	N/A	UNRESTRICTED
COMMUNITY ACTION PARTNERSHIP OF							
SAN LUIS OBISPO COUNTY - 1030							"DREAM IT, BE IT" PROGRAM
SOUTHWOOD DRIVE - SAN LUIS OBISPO,							TO INCREASE POSITIVE
CA 93401	95-2410253	501(C)(3)	15,000.	0.	-	N/A	IDENTITY ASSETS IN GIRLS
SAN LUIS COASTAL SCHOOL DIST.							
1500 LIZZIE STREET							
SAN LUIS OBISPO, CA 93401		GOVERNMENT	14,545.	0.	_	N/A	MINI-GRANT WINTER 2016
7.77							\$7,000 FOR THERAPY
RISE							PROGRAMS FOR SURVIVORS,
P.O.BOX 630	77 0069077	E01/Q\/3\	14 000			NT / 3	\$7,000 FOR EMERGENCY FAMILY SERVICES AND
PASO ROBLES, CA 93447	77-0068977	501(C)(3)	14,000.	0.	_	N/A	FAMILY SERVICES AND
FIVE CITIES HOMELESS COALITION							
P.O. BOX 558							
GROVER BEACH, CA 93483-0558	27-0413593	501(C)(3)	13,500.	0.	_	N/A	RAPID RE-HOUSING PROGRAM
FRENCH HOSPITAL MEDICAL CENTER							
FOUNDATION AND PUBLIC AFFAIRS -							
1911 JOHNSON AVENUE - SAN LUIS							HEART DISEASE CARE AND
OBISPO, CA 93401	20-3256125	501(C)(3)	12,844.	0.	_	N/A	TREATMENT
ALPHA PREGNANCY & PARENTING							
SUPPORT - 11549 LOS OSOS VALLEY							
ROAD STE 104 - SAN LUIS OBISPO, CA							
93405	95-3570504	501(C)(3)	12,000.	0.	-	N/A	STABLE AND SAFE HOUSING

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE							
10550 NORTH TORREY PINES ROAD, TPC-	<u> </u>						
LA JOLLA, CA 92037	33-0435954	501(C)(3)	10,703.	0.	_	N/A	STEM CELL RESEARCH
WILLIAM SANSUM DIABETES RESEARCH							
CENTER - 2219 BATH ST - SANTA							
BARBARA, CA 93105		501(C)(3)	10,703.	0.	=	N/A	UNRESTRICTED
NORTHERN CALIFORNIA INSTITUTE FOR			,				
RESEARCH & EDUCATION - 4150							
CLEMENT STREET, 151NC - SAN							PARKINSON'S DISEASE
FRANCISCO, CA 94121-1545	94-3084159	501(C)(3)	10,703.	0.		N/A	RESEARCH
UCLA DEPARTMENT OF NEUROLOGY -							
MARY S. EASTON CENTER FOR							
ALZHEIMER'S RESEAR - 710 WESTWOOD							
BOULEVARD, SUITE C153 - LOS		GOVERNMENT	10,703.	0.	_	N/A	ALZHEIMER'S RESEARCH
ST. JUDE MEMORIAL FOUNDATION							
1440 N. HARBOR BLVD, SUITE 200				_			
FULLERTON, CA 92835	95-1643325	501(C)(3)	10,703.	0.	_	N/A	UNRESTRICTED
SLO MUSEUM OF ART (SLOMA)							
P.O. BOX 813							
SAN LUIS OBISPO, CA 93406	95-6134270	501(C)(3)	10,703.	0.	_	N/A	CAPITAL IMPROVEMENTS
	23 0101270	202(0)(0)	10,703.	0.			THE THE TOTAL THE
PEOPLES' SELF-HELP HOUSING							
3533 EMPLEO STREET							SUPPORTIVE HOUSING
SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	10,000.	0.	_	N/A	PROGRAM
SOUTH COUNTY YOUTH COALITION							
P.O. BOX 371							
ARROYO GRANDE, CA 93421	77-0495870	501(C)(3)	10,000.	0.	_	N/A	THRIVE FUND
EL CAMINO HOMELESS ORGANIZATION							
PO BOX 2077							
ATASCADERO, CA 93423	77-0545434	501(C)(3)	10,000.	0.		N/A	TACKLING THE BARRIER

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE COOL EARTH							
P.O. BOX 150							
SAN LUIS OBISPO, CA 93406	34-1930404	501(C)(3)	10,000.	0.	_	N/A	GIRL CIRCLE
ELINGS PARK FOUNDATION							
1298 LAS POSITAS ROAD							
SANTA BARBARA, CA 93105	95-3500475	501(C)(3)	10,000.	0.	_	N/A	UNRESTRICTED
CENTRAL COAST LINK DBA THE LINK							CDICIC INMEDITANTON
							CRISIS INTERVENTION -
6500 MORRO ROAD, SUITE A	91-2022036	501(C)(3)	10,000.	0.		N/A	ATASCADERO FAMILY RESOURCE CENTER
ATASCADERO, CA 93422	91-2022036	501(C)(3)	10,000.	· ·	_	N/A	RESOURCE CENTER
COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY - 1030							
SOUTHWOOD DRIVE - SAN LUIS OBISPO,							MIGRANT AND SEASONAL HEAD
CA 93401	95-2410253	501(C)(3)	10 000	0.		N/A	
CA 93401	95-2410255	501(C)(3)	10,000.	0.		N/A	START (MSHS) PROGRAM
5 CITIES COMMUNITY SERVICE							
FOUNDATION - P.O. BOX 558 - GROVER							5CITIES HOMELESS
			10 000	0.		N/A	COALITION
BEACH, CA 93483			10,000.	0.		N/A	COALITION
PATHPOINT							
11491 LOS OSOS VALLEY RD.							
SAN LUIS OBISPO, CA 93405	95-2371668		10,000.	0.	_	N/A	PROJECT SEARCH
,			,				\$5,000 TO SUPPORT THE
FOOD BANK COALITION OF SAN LUIS							SENIORS FARMERS MARKET,
OBISPO COUNTY - 1180 KENDALL ROAD							AND \$5,000 TO SUPPORT THE
- SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	10,000.	0.	_	N/A	CHILDREN'S FARMERS MARKET
			,	-			
BOYS & GIRLS CLUB OF NORTH SLO							
COUNTY - P.O. BOX 3037 - PASO							TO SUPPORT THE SMART
ROBLES, CA 93447	77-0272094	501(C)(3)	10,000.	0.	_	N/A	GIRLS PROGRAM
JODI HOUSE, INC							
625 CHAPALA ST.							
SANTA BARBARA, CA 93101	95-3836137		10,000.	0.	_	N/A	BRAIN INJURY SUPPORT

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST WILDLIFE							
REHABILITATION GUILD DBA PACIFIC							
WILDLIFE CARE - POST OFFICE BOX							
1134 - MORRO BAY, CA 93443	77-0196350	501(C)(3)	10,000.	0.	_	N/A	UNRESTRICTED
SLO LITTLE THEATRE, INC							
P.O. BOX 122							
SAN LUIS OBISPO, CA 93406	95-2556678	501(C)(3)	10,000.	0.	_	N/A	SERVICE COSTUME SHOPS
·			,				
FOOD BANK COALITION OF SAN LUIS							
OBISPO COUNTY - 1180 KENDALL ROAD							THE CHILDREN'S FARMERS
- SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	10,000.	0.	_	N/A	MARKET PROGRAM
TRANSITIONAL FOOD AND SHELTER,							
INC P.O. BOX 4471 - PASO				_			
ROBLES, CA 93447	77-0489535	501(C)(3)	10,000.	0.	-	N/A	REQUEST FUNDS
PEOPLES' SELF-HELP HOUSING							TOW INCOME AND CDECTAL
3533 EMPLEO STREET							LOW-INCOME AND SPECIAL
SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	10,000.	0.		N/A	NEEDS HOUSING PLACEMENT AND STABILIZATION
COMMUNITY ACTION PARTNERSHIP OF	93-2730134	501(0/(3/	10,000.	· · · · · · · · · · · · · · · · · · ·		N/A	AND STABILIZATION
SAN LUIS OBISPO COUNTY - 1030							HOMELESS SERVICES CASE
SOUTHWOOD DRIVE - SAN LUIS OBISPO,							MANAGEMENT AND PAPAS OF
CA 93401	95-2410253	501(C)(3)	10,000.	0.	_	N/A	THE CENTRAL COAST
			, , ,				
FRIENDS OF PRADO DAY CENTER							
P.O. BOX 12444							TO SUPPORT THE BUILDING
SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	10,000.	0.	_	N/A	CAMPAIGN
FOUNDATION FOR THE PERFORMING ARTS							
CENTER - P.O. BOX 1137 - SAN LUIS							
OBISPO, CA 93406	77-0129605	501(C)(3)	10,000.	0.	-	N/A	SCHOOL MATINEE PROGRAM
GAN LITTE ORTERO GRAPHOW THE							
SAN LUIS OBISPO SYMPHONY. INC.							
P.O. BOX 658	05_2/021//	501/C)/3)	10 000			NT / A	CADEM MINDS
SAN LUIS OBISPO, CA 93406	95-2493144	ho1(c)(3)	10,000.	0.		N/A	CADET WINDS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASO ROBLES YOUTH ARTS FOUNDATION							FREE VISUAL AND
POST OFFICE BOX 4699							PERFORMING ARTS
PASO ROBLES, CA 93447	77-0488880		10,000.	0.		N/A	INSTRUCTION
TABO RODDES, CA 93447	77 040000		10,000.	· · ·		N/A	INSTRUCTION
PLACE OF HOPE, INC.							
105 JAMES NORTH CAMPBELL BLVD.							
COLUMBIA, TN 38401		501(C)(3)	10,000.	0.		N/A	UNRESTRICTED
			, -	-			
FOOD BANK COALITION OF SAN LUIS							
OBISPO COUNTY - 1180 KENDALL ROAD							THE CHILDREN'S FARMERS
- SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	9,800.	0.	_	N/A	MARKET PROGRAM
·			,				
HOMELESS FOUNDATION FOR SAN LUIS							
OBISPO COUNTY - P.O. BOX 1444 -							HOMELESS SHELTER CAPITAL
SAN LUIS OBISPO, CA 93406	30-0811413	501(C)(3)	9,000.	0.	_	N/A	CAMPAIGN
·							
HISTORY CENTER OF SAN LUIS OBISPO							
COUNTY - 696 MONTEREY STREET - SAN							COUNTYWIDE HISTORY TOUR
LUIS OBISPO, CA 93401	95-6150680	501(C)(3)	9,000.	0.	-	N/A	COOPERATIVE
SHRINERS HOSPITAL FOR CHILDREN							
P.O. BOX 31356							
TAMPA, FL 33631	04-2121399	501(C)(3)	8,563.	0.	-	N/A	UNRESTRICTED
SAN LUIS OBISPO CHILD DEVELOPMENT							
CENTER DBA CHILD DEVELOPMENT							
RESOURCE CEN - 1720 BISHOP STREET							SLO FAMILY RESOURCE
- SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	8,500.	0.	-	N/A	CENTER
SAN LUIS OBISPO CHILD DEVELOPMENT							
CENTER DBA CHILD DEVELOPMENT							FAMILY RESOURCE CENTER -
RESOURCE CEN - 1720 BISHOP STREET							LOS OSOS, MORRO BAY,
- SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	8,500.	0.	-	N/A	CAYUCOS
COMMUNITY ACTION PARTNERSHIP OF							
SAN LUIS OBISPO COUNTY - 1030							ADULT WELLNESS AND
SOUTHWOOD DRIVE - SAN LUIS OBISPO,							PREVENTION SCREENING
CA 93401	95-2410253	501(C)(3)	8,500.	0.	-	N/A	PROGRAM

Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLOSA CHILDREN'S DENTAL							
CENTER/PARTNERSHIP FOR THE							
CHILDREN OF SLO COUNTY - 717		504 (5) (2)	0.500				TOLOSA CHILDREN'S DENTAL
WALNUT DRIVE - PASO ROBLES, CA	77-0346861	501(C)(3)	8,500.	0.	-	N/A	CENTER
THE SALVATION ARMY							
1550 WEST BRANCH STREET							CHIMNET FIRE RELIEF AND
ARROYO GRANDE, CA 93420	94-1156347	501(C)(3)	8,450.	0.	_	N/A	FUTURE DISASTER PLANNING
CENTER FOR FAMILY STRENGTHENING							
(FORMERLY SLO-CAP) - 1110							
CALIFORNIA BLVD. #B - SAN LUIS							PREMATURE INFANTS'
OBISPO, CA 93401	77-0206822	501(C)(3)	8,000.	0.	_	N/A	BREASTFEEDING PROGRAM
COLUMBIA FIRST UNITED METHODIST							
CHURCH - 222 WEST 7TH STREET -							
COLUMBIA, TN 38401		RELIGIOUS	8,000.	0.		N/A	UNRESTRICTED
CODOMDIN, IN 30401		RELIGIOUS	0,000.	••		1771	ONKEDIKICIED
TRANSITIONS-MENTAL HEALTH							
ASSOCIATION - 784 HIGH STREET -							
SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	8,000.	0.	_	N/A	SLO HOTLINE
CENTRAL COAST LINK DBA THE LINK							
6500 MORRO ROAD, SUITE A							CLIENT CASES MANAGEMENT
ATASCADERO, CA 93422	91-2022036	501(C)(3)	8,000.	0.	-	N/A	DATABASE
							\$5,000 TO SUPPORT THE NE
CAL POLY CORPORATION							VETERINARY FUND, AND
1 GRAND AVENUE BLDG. 15	05.4640400	504 (5) (2)					\$3,000 AS CAPITAL FOR NE
SAN LUIS OBISPO, CA 93407-0035	95-1648180	501(C)(3)	8,000.	0.	_	N/A	CAGES
GROVER BEACH COMMUNITY LIBRARY							
240 N. 9TH STREET							ANNUAL DISTRIBUTION FOR
GROVER BEACH, CA 93433	43-2024995	501(C)(3)	7,688.	0.	_	N/A	OPERATIONS
			,,,,,,,,,				
CLARK CENTER FOUNDATION							
P.O. BOX 1114							
ARROYO GRANDE, CA 93421	77-0150216	501(C)(3)	7,688.	0.	-	N/A	UNRESTRICTED

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN LUIS OBISPO SYMPHONY. INC.							
P.O. BOX 658							TO SUPPORT THE SLO YOUTH
SAN LUIS OBISPO, CA 93406	95-2493144	501(C)(3)	7,688.	0.	_	N/A	SYMPHONY
WOODS HUMANE SOCIETY							
875 OKLAHOMA AVE							
SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	7,688.	0.	_	N/A	SHELTER SERVICES FOR CATS
HOSPICE PARTNERS OF THE CENTRAL			,				
COAST DBA WILSHIRE HOSPICE - 277							
SOUTH STREET, STE R - SAN LUIS							ANNUAL DISTRIBUTION FOR
OBISPO, CA 93401	77-0475425	501(C)(3)	7,688.	0.	.–	N/A	OPERATIONS
CUESTA COLLEGE FOUNDATION							JEANNE L. & ELLERY J.
P. O. BOX 8106	22 7225 (01	E01/G\/2\	7 (00			7 / 3	CONLEY NURSING
SAN LUIS OBISPO, CA 93403-8106 SAN LUIS OBISPO LEGAL ASSISTANCE	23-7225601	501(C)(3)	7,688.	0.	· <del>-</del>	N/A	SCHOLARSHIP
FOUNDATION - 1011 PACIFIC ST.,							
SUITE B - SAN LUIS OBISPO, CA							
93401	77-0335048	501(C)(3)	7,500.	0.	_	N/A	OUTREACH PROGRAM
			, -				
CASA SOLANA, INC.							
383 S. THIRTEENTH STREET							
GROVER BEACH, CA 93433	95-3751698		7,000.	0.	.–	N/A	GIFT BEDS
TRANSITIONAL FOOD AND SHELTER,							TRANSTITIONAL FOOR AND
INC P.O. BOX 4471 - PASO	77-0489535	E01/G)/3)	7 000	0.		NT / 3	TRANSITIONAL FOOD AND SHELTER
ROBLES, CA 93447	77-0469333	501(C)(3)	7,000.	0.	· <u>F</u>	N/A	SHELLER
CENTRAL COAST LINK DBA THE LINK							CRISIS INTERVENTION
6500 MORRO ROAD, SUITE A							PROGRAM - PASO ROBLES
ATASCADERO, CA 93422	91-2022036	501(C)(3)	7,000.	0.	_	N/A	FAMILY RESOURCE
			1				
ONE COOL EARTH							
P.O. BOX 150							WATER CONSERVATION
SAN LUIS OBISPO, CA 93406	34-1930404	501(C)(3)	7,000.	0.		N/A	FUNDING

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ANNUAL DISTRIBUTION FOR
SOUTH COUNTY EDUCATION FOUNDATION							GRANTS IN ARTS AND
POST OFFICE BOX 222				_			SCIENCES TO GRADES 1-6
ARROYO GRANDE, CA 93421-0222	77-0020195	501(C)(3)	7,000.	0.	-	N/A	AND GRADES 7-12
							HEALTHY EATING AND
SLO COUNTY YMCA							PHYSICAL ACIVITY
1020 SOUTHWOOD DRIVE				_			CURRICULUM (HEPA) IN YMCA
SAN LUIS OBISPO, CA 93401	95-2147727	501(C)(3)	6,500.	0.	_	N/A	AFTERSCHOOL PROGRAMS
BRAILLE INSTITUTE OF AMERICA							
741 NORTH VERMONT AVENUE							
LOS ANGELES, CA 90029	95-1641426	501(C)(3)	6,422.	0.	L	N/A	UNRESTRICTED
TOO ANGELLES, CA 30023	75 1041420	501(0)(3)	0,422.	· · ·		N/A	ONKESTRICIED
CAL POLY FOUNDATION							
I GRAND AVE., HERON HALL							
SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	6,422.	0.		N/A	VOCAL MUSIC SCHOLARSHIP
ACCESS SUPPORT NETWORK SLO &	20 1327037	301(0)(3)	0,122.			11,11	Vocasi nobie benezimbnii
MONTEREY COUNTIES (FORMERLY AIDS							
SUPPORT NETWO - P.O. BOX 12158 -							SAN LUIS OBISPO SYRINGE
SAN LUIS OBISPO, CA 93406	77-0205717	501(C)(3)	6,000.	0.		N/A	EXCHANGE PROGRAM (SLOSEP)
			,,,,,,,			,	,
SAN LUIS OBISPO VOCAL ARTS							
ENSEMBLE - P.O. BOX 4306 - SAN							2017 SPRING SCHOOL CHORAL
LUIS OBISPO, CA 93403	95-3370761	501(C)(3)	6,000.	0.	_	N/A	FESTIVAL
SANTA MARIA VALLEY SENIOR							
CITIZEN'S CLUB - 510 E. PARK -							
SANTA MARIA, CA 93454	77-0111371		6,000.	0.	_	N/A	SENIOR GROUP DANCES
BASIN STREET REGULARS-CENTRAL							
COAST HOT JAZZ SOCIETY - P.O. BOX							SUNDAY SESSIONS OF BASIN
356 - PISMO BEACH, CA 93448	95-3214113		6,000.	0.	-	N/A	STREET REGULARS
7.77							
RISE							
P.O.BOX 630	77 006007	E01/G)/3	6 000	_		NT / 3	GUILL MAD DOGEST
PASO ROBLES, CA 93447	77-0068977	bor(c)(3)	6,000.	0.	_	N/A	SHELTER PROGRAM

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEREY RIDGE ELEMENTARY SCHOOL							
17117 4S RANCH PARKWAY							JULES TRANDEM CLASS
SAN DIEGO, CA 92127-8853		GOVERNMENT	6,000.	0.	-	N/A	EXPERIENCES
SLO COUNTY PUBLIC HEALTH							
DEPARTMENT - 2180 JOHNSON AVENUE -							10TH ANNIVERSARY HEAL-SLO
SAN LUIS OBISPO, CA 93401			5,535.	0.	_	N/A	SUMMIT
FRIENDS OF THE SAN LUIS OBISPO			,,,,,,				
BOTANICAL GARDENS - 3450 DAIRY							
CREEK ROAD - SAN LUIS OBISPO, CA							OPERATIONS ANNUAL
93405	77-0248682	501(C)(3)	5,248.	0.	_	N/A	DISBURSEMENT
			·				
HOMELESS FOUNDATION FOR SAN LUIS							
OBISPO COUNTY - P.O. BOX 1444 -							
SAN LUIS OBISPO, CA 93406	30-0811413	501(C)(3)	5,000.	0.	_	N/A	40 PRADO PROJECT
							PREFERENCE IS TO SUPPORT
FRIENDS OF PRADO DAY CENTER							THE WARMING SHELTER,
P.O. BOX 12444							HOWEVER THE FUNDS MAY BE
SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	5,000.	0.	_	N/A	USED FOR IMMEDIATE NEEDS,
RESTORATIVE PARTNERS, INC. (RP)							
4251 S. HIGUERA ST. ST. 102							JUVENILE HALL TREATMENT
SAN LUIS OBISPO, CA 93401			5,000.	0.	_	N/A	CENTER GARDEN PROJECT
CASA/COURT APPOINTED SPECIAL			,,,,,,			11,72	
ADVOCATES OF SLO COUNTY - 75							
HIGUERA ST. #180 - SAN LUIS							CASA'S INFANT/TODDLER
OBISPO, CA 93401	77-0316227	501(C)(3)	5,000.	0.	_	N/A	PROGRAM
CHRIS JESPERSEN MEMORIAL SOCIETY							
3350 EDUCATION DRIVE							
SAN LUIS OBISPO, CA 93405		501(C)(3)	5,000.	0.	-	N/A	UNRESTRICTED GIFT
LEADERSHIP SLO FOUNDATION, INC. 895 MONTEREY							
SAN LUIS OBISPO, CA 93401	77-0417076	501(C)(3)	5,000.	0.	-	N/A	LEADERSHIP SLO

77-0496500

COUNTY

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCT APPTITATES THE							
NCI AFFILIATES, INC. 1434 CHESTNUT STREET							
PASO ROBLES, CA 93446	95-3445094		5,000.	0.	_	N/A	UNRESTRICTED
	75 5115571		3,000.				
FOUNDATION FOR THE PERFORMING ARTS							
CENTER - P.O. BOX 1137 - SAN LUIS							
OBISPO, CA 93406	77-0129605	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
CAYUCOS LAND CONSERVANCY							
P.O. BOX 336							
CAYUCOS, CA 93430	77-0506896	501(C)(3)	5,000.	0.	-	N/A	HILLSIDE LOTS
TRANSITIONS-MENTAL HEALTH							DIGUOD GENERAL GENERALG
ASSOCIATION - 784 HIGH STREET -	05 3500040	E01/G1/21	F 000	0.		NT / 3	BISHOP STREET STUDIOS
SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	5,000.	0.	-	N/A	CAPITAL CAMPAIGN
COLUMBIA COUNSELING MINISTRIES							
5001 TROTWOOD AVENUE							
COLUMBIA, TN 38401	30-0604415	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
			-,	-			
COLUMBIA COUNSELING MINISTRIES							
5001 TROTWOOD AVENUE							
COLUMBIA, TN 38401	30-0604415	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
MAURY MAGIC RIDERS INC.							
P.O. BOX 560							
COLUMBIA, TN 38402	62-1742129	501(C)(3)	5,000.	0.	-	N/A	UNRESTRICTED
WHITMAN COLLEGE, OFFICE OF ANNUAL							
GIVING - 345 BOYER AVE WALLA							
WALLA, WA 99362	91-0567740	501(C)(3)	5,000.	0.	-	N/A	UNRESTRICTED
DOV GOOTING OF AMERICA WIRE							GMEM GGOVING PROGRAM
BOY SCOUTS OF AMERICA - MIDDLE							STEM SCOUTS PROGRAM
TENNESSEE COUNCIL - 908 CREEKVIEW	62-0477729		E 000	0.		N/A	(SCIENCE, TECHNOLOGY,
DRIVE - COLUMBIA, TN 38401	02-04///29	1	5,000.	٠.		N/A	ENGINEERING, AND MATH)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST COMMISSION FOR							
SENIOR CITIZENS - 528 S. BROADWAY							
- SANTA MARIA, CA 93454			5,000.	0.	_	N/A	VIAL OF LIFE PROGRAM
HOMELESS FOUNDATION FOR SAN LUIS							
OBISPO COUNTY - P.O. BOX 1444 -							
SAN LUIS OBISPO, CA 93406	30-0811413	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
COMMUNITY COUNSELING CENTER OF SAN							
LUIS OBISPO COUNTY (CCC) - 1129							
MARSH STREET - SAN LUIS OBISPO, CA							
93401	95-2906369	501(C)(3)	5,000.	0.	-	N/A	AFFORDABLE PSYCOTHERAPHY
COMMUNITY FOUNDATION OF ESTERO BAY							
(FORMERLY MORRO BAY COMMUNITY							
FOUNDATION - P.O. BOX 131 - MORRO							
BAY, CA 93443	77-0336404	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
TRANSITIONS-MENTAL HEALTH							
ASSOCIATION - 784 HIGH STREET -							
SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
GLOBAL GLIMPSE							
101 BROADWAY, SUITE 301							
OAKLAND, CA 94607	26-0651273	501(C)(3)	5,000.	0.		N/A	UNRESTRICTED
FRENCH HOSPITAL MEDICAL CENTER	20-0031273	501(0)(3)	3,000.	0.		N/A	UNKESTRICIED
FOUNDATION AND PUBLIC AFFAIRS -							
1911 JOHNSON AVENUE - SAN LUIS							
OBISPO, CA 93401	20-3256125	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
001010, 011 93401	20 3230123	501(0)(3)	3,000.	<u> </u>		17.21	ONKESTRICIES
FIRST UNITED METHODIST CHURCH							
200 WEST MAIN STREET							
MCMINNVILLE, TN 37110			5,000.	0.	_	N/A	UNRESTRICTED
			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
HOMELESS FOUNDATION FOR SAN LUIS							
OBISPO COUNTY - P.O. BOX 1444 -							
SAN LUIS OBISPO, CA 93406	30-0811413	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS FOUNDATION FOR SAN LUIS							
OBISPO COUNTY - P.O. BOX 1444 -							
SAN LUIS OBISPO, CA 93406	30-0811413	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED
			-,	- •			TO SUPPORT JOIN THE
VOICES AGAINST BRAIN CANCER							VOICES! SAN FRANCISCO
1441 BROADWAY, #3025							RUN/WALK IN GOLDEN GATE
NEW YORK, NY 10018	20-2872778	501(C)(3)	5,000.	0.	_	N/A	PARK ON SUNDAY, NOVEMBE
,			,				,
MOVING TRAIN, INC.							
P.O. BOX 3033							
LOS ALTOS, CA 94024	80-0376076	501(C)(3)	5,000.	0.	_	N/A	JOURNEY TO ROYAL
STANFORD UNIVERSITY							
326 GLAVEZ STREET							
STANFORD, CA 94305			5,000.	0.	_	N/A	CANCER DISCOVERY FUND
CENTRAL COAST PERFORMING ARTS							
CENTER COMMISSION - 1 GRAND AVENUE							
- SAN LUIS OBISPO, CA 93401	77-0408837	501(C)(3)	5,000.	0.	_	N/A	OPERATING COSTS
ETHOS YOUTH ENSEMBLES							
PO BOX 332255							
MURFREESBORO, TN 37133	62-1691655		5,000.	0.	_	N/A	UNRESTRICTED
ASSISTANCE LEAGUE OF SAN LUIS							
OBISPO COUNTY - P.O. BOX 14904 -							
SAN LUIS OBISPO, CA 93406	77-0337378	501(C)(3)	5,000.	0.	_	N/A	OPERATION SCHOOL BELL
LEG PEIDICK MINICEPIEG							
LES FELDICK MINISTRIES							
30706 W. LONA VALLEY ROAD	72 1207441	E01/G)/2)	E 000	0.		NT / 2	INDECEDIO
KINTA, OK 74552	73-1387441	501(C)(3)	5,000.	0.	_	N/A	UNRESTRICTED

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) (2016)

2015 KELLY A. MCADAMS SCHOLARSHIP

2015 RICHARD J. WEYHRICH LEADERSHIP AWARD

Part III

COUNTY 77-0496500

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance
(b) Number of recipients
(c) Amount of cash grant
(d) Amount of non-cash of cash assistance
(b) Method of valuation (c) Method of v

0.

4 000

0.N/A

0.N/A

N/A

N/A

2015 PRHS CLASS OF 55' SCHOLARSHIP 1 1,725. 0.N/A N/A
2015 RICHARD J. WEYHRICH LEADERSHIP 1 -4,000. 0.N/A N/A

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

PART I, LINE 2:

IN GENERAL, FOUNDATION GRANTS ARE REQUIRED TO FILE, AT MINIMUM, A FINAL WRITTEN GRANT REPORT AT THE END OF THE GRANT TERM, WITH THE EXCEPTION OF

GRANTS THAT ARE MADE FROM DONOR ADVISED FUNDS UPON OF THE RECOMMENDATION OF

THE DONOR. FOR MULTI-YEAR GRANTS, INTERIM WRITTEN REPORTS ARE REQUIRED IN

ADDITION TO THE FINAL REPORT. GRANT REPORT REQUIREMENTS INCLUDE BOTH A

NARRATIVE STATUS REPORT AND FINANCIAL ACCOUNTING OF THE USE OF THE FUNDS.

ALL FOUNDATION GRANTS ARE SUBJECT TO AN INTERIM SITE VISIT, USUALLY

HALF-WAY THROUGH THE GRANT TERM, BY FOUNDATION PROGRAM STAFF. THESE SITE

Page 2

# THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule I (Form 990)

COUNTY

Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedule	e I (Form 990), Part II	II.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2016 DOROTHY ROSS MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
2016 JOHN AND YVONNE HSU EDMISTEN IN HONOR OF VOIGT SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
2016 AIACCC AWARD	4.	1,500.	0.	N/A	N/A
2016 ALAN D. STEPHENSON SCHOLARSHIP	1.	10,000.	0.	N/A	N/A
2016 ALEX MADONNA MEMORIAL AWARD	1.	2,000.	0.	N/A	N/A
2016 ALFRED I., CATHARINE J. AND ELEANOR G. SWITZER SCHOLARSHIP	1.	16,000.	0.	N/A	N/A
2016 BRIAN WATERBURY MEMORIAL SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
2016 BURT W. POLIN AND VIRGINIA POLIN "ELKS" SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
2016 DAVID B. GIANAS MEMORIAL SCHOLARSHIP	7.	6,750.	0.	N/A	N/A

# THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule I (Form 990)

77-0496500 COUNTY

Part III Continuation of Grants and Other Assistance to Individ	luals in the Unit	ed States (Schedule	e I (Form 990), Part II	I.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2016 DENNIS T. COLLINS & THOMAS D. SALISBURY TROOP					
60 EAGLE SCOUT SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
2016 DON FLOYD MEMORIAL SCHOLARSHIP	5.	5,000.	0.	N/A	N/A
2016 DOROTHY ROSS MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
2016 DOUGLAS DEGROSS SCHOLARSHIP FOR AUTOMOTIVE					
STUDIES	1.	2,000.	0.	N/A	N/A
2016 ELKAN T. HART SCHOLARSHIP	1.	10,000.	0.	N/A	N/A
2016 GARY GROSSMAN SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
2016 GARY GROSSMAN SCHOLARSHIP FUND	1.	3,000.	0.	N/A	N/A
2016 GUY, LORINE AND AMANDA PREWITT SCHOLARSHIP	1,	2,500.	0.	N/A	N/A
2016 HELEN AND RONALD DUNIN MEMORIAL SCHOLARSHIP	2.	10,000.	0.	N/A	N/A

## THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule I (Form 990)

COUNTY

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of (f) Description of non-cash assistance cash grant cash assistance valuation (book, FMV, recipients appraisal, other) 2016 IAN PURDON MEMORIAL SCHOLARSHIP 1 1,000 0.N/A N/A 2016 JENNIFER THOMA MEMORIAL BALLET SCHOLARSHIP 1 2,500 0.N/A N/A 2016 JUSTIN MCCUTCHEON MEMORIAL SCHOLARSHIP 1 1,000 0.N/A N/A 2016 KELLY A. MCADAMS SCHOLARSHIP 1. 10,000 0.N/A N/A 1. 0.N/A 2016 KIWANIS SLO DE TOLOSA SCHOLARSHIP 2,500 N/A 2016 LAUREN TIPTON SLAUGHTER SCHOLARSHIP 1. 0.N/A 1,000. N/A 2016 MARY JO AND HENRY DESIO SPECIAL EDUCATION 1. 2,106. 0.N/A N/A 2016 RICHARD K. SAURET VITCULTURE AND ENOLOGY SCHOLARSHIP 1. 12,000. 0.N/A N/A 2016 RICHARD K. WEYHRICH LEADERSHIP AWARD 10. 40,000 0.N/A N/A

## THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule I (Form 990)

77-0496500 COUNTY

Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedul	e I (Form 990), Part II	I.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2016 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	8,000.	0.	N/A	N/A
2016 SPIRIT OF THE CLASS OF '49 SCHOLARSHIP	1.	500.	0.	N/A	N/A
2016 STEPHEN DONNELLAN MOSS MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
2016 YEAGER SCIENCE SCHOLARSHIP	1.	23,000.	0.	N/A	N/A
DENNIS T. COLLINS & THOMAS D. SALISBURY TROOP 60 EAGLE SCOUT SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
GERMAN SCHOOL PASS THROUGH FUND	1.	3,700.	0.	N/A	N/A
PASO ROBLES HIGH SCHOOL CLASS OF '55	1.	-1,725.	0.	N/A	N/A
RICHARD K. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A

Part IV Supplemental Information

VISITS ARE RECORDED IN THE GRANT FILE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FOOTHILL COUNTRY DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: RE-GRADE, RESOD, AND ENLARGE THE

UPPER FIELD WITH DROUGHT-TOLERANT HYBRID BERMUDA AND INSTALL NEW

SPRINKLERS

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF NORTH SLO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: EXECUTE BOYS & GIRLS CLUB OF AMERICA SMART GIRLS CURRICULUM, COUPLED WITH ON-SITE ONE-TO-ONE MENTORING FOR ALL

PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: RISE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,000 FOR THERAPY PROGRAMS FOR SURVIVORS, \$7,000 FOR EMERGENCY FAMILY SERVICES AND SURVIVORS OF INTIMATE PARTNER VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF PRADO DAY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PREFERENCE IS TO SUPPORT THE WARMING SHELTER, HOWEVER THE FUNDS MAY BE USED FOR IMMEDIATE NEEDS, AS LONG AS THE FUNDS ARE USED FOR OPERATUNG FUNDS AND NOT FOR THE CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: VOICES AGAINST BRAIN CANCER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT JOIN THE VOICES! SAN

FRANCISCO RUN/WALK IN GOLDEN GATE PARK ON SUNDAY, NOVEMBER 6, 2016 FOR

DOREE O'CONNELL

Schedule I (Form 990)

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047 16

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

**Employer identification number** 77-0496500

Par	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	ts
				Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	37	1.0	261 001	ACETTE MADE		· O E
9	Securities - Publicly traded	X	19	261,901.	ACTIVE MARK	ET PRI	.CE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			1 165			
25	Other (EVENT SUPPLIE)	X	7	1,165.	FAIR VALUE		
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organi		,				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement <b>29</b>		1.,	T
	5					Yes	No
30a	During the year, did the organization receive b				-		
	must hold for at least three years from the date			·		00-	Х
	exempt purposes for the entire holding period	?				30a	
	If "Yes," describe the arrangement in Part II.	naliay that w	aguiraa tha rayiayy	of any nanotandard contribu	ution of	31 X	
31	Does the organization have a gift acceptance					31 X	$\vdash$
32a	Does the organization hire or use third parties		-			32a X	
h	contributions?  If "Yes," describe in Part II.					32a 21	
33	If the organization didn't report an amount in o	olumn (a) fa	r a type of proport	y for which column (a) is sho	cked		
33	describe in Part II.	olullili (c) 10	a type of propert	y for writeri columni (a) is the	cneu,		
	UESCHUE III FAIL II.						

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

Schedule M (Form 990) (2016)

Part II	is rep	orting in F	art I, col	ermation. umn (b), the nal information	number o	ie informat f contribut	ion require ions, the n	ed by Par umber of	t I, lines items re	30b, 32b, eceived, o	and 33, a a combir	nd who	ether the o	organization so complete
SCHEDU	JLE 1	M, LI	NE 32	2B:										
THE FO	DUND	ATION	MAI	NTAINS	BROK	ERAGE	ACCOU	INTS	TO E	NABLE	DONO	RS	то	
TRANSI	FER	STOCK	. TI	HE GIF	rs of	STOCE	K ARE	THEN	SOL	D AND	THE	PRO	CEEDS	
DEPOSI	ITED	INTO	THE	FOUND	ATION	'S ACC	COUNTS	5.						
632142 08-23	-16											Sch	nedule M (	Form 990) (2016

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE COMMUNITY FOUNDATION SAN LUIS OBISPO

**Employer identification number** 77-0496500

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE LEADERSHIP AND TO ENCOURAGE CHARITABLE GIVING FOR THE ISSUES THAT IMPROVE AND ENHANCE LIVES IN THE COUNTY IT SERVES.

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY FULFILLS ITS MISSION BY:

-ENGAGING PRIVATE GIVING FOR PUBLIC GOOD;

COUNTY

-BUILDING AND MAINTAINING PERMANENT ENDOWMENTS TO RESPOND TO CHANGING

-PROVIDING FLEXIBLE TAX-EXEMPT VEHICLES FOR DONORS WITH VARIED

CHARITABLE INTERESTS AND ABILITIES TO GIVE;

-SERVING AS A CATALYST AND RESOURCE TO EFFECTIVELY RESPOND TO COMMUNITY

NEEDS THROUGH SCHOLARSHIPS; AND

-STRENGTHENING THE NON-PROFIT SECTOR THROUGH GRANTS AND DEVELOPMENT

ASSISTANCE.

COMMUNITY NEEDS;

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

FORM 990 REVIEW PROCESS

FOUNDATION'S DIRECTOR OF FINANCE & ADMINISTRATION, CHIEF EXECUTIVE OFFICER,

AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW TAX RETURN PRIOR TO FILING.

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY.

EACH EMPLOYEE, BOARD MEMBER, GRANT/SCHOLARSHIP REVIEWER, AND ALL COMMITTEE

MEMBERS COMPLETES AND SIGNS A WRITTEN CONFLICT OF INTEREST DISCLOSURE

DOCUMENT ANNUALLY.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE COMMUNITY FOU COUNTY	INDATION SAN LUIS OBISPO	Employer identification number 77-0496500
FORM 990, PART VI, SECTION B, I	INE 15:	
COMPENSATION REVIEW & APPROVAL	PROCESS FOR OFFICERS & KEY	EMPLOYEES
THE FULL BOARD PERIODICALLY CON	DUCTS A FORMAL REVIEW PROC	ESS FOR THE CHIEF
EXECUTIVE OFFICER AND ALSO REVI	EWS SALARY AND AGREES ON A	NY SALARY
ADJUSTMENTS.		
FORM 990, PART VI, SECTION C, I	INE 19:	
OTHER ORGANIZATION DOCUMENTS PU	BLICLY AVAILABLE.	
A PUBLIC DISCLOSURE COPY OF THE	ORGANIZATION'S BYLAWS, PO	LICIES, AND
AUDITED FINANCIAL STATEMENTS AF	E AVAILABLE ON THE ORGANIZ	ATION'S WEBSITE,
ON GUIDESTAR.ORG AND UPON REQUE	ST.	
FORM 990, PART XI, LINE 9, CHAN	IGES IN NET ASSETS:	
DISTRIBUTION TO THE COMMUNITY F	OUNDATION SAN LUIS OBISPO	COUNTY
FROM SUPPORTING ORGANIZATION		135,166.
TOTAL TO FORM 990, PART XI, LIN	IE 9	135,166.
FORM 990, PART XI, LINE 2C, FIN	ANCIAL STATEMENTS AND REPO	RTING:
THE OVERSIGHT PROCESS BY THE AU	DIT COMMITTEE DID NOT CHAN	GE THIS YEAR.

#### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

2016 Open to Public Inspection

Employer identification number

77-0496500

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Legal domicile (state or Name, address, and EIN (if applicable) Primary activity Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO	SUPPORTING ORGANIZATION -				THE COMMUNITY		
COUNTY - 80-0383894, 550 DANA STREET, SAN	CONDUCTING ACTIVITIES FOR			PUBLIC	FOUNDATION SAN		
LUIS OBISPO, CA 93401	THE BENEFIT OF CFSLOCO	CALIFORNIA	501(C) (3)	CHARITY -	LUIS OBISPO	X	

61

COUNTY

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

<u> </u>											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		amount in box	partner	ownership
		country)		sections 512-514)		833013	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
	1										
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	1										
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											<b>_</b>

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	(i) ction (b)(13) trolled tity?
		country)		or tructy		uoooto		Yes	No
									<del>                                     </del>
-									
		[							

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution to related organization(s)								
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		Х		
	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)						X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
ı	Performance of services or membership or fundraising solicitations for related organ				11	Х			
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
a.	q Reimbursement paid by related organization(s) for expenses								
•									
r	r Other transfer of cash or property to related organization(s)								
	s Other transfer of cash or property from related organization(s)								
	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on which it is the answer to any of the above is "Yes," see the instructions for information of the above is "Yes," see the instructions of the above it is "Yes," and "Yes,"								
	(a)	(b)	(c)	(d)					
Name of related organization Transaction Amount involved Method of determining amount in									
		type (a-s)							
I	REAL ESTATE FOUNDATION OF SAN LUIS OBISPO								
(1) (	COUNTY	135,166.	FMV						
I	REAL ESTATE FOUNDATION OF SAN LUIS OBISPO								
(a) (	TOTINEY	ъ	22 000	EMZ7					

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO
(1) COUNTY

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO
(2) COUNTY

(3)
(4)

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

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

(a)	(b)	(c)	(d)	(e) Are a	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners	ıll 3 sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated,	partners 501(c) orgs.	)(3)	total	end-of-year	alloca	nate ations?	amount in box 20	managır	ownership
•		country)	sections 512-514)	Yes I		income	assets	Vac	No	(Form 1065)	Yes N	
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Part VII Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	
NAME OF RELATED ORGANIZATION:	
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY	
DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	
	_