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PUBLIC DISCLOSURE COPY

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

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY		D Employer identification number 77-0496500
	Doing business as		E Telephone number 805-543-2323
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	550 DANA STREET		G Gross receipts \$ 25,122,863.
	City or town, state or province, country, and ZIP or foreign postal code SAN LUIS OBISPO, CA 93401		
F Name and address of principal officer: HEIDI MCPHERSON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.CFSLOCO.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		L Year of formation: 1998	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MAKE A DIFFERENCE THROUGH PHILANTHROPIC LEADERSHIP - SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,282,405.	Current Year 4,529,846.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,971,763.	3,436,745.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,661.	-472,036.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,359,829.	7,494,555.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,002,381.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		583,910.	679,546.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 176,973.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		525,204.	623,267.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,111,495.	3,508,139.
19 Revenue less expenses. Subtract line 18 from line 12	248,334.	3,986,416.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 54,171,545.	End of Year 65,002,390.
	21 Total liabilities (Part X, line 26)	3,979,324.	4,477,884.
	22 Net assets or fund balances. Subtract line 21 from line 20	50,192,221.	60,524,506.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	HEIDI MCPHERSON, CHIEF EXECUTIVE OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name KIMBERLYN SPILLER	Preparer's signature	Date
	Firm's name CALIBER AUDIT & ATTEST, LLP	Firm's EIN 26-2350873	Check <input type="checkbox"/> if self-employed PTIN P01491937
	Firm's address 805 AEROVISTA PLACE, SUITE 103 SAN LUIS OBISPO, CA 93401	Phone no. 805-888-0242	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MAKE A DIFFERENCE THROUGH PHILANTHROPIC LEADERSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,890,592. including grants of \$ 2,205,326.) (Revenue \$) 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 \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 2,890,592.

Part IV Checklist of Required Schedules

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

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
	2a 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
HEIDI MCPHERSON - (805) 543-2323
550 DANA STREET, SAN LUIS OBISPO, CA 93401

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM SHERMAN PRESIDENT	4.00	X		X				0.	0.	0.
(2) JEFF BUCKINGHAM VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) JOAN PARKER TREASURER	4.00	X		X				0.	0.	0.
(4) SANDY DUNN SECRETARY	4.00	X		X				0.	0.	0.
(5) JIM BRABECK DIRECTOR	4.00	X						0.	0.	0.
(6) GWEN ERSKINE PRESIDENT OF REF, DIRECTOR	4.00 1.00	X						0.	0.	0.
(7) GRENDA ERNST DIRECTOR	4.00	X						0.	0.	0.
(8) SUZANNE FRITZ DIRECTOR	4.00	X						0.	0.	0.
(9) BEN MCADAMS DIRECTOR	4.00 1.00	X						0.	0.	0.
(10) STEVE MCCARTY DIRECTOR	4.00 1.00	X						0.	0.	0.
(11) ANITA ROBINSON DIRECTOR	4.00	X						0.	0.	0.
(12) LINDA SOMERS SMITH DIRECTOR	4.00	X						0.	0.	0.
(13) BILL THOMA DIRECTOR	4.00	X						0.	0.	0.
(14) KATH TOMPKINS DIRECTOR	4.00	X						0.	0.	0.
(15) MARY VERDIN DIRECTOR	4.00	X						0.	0.	0.
(16) HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER	50.00 5.00			X				154,280.	0.	4,866.
(17) PATRICIA HAMMOND DIRECTOR OF FINANCE	40.00 5.00			X				100,000.	0.	148.

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							254,280.	0.	5,014.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							254,280.	0.	5,014.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

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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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	73,632.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,456,214.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 681,851.				
	h Total. Add lines 1a-1f		4,529,846.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,708,174.			1,708,174.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	19,319,509.			
			(ii) Other				
				17,590,938.			
				1,728,571.			
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)			1,728,571.		1,728,571.		
8 a Gross income from fundraising events (not including \$ 73,632. of contributions reported on line 1c). See Part IV, line 18	8a		75,600.				
			37,370.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			38,230.		38,230.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	84,856.	84,856.		
	b CHANGE IN SPLIT INTEREST		900099	325.	325.		
	c INCOME HELD FOR OTHERS		900099	-595,447.	-595,447.		
	d All other revenue						
	e Total. Add lines 11a-11d			-510,266.			
	12 Total revenue. See instructions			7,494,555.	-510,266.	0.	3,474,975.

**THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY**

Form 990 (2019)

77-0496500 Page **10**

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,001,156.	2,001,156.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	204,170.	204,170.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	254,280.	88,998.	114,426.	50,856.
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	314,448.	110,057.	141,501.	62,890.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,516.	5,081.	6,532.	2,903.
9 Other employee benefits	54,480.	19,068.	24,516.	10,896.
10 Payroll taxes	41,822.	14,638.	18,820.	8,364.
11 Fees for services (nonemployees):				
a Management				
b Legal	14,468.	4,702.	5,064.	4,702.
c Accounting	24,315.		24,315.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	333,951.	333,951.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,580.		21,580.	
12 Advertising and promotion	469.	155.	159.	155.
13 Office expenses	19,954.	6,585.	6,784.	6,585.
14 Information technology	49,891.	16,464.	16,963.	16,464.
15 Royalties				
16 Occupancy	17,297.	5,708.	5,881.	5,708.
17 Travel	10,692.	3,528.	3,636.	3,528.
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	57,238.	18,888.	19,461.	18,889.
23 Insurance	17,159.	1,039.	15,526.	594.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND OPERATION EXPENSE	104,531.	104,531.		
b MISCELLANEOUS	35,566.	11,645.	12,276.	11,645.
c PROGRAM EXPENSE	11,403.	4,281.		7,122.
d MEMBERSHIP DUES AND SUB	9,218.	3,042.	3,134.	3,042.
e All other expenses	-104,465.	-67,095.		-37,370.
25 Total functional expenses. Add lines 1 through 24e	3,508,139.	2,890,592.	440,574.	176,973.
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)

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	343,334.	1	436,464.
	2 Savings and temporary cash investments	2,834,088.	2	3,446,537.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	350,483.	4	455,574.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,536.	9	7,975.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,001,191.		
	b Less: accumulated depreciation	10b 473,098.		
	11 Investments - publicly traded securities	1,579,270.	10c	1,528,093.
	12 Investments - other securities. See Part IV, line 11	20,231,535.	11	22,136,813.
	13 Investments - program-related. See Part IV, line 11	26,989,764.	12	34,522,396.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,834,535.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	54,171,545.	15	2,468,538.	
		16	65,002,390.	
Liabilities	17 Accounts payable and accrued expenses	36,068.	17	53,354.
	18 Grants payable	262,433.	18	267,243.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,092,886.	21	3,346,475.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	587,937.	25	810,812.
	26 Total liabilities. Add lines 17 through 25	3,979,324.	26	4,477,884.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,112,649.	27	48,774,945.
	28 Net assets with donor restrictions	41,079,572.	28	11,749,561.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	50,192,221.	32	60,524,506.
33 Total liabilities and net assets/fund balances	54,171,545.	33	65,002,390.	

Form 990 (2019)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,494,555.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,508,139.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,986,416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,192,221.
5	Net unrealized gains (losses) on investments	5	6,108,017.
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 on Schedule O)	9	237,852.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,524,506.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	Employer identification number 77-0496500
---------------------------------------------------------------------------------	--------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5650351.	2978383.	4156087.	2160017.	4523066.	19467904.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5650351.	2978383.	4156087.	2160017.	4523066.	19467904.
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)						
6 Public support. Subtract line 5 from line 4.						19467904.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	5650351.	2978383.	4156087.	2160017.	4523066.	19467904.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1200724.	1220522.	1332618.	1391065.	1708174.	6853103.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						26321007.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	73.96 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.32 %

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

**THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY**

Employer identification number

77-0496500

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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 space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,752,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 466,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 405,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 95,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES _____ _____ _____	\$ <u>404,037.</u>	<u>07/02/19</u>
8	SECURITIES _____ _____ _____	\$ <u>93,730.</u>	<u>12/19/19</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	Employer identification number 77-0496500
--------------------------------------------------------------------------------	-----------------------------------------------------

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY
Employer identification number 77-0496500

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	93	
2 Aggregate value of contributions to (during year)	5,859,214.	
3 Aggregate value of grants from (during year)	993,329.	
4 Aggregate value at end of year	21,792,612.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	44,621,073.	47,677,948.	42,430,520.	39,474,090.	36,777,574.
b Contributions	2,702,661.	2,302,591.	1,711,084.	2,071,884.	5,038,530.
c Net investment earnings, gains, and losses	8,876,413.	-2,418,686.	6,153,620.	2,786,355.	-345,872.
d Grants or scholarships	-2,156,917.	-2,940,780.	-2,617,276.	-1,901,809.	-1,996,142.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	54,043,230.	44,621,073.	47,677,948.	42,430,520.	39,474,090.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 15.00 %
 - b Permanent endowment 50.00 %
 - c Term endowment 35.00 %
- 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:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		425,000.		425,000.
b Buildings		1,275,000.	265,625.	1,009,375.
c Leasehold improvements				
d Equipment				
e Other		301,191.	207,473.	93,718.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,528,093.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) OPEN-ENDED MUTUAL FUNDS	4,817,730.	END-OF-YEAR MARKET VALUE
(B) CLOSE-ENDED MUTUAL FUNDS	13,083,961.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	14,268,553.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	1,697,554.	END-OF-YEAR MARKET VALUE
(E) CASH EQUIVALENTS	654,598.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	34,522,396.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	8,263.
(3) LIABILITIES TO BENEFICIARIES FROM	
(4) SPLIT INTEREST AGREEMENTS	802,549.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	810,812.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	13,907,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,108,017.	
b	Donated services and use of facilities	2b	25,406.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	279,685.	
e	Add lines 2a through 2d	2e		6,413,108.
3	Subtract line 2e from line 1		3	7,494,555.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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	7,494,555.

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	3,241,528.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,406.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-292,017.	
e	Add lines 2a through 2d	2e		-266,611.
3	Subtract line 2e from line 1		3	3,508,139.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,508,139.

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, 2019 AND 2018, 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:

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

INVESTMENT MANAGEMENT FEES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RECORDED BY SUPPORTING ORG INCLUDED IN THE CONSOLIDATED

AUDITED FINANCIAL STATEMENTS

DIRECT EXPENSES FROM FUNDRAISING EVENT

INVESTMENT MANAGEMENT FEES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY** Employer identification number **77-0496500**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

- 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.
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule G (Form 990 or 990-EZ) 2019 COUNTY

77-0496500 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN ' S LEGACY LUNCH (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	149,232.		149,232.
	2	Less: Contributions	73,632.		73,632.
	3	Gross income (line 1 minus line 2)	75,600.		75,600.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	16,272.		16,272.
	8	Entertainment	8,404.		8,404.
	9	Other direct expenses	12,694.		12,694.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				38,230.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: CA
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

Schedule G (Form 990 or 990-EZ) 2019 COUNTY

77-0496500 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
 Address ► _____

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

Name ► _____
 Address ► _____

16 Gaming manager information:

Name ► _____
 Gaming manager compensation ► \$ _____
 Description of services provided ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY** Employer identification number **77-0496500**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STAND STRONG PO BOX 125 SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	100,000.	0.	N/A	N/A	TO SUPPORT YOUTH COUNSELING PROGRAM PER EXHIBIT A OF GRANT AGREEMENT
RESTORATIVE PARTNERS, INC. 3220 S. HIGUERA STREET, SUITE103A SAN LUIS OBISPO, CA 93401			50,000.	0.	N/A	N/A	TO SUPPORT LYONHEART PLACE IN SLO, CA
THE MONDAY CLUBHOUSE CONSERVANCY PO BOX 167 SAN LUIS OBISPO, CA 93406			50,000.	0.	N/A	N/A	CAPITAL PROJECTS CAMPAIGN
COURTNEY'S HOUSE 311 6TH STREET TEMPLETON, CA 93465	461161039		50,000.	0.	N/A	N/A	FIG AT COURTNEY'S HOUSE
SLO COUNTY OFFICE OF EDUCATION 3350 EDUCATION DRIVE SAN LUIS OBISPO, CA 93405		GOVERNMENT	40,000.	0.	N/A	N/A	TO SUPPORT RAISING A READER
JACK'S HELPING HAND PO BOX 14718 SAN LUIS OBISPO, CA 93406	20-4731313	501(C)(3)	35,000.	0.	N/A	N/A	UNRESTRICTED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 103.**

3 Enter total number of other organizations listed in the line 1 table **▶ 43.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

Schedule I (Form 990)

77-0496500

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	30,000.	0.	N/A	N/A	YOUTH TREATMENT PROGRAM (YTP) & MENTAL HEALTH SERVICES
SLOW MONEY SAN LUIS OBISPO 1288 11TH STREET LOS OSOS, CA 93402	82-2069002		25,000.	0.	N/A	N/A	SUPPORT THE SOCIAL ENTERPRISE KITCHEN INCUBATOR PROJECT
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY - 1180 KENDALL ROAD - SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	24,879.	0.	N/A	N/A	ANNUAL DISTRBUTION
FRIENDS OF HEARST CASTLE 700 HEARST CASTLE ROAD SAN SIMEON, CA 93452	77-0068533	501(C)(3)	20,000.	0.	N/A	N/A	UNRESTRICTED
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	20,000.	0.	N/A	N/A	CELEBRE
WOODS HUMANE SOCIETY 875 OKLAHOMA AVE SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	20,000.	0.	N/A	N/A	CHALLENGE CAMPAIGN MATCH - CANINES ONLY
LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY - PO BOX 12206 - SAN LUIS OBISPO, CA 93406	77-0039294	501(C)(3)	20,000.	0.	N/A	N/A	ANNUAL DISTRBUTION PER DONOR.
MORRO COAST AUDUBON SOCIETY P.O. BOX 1507 MORRO BAY, CA 93443	23-7165021		20,000.	0.	N/A	N/A	ANNUAL DISTRBUTION PER DONOR.
SLOW MONEY SAN LUIS OBISPO 1288 11TH STREET LOS OSOS, CA 93402	82-2069002		20,000.	0.	N/A	N/A	AGENCY DISTRIBUTION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	20,000.	0.	N/A	N/A	IN SUPPORT OF MENTAL HELATH FIRST AID PROGRAM
ACHIEVEMENT HOUSE, INC. 3003 CUESTA COLLEGE ROAD SAN LUIS OBISPO, CA 93405	95-2078260	501(C)(3)	18,500.	0.	N/A	N/A	TO SUPPORT ACTIVITY CENTER AND VARIOUS PROGRAMS - SEE AWARD LETTER
SLO NOOR FOUNDATION 1428 PHILLIPS LANE SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	18,000.	0.	N/A	N/A	TO SUPPORT PROGRAMS SERVING VINEYARD AND FARM WORKERS, AND THEIR FAMILIES
OROVILLE HOPE CENTER 1950 KITRICK AVE SUITE A OROVILLE, CA 95966	20-1594318		16,500.	0.	N/A	N/A	SUPPORT FOR CAMP FIRE
SAN LUIS COASTAL UNIFIED SCHOOL DIST. - 1500 LIZZIE STREET - SAN LUIS OBISPO, CA 93401		GOVERNMENT	15,811.	0.	N/A	N/A	2019 SPRING TEACH GRANTS
WILLIE L. BROWN JR, CENTER ON POLITICS AND PUBLIC SERVICE - 170 COLUMBUS AVE, SUITE 240 - SAN FRANCISCO, CA 94133			15,209.	0.	N/A	N/A	TO SUPPORT THE PRODUCTION OF THE DOCUMENTARY OF HIS LIFE
FRESH S.T.A.R.T. 907 HATCHER LANE COLUMBIA, TN 38401	47-5304890		15,000.	0.	N/A	N/A	COM ENHANCEMENT
TOLOSA CHILDREN'S DENTAL CLINIC 717 WALNUT DRIVE PASO ROBLES, CA 93446	77-0346861	501(C)(3)	15,000.	0.	N/A	N/A	HEALTHY SMILES (VIRTUAL DENTAL SCREENINGS - SHANDON ELEMENTARY SCHOOL)
SAN LUIS OBISPO CHILD DEVELOPMENT CENTER - 1720 BISHOP STREET - SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	15,000.	0.	N/A	N/A	THERAPEUTIC EARLY CHILDHOOD EDUCATION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
 COUNTY

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF NORTH SLO COUNTY - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458	77-0272094	501(C)(3)	15,000.	0.	N/A	N/A	TO SUPPORT THE SMART GIRLS PROGRAM
MEADE CANINE RESCUE P.O. BOX 252 CRESTON, CA 93432-0252	27-1940144	501(C)(3)	15,000.	0.	N/A	N/A	TO SUPPORT MEDICAL, SURGICAL, DENTAL, SPAY, AND NEUTERING EXPENSES.
FAMILY CARE NETWORK, INC. 1255 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0159090	501(C)(3)	15,000.	0.	N/A	N/A	TO SUPPORT THE MENTOR COMPONENT OF SAM PRGM
SLOW MONEY SAN LUIS OBISPO 1288 11TH STREET LOS OSOS, CA 93402	82-2069002		13,950.	0.	N/A	N/A	DISTRIBUTION
CRAFT MEMORIAL UNITED METHODIST CHURCH - 907 HATHCHER LANE - COLUMBIA, TN 38401			13,000.	0.	N/A	N/A	TO SUPPORT CRAFT MEMORIAL AND DISTRIBUTED UNDER CRAFT'S DISCRETION, WITH DONOR RECOMMENDATION TO
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVENUE TOPEKA, KS 66604-3128	43-6105561		10,500.	0.	N/A	N/A	DESIGNATED FOR THE POLITICAL SCIENCE DEPARTMENT
BASIN STREET REGULARS-CENTRAL COAST HOT JAZZ SOCIETY - PO BOX 356 - PISMO BEACH, CA 93448	95-3214113		10,000.	0.	N/A	N/A	SENIOR DANCES
LOS OSOS COMMUNITY SERVICES DISTRICT - 2122 9TH STREET, SUITE 106 - LOS OSOS, CA 93412			10,000.	0.	N/A	N/A	DISTRIBUTION
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO - PO BOX 591 - SAN LUIS OBISPO, CA 93406		RELIGIOUS	10,000.	0.	N/A	N/A	UNRESTRICTED SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPSLO, COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY - 1030 SOUTHWOOD DRIVE - SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	10,000.	0.	N/A	N/A	DADS WITH DAUGHTERS
MONTEREY RIDGE EDUCATIONAL FOUNDATION - 17117 4S RANCH PARKWAY - SAN DIEGO, CA 92127-8853	71-1015423		10,000.	0.	N/A	N/A	TO SUPPORT CLASSROOM OF JULES TRANDEM
SLO NOOR FOUNDATION 1428 PHILLIPS LANE SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101-1606	95-2319356	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED
MISSION COLLEGE PREPARATORY SCHOOL 682 PALM STREET SAN LUIS OBISPO, CA 93401	23-7067299	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
CASA/COURT APPOINTED SPECIAL ADVOCATES OF SLO COUNTY - PO BOX 1168 - SAN LUIS OBISPO, CA 93406	77-0316227	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT CHILD ADVOCATE SERVICES
FRIENDSHIP ADULT DAY CARE CENTER 89 EUCALYPTUS LANE SANTA BARBARA, CA 93108	95-3398938	501(C)(3)	10,000.	0.	N/A	N/A	LIFE ENRICHMENT ACTIVITY PROGRAM
CASA SOLANA, INC. 383 S. 13TH STREET GROVER BEACH, CA 93433	95-3751698		10,000.	0.	N/A	N/A	TO SUPPORT THE SOBER LIVING PROGRAM
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY - 1180 KENDALL ROAD - SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT THE CHILDREN'S & THE SENIOR'S FARMERS MARKETS

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(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
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO - PO BOX 591 - SAN LUIS OBISPO, CA 93406		RELIGIOUS	10,000.	0.	N/A	N/A	UNRESTRICTED
RISE PO BOX 630 PASO ROBLES, CA 93447	77-0068977	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH COUNSELING PROGRAM
BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTY - P.O. BOX 12644 - SAN LUIS OBISPO, CA 93406	77-0348487	501(C)(3)	10,000.	0.	N/A	N/A	BUILDING RESILIENCE VIA YOUTH MENTORING
PACIFIC WILDLIFE CARE PO BOX 1134 MORRO BAY, CA 93443-1134	77-0196350	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT EDUCATION & OUTREACH; AND FOR UNRESTRICTED USE
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY - 1180 KENDALL ROAD - SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	10,000.	0.	N/A	N/A	NUTRITION EDUCATION PROGRAM
JACK'S HELPING HAND PO BOX 14718 SAN LUIS OBISPO, CA 93406	20-4731313	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED
LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY - PO BOX 12206 - SAN LUIS OBISPO, CA 93406	77-0039294	501(C)(3)	10,000.	0.	N/A	N/A	COM ENHANCEMENT
COMMUNITY COUNSELING CENTER OF SAN LUIS OBISPO COUNTY (CCC) - 676 PISMO STREET - SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT MENTAL HEALTH COUNSELING SERVICES/ ANONYMOUS DONOR
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO - PO BOX 591 - SAN LUIS OBISPO, CA 93406		RELIGIOUS	10,000.	0.	N/A	N/A	UNRESTRICTED

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FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO - PO BOX 591 - SAN LUIS OBISPO, CA 93406		RELIGIOUS	10,000.	0.	N/A	N/A	UNRESTRICTED
CENTRAL COAST AG NETWORK PO BOX 3736 SAN LUIS OBISPO, CA 93403	20-3447329	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT THE CITY FARM - SLO
ONE COOL EARTH PO BOX 150 SAN DIEGO, CA 93406	34-1939404	501(C)(3)	10,000.	0.	N/A	N/A	EARTH GENIUS (GARDEN EDUCATOR)
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO - PO BOX 591 - SAN LUIS OBISPO, CA 93406		RELIGIOUS	10,000.	0.	N/A	N/A	UNRESTRICTED
BOYS & GIRLS CLUB OF NORTH SLO COUNTY - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458	77-0272094	501(C)(3)	10,000.	0.	N/A	N/A	SMART GIRLS
BOYS & GIRLS CLUB OF NORTH SLO COUNTY - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458	77-0272094	501(C)(3)	10,000.	0.	N/A	N/A	SMART GIRLS
OPERA SAN LUIS OBISPO (OPERASLO) PO BOX 14760 SAN LUIS OBISPO, CA 93406	77-0086873	501(C)(3)	9,638.	0.	N/A	N/A	UNRESTRICTED
SAN LUIS OBISPO SYMPHONY, INC. 75 HIGUERA ST., SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	9,076.	0.	N/A	N/A	OPERATIONS
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	9,000.	0.	N/A	N/A	SLO HOTLINE

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SAN LUIS OBISPO LEGAL ASSISTANCE FOUNDATION - 3437 EMPRESA DRIVE, SUITE D - SAN LUIS OBISPO, CA 93401	77-0335048	501(C)(3)	8,600.	0.	N/A	N/A	SENIOR LEGAL SERVICES PROJECT
SLO COUNTY OFFICE OF EDUCATION 3350 EDUCATION DRIVE SAN LUIS OBISPO, CA 93405		GOVERNMENT	8,300.	0.	N/A	N/A	2019 COLLEGE NIGHT PLANNING & FACILITATION
THE MONDAY CLUBHOUSE CONSERVANCY PO BOX 167 SAN LUIS OBISPO, CA 93406			8,252.	0.	N/A	N/A	TO SUPPORT THE ANDREWS STREET DOORS REPLACEMENT
ST. LUKE UNITED METHODIST CHURCH 606 SANTA FE PIKE COLUMBIA, TN 38402		RELIGIOUS	8,000.	0.	N/A	N/A	COM ENHANCEMENT
WOODS HUMANE SOCIETY 875 OKLAHOMA AVE SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	7,704.	0.	N/A	N/A	ANNUAL DISTRIBUTION IN SUPPORT OF SERVICES ASSOCIATED WITH CATS
SAN LUIS OBISPO SYMPHONY, INC. 75 HIGUERA ST., SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	7,704.	0.	N/A	N/A	ANNUAL DISTRIBUTION FOR YOUTH SYMPHONY
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403-8106	23-7225601	501(C)(3)	7,704.	0.	N/A	N/A	ANNUAL DISTRIBUTION IN SUPPORT OF A NURSING SCHOLARSHIP
WILSHIRE HEALTH & COMMUNITY SERVICES, INC. - 285 SOUTH STREET, STE J - SAN LUIS OBISPO, CA 93401	95-2374185		7,704.	0.	N/A	N/A	ANNUAL DISTRIBUTION
GROVER BEACH COMMUNITY LIBRARY 240 N. 9TH STREET GROVER BEACH, CA 93433	43-2024995	501(C)(3)	7,704.	0.	N/A	N/A	ANNUAL DISTRIBUTION

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CLARK CENTER ASSOCIATION 487 FAIR OAKS AVENUE ARROYO GRANDE, CA 93420	77-0560115		7,704.	0.	N/A	N/A	ANNUAL DISTRIBUTION
COMMUNITY FOUNDATION OF ESTERO BAY PO BOX 131 MORRO BAY, CA 93443	77-0336404	501(C)(3)	7,500.	0.	N/A	N/A	UNRESTRICTED - DO NOT PUBLICIZE THIS AWARD (DONOR ANONYMOUS TO PUBLIC)
FRIENDS OF 40PRADO PO BOX 12444 SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	7,500.	0.	N/A	N/A	UNRESTRICTED
GLOBAL GLIMPSE 2991 SHATTUCK AVE. SUITE 304 BERKELEY, CA 94705	26-0651273	501(C)(3)	7,500.	0.	N/A	N/A	UNRESTRICTED
SLO NOOR FOUNDATION 1428 PHILLIPS LANE SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	7,500.	0.	N/A	N/A	UNRESTRICTED, FROM ANONYMOUS FUND
FRENCH HOSPITAL MEDICAL CENTER FOUNDATION - 1911 JOHNSON AVENUE - SAN LUIS OBISPO, CA 93401	20-3256125	501(C)(3)	7,500.	0.	N/A	N/A	FRENCH HOSPITAL'S DOVE GIRL'S SELF-ESTEEM PROGRAM
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403-8106	23-7225601	501(C)(3)	7,500.	0.	N/A	N/A	TO SUPPORT THE PURCHASE OF EQUIPMENT IN THE AUTOMOTIVE DEPARTMENT; ACCOUNT #211600
CAPSLO, COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY - 1030 SOUTHWOOD DRIVE - SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	7,500.	0.	N/A	N/A	ADULT WELLNESS & PREVENTION SCREENING
SANTA MARIA VALLEY SENIOR CITIZEN'S CLUB - 729 E MCELHANY AVE - SANTA MARIA, CA 93454	77-0111371		7,425.	0.	N/A	N/A	SENIOR ENRICHMENT PROGRAMS

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CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403-8106	23-7225601	501(C)(3)	6,900.	0.	N/A	N/A	2019 COLLEGE PLANNING NIGHT
SAN LUIS OBISPO REPERTORY THEATRE PO BOX 122 SAN LUIS OBISPO, CA 93406	95-2556678	501(C)(3)	6,750.	0.	N/A	N/A	EMERGENCY SOUND SYSTEM PROJECT
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY - 1180 KENDALL ROAD - SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	6,500.	0.	N/A	N/A	SENIORS FARMERS MARKET
CENTRAL COAST MUSIC ACADEMY PO BOX 15148 SAN LUIS OBISPO, CA 93406	46-0580082		6,000.	0.	N/A	N/A	2019 CENTRAL COAST MUSIC ACADEMY SUMMER WORKSHOP
COURTNEY'S HOUSE 311 6TH STREET TEMPLETON, CA 93465	461161039		6,000.	0.	N/A	N/A	FIG AT COURTNEY'S HOUSE
COMMUNITY COUNSELING CENTER OF SAN LUIS OBISPO COUNTY (CCC) - 676 PISMO STREET - SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	6,000.	0.	N/A	N/A	UNRESTRICTED
FIRST UNITED METHODIST CHURCH 222 WEST SEVENTH STREET COLUMBIA, TN 38401	62-0559654		6,000.	0.	N/A	N/A	COM ENHANCEMENT
FOUNDATION FOR THE PERFORMING ARTS CENTER - P.O. BOX 1137 - SAN LUIS OBISPO, CA 93406	77-0129605	501(C)(3)	6,000.	0.	N/A	N/A	SCHOOL MATINEE PROGRAM
ALLIANCE FOR PHARMACEUTICAL ACCESS, INC. - 237 TOWN CENTER WEST SUITE 122 - SANTA MARIA, CA 93458	20-3117940	501(C)(3)	6,000.	0.	N/A	N/A	PATIENT ADVOCACY FOR THE MEDICALLY VULNERABLE

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PASO ROBLES YOUTH ARTS FOUNDATION PO BOX 4699 PASO ROBLES, CA 93447	77-0488880		6,000.	0.	N/A	N/A	PASO ROBLES YOUTH ARTS FOUNDATION'S FREE MUSIC PROGRAM
ELINGS PARK FOUNDATION 1298 LAS POSITAS ROAD SANTA BARBARA, CA 93105	95-3500475	501(C)(3)	6,000.	0.	N/A	N/A	COM ENHANCEMENT
CAL POLY CORPORATION 1 GRAND AVENUE BLDG. 15 SAN LUIS OBISPO, CA 93407-0035	95-1648180	501(C)(3)	6,000.	0.	N/A	N/A	POLY ARTS FOR YOUTH (PAFY)
CAL POLY CORPORATION 1 GRAND AVENUE BLDG. 15 SAN LUIS OBISPO, CA 93407-0035	95-1648180	501(C)(3)	5,500.	0.	N/A	N/A	TO SUPPORT CAL POLY ARTS
ONE COOL EARTH PO BOX 150 SAN LUIS OBISPO, CA 93406	34-1939404	501(C)(3)	5,000.	0.	N/A	N/A	CAPACITY BUILDING TO EXPAND SCHOOL GARDEN
FRONT PORCH, SLO 1468 E FOOTHILL BLVD SAN LUIS OBISPO, CA 93405			5,000.	0.	N/A	N/A	UNRESTRICTED
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101-1606	95-2319356	501(C)(3)	5,000.	0.	N/A	N/A	GENDER AFFIRMING CARE
EL CAMINO HOMELESS ORGANIZATION PO BOX 2077 ATASCADERO, CA 93423	77-0545434	501(C)(3)	5,000.	0.	N/A	N/A	SHELTER OPERATIONS
SONSHINE FOLK SCHOOL FARM, INC. 8307 SOFTWIND DRIVE MECHANICSVILLE, VA 23111	27-2888122	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED

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PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101-1606	95-2319356	501(C)(3)	5,000.	0.	N/A	N/A	RITA SOLINAS PATIENT ASSISTANCE FUND
TRANSITIONAL FOOD AND SHELTER, INC. - 7343 EL CAMINO REAL #346 - ATASCADERO, CA 93422	77-0489535	501(C)(3)	5,000.	0.	N/A	N/A	MEDICALLY FRAGILE HOMELESS- FAMILY FOCUSED
HONOR FLIGHT CENTRAL COAST CALIFORNIA - PO BOX 1750 - PASO ROBLES, CA 93447	463872980		5,000.	0.	N/A	N/A	TOUR OF HONOR
ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY - P.O. BOX 14260 - SAN LUIS OBISPO, CA 93406	77-0337378	501(C)(3)	5,000.	0.	N/A	N/A	OPERATION SCHOOL BELL
CANCER SUPPORT COMMUNITY CALIFORNIA CENTRAL COAST - 1051 LAS TABLAS - TEMPLETON, CA 93465	26-4659006	501(C)(3)	5,000.	0.	N/A	N/A	CANCER SUPPORT FOR YOUTH - COUNSELING AND OUTREACH
CAPSLO, COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY - 1030 SOUTHWOOD DRIVE - SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	5,000.	0.	N/A	N/A	ADULT WELLNESS & PREVENTION SCREENING
SON CARE FOUNDATION 173 BUCKLEY ROAD SAN LUIS OBISPO, CA 93405	75-2547239		5,000.	0.	N/A	N/A	UNRESTRICTED
SAN LUIS OBISPO GIRLS SOFTBALL ASSOCIATION - 1219 SAWLEAF STREET - SAN LUIS OBISPO, CA 93401			5,000.	0.	N/A	N/A	YOUTH RECREATIONAL SOFTBALL
CAL POLY CORPORATION 1 GRAND AVENUE BLDG. 15 SAN LUIS OBISPO, CA 93407-0035	95-1648180	501(C)(3)	5,000.	0.	N/A	N/A	TO SUPPORT MEN'S BASKETBALL RECRUITING BUDGET

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FAMILY CARE NETWORK, INC. 1255 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0159090	501(C)(3)	5,000.	0.	N/A	N/A	TRANSITIONAL AGE YOUTH EMANCIPATION SUPPORT
RISE PO BOX 630 PASO ROBLES, CA 93447	77-0068977	501(C)(3)	5,000.	0.	N/A	N/A	SEXUAL ASSAULT AND INTIMATE PARTNER VIOLENCE CASE MANAGEMENT PROGRAM
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403-8106	23-7225601	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED
MAURY MAGIC RIDERS INC. P.O. BOX 560 COLUMBIA, TN 38402	62-1742129	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED GRANT
5 CITIES HOMELESS COALITION PO BOX 558 GROVER BEACH, CA 93483	24-0413259	501(C)(3)	5,000.	0.	N/A	N/A	HOMELESS PREVENTION & CRISIS RESPONSE FUND
CENTRAL COAST AG NETWORK PO BOX 3736 SAN LUIS OBISPO, CA 93403	20-3447329	501(C)(3)	5,000.	0.	N/A	N/A	CITY FARM SCHOOL PROJECT YEAR 6
SAN LUIS OBISPO SYMPHONY. INC. 75 HIGUERA ST., SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	5,000.	0.	N/A	N/A	MUSIC VAN
FIVE CITIES YOUTH BASEBALL PO BOX 2806 PISMO BEACH, CA 93448	263226999		5,000.	0.	N/A	N/A	2019 SPRING SEASON
TOLOSA CHILDREN'S DENTAL CLINIC 717 WALNUT DRIVE PASO ROBLES, CA 93446	77-0346861	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED

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PATHPOINT 11491 LOS OSOS VALLEY RD. SAN LUIS OBISPO, CA 93405	95-2371668		5,000.	0.	N/A	N/A	COMMUNITY INTEGRATION SERVICES
CAMP OCEAN PINES 1473 RANDALL DRIVE CAMBRIA, CA 93428	95-1738144	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED
TRANSITIONAL FOOD AND SHELTER, INC. - 7343 EL CAMINO REAL #346 - ATASCADERO, CA 93422	77-0489535	501(C)(3)	5,000.	0.	N/A	N/A	MEDICALLY FRAGILE HOMELESS
SAN LUIS OBISPO MOTHERS FOR PEACE P.O. BOX 3608 SAN LUIS OBISPO, CA 93403-3608	95-3080124	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED, IRS REGULATION APPROVED CHARITY USE ONLY
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403-8106	23-7225601	501(C)(3)	5,000.	0.	N/A	N/A	COLLEGE FOR KIDS
SAN LUIS OBISPO CLASSICAL ACADEMY 165 GRAND AVENUE SAN LUIS OBISPO, CA 93405	20-3131883	501(C)(3)	5,000.	0.	N/A	N/A	MATCHING GRANT FOR THE HIGH SCHOOL REPAIR AND CONVERSION PROJECT
CAPSLO, COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY - 1030 SOUTHWOOD DRIVE - SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	5,000.	0.	N/A	N/A	FAMILY AND COMMUNITY SUPPORT SERVICES
EL CAMINO HOMELESS ORGANIZATION PO BOX 2077 ATASCADERO, CA 93423	77-0545434	501(C)(3)	5,000.	0.	N/A	N/A	CLIENT ASSISTANCE PROGRAM
ATASCADERO LOAVES AND FISHES 5411 EL CAMINO REAL ATASCADERO, CA 93422	77-0082730	501(C)(3)	5,000.	0.	N/A	N/A	SUMMER SUPPLEMENTAL FOOD FOR SCHOOLCHILDREN

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RISE PO BOX 630 PASO ROBLES, CA 93447	77-0068977	501(C)(3)	5,000.	0.	N/A	N/A	SEXUAL ASSAULT/ ABUSE AND INTIMATE PARTNER VIOLENCE COUNSELING PROGRAM
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	5,000.	0.	N/A	N/A	SAN LUIS OBISPO COUNTY SUPPORTIVE HOUSING PROGRAM
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	N/A	UNRESTRICTED
CENTRAL COAST AG NETWORK PO BOX 3736 SAN LUIS OBISPO, CA 93403	20-3447329	501(C)(3)	5,000.	0.	N/A	N/A	CAPACITY BUILDING PROJECT
FRIENDS OF 40PRADO PO BOX 12444 SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	5,000.	0.	N/A	N/A	TO SUPPORT 100 DINNERS PER NIGHT FOR 10 WEEKS
BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTY - P.O. BOX 12644 - SAN LUIS OBISPO, CA 93406	77-0348487	501(C)(3)	5,000.	0.	N/A	N/A	ONE-TO-ONE MENTORING FOR LGBTQI YOUTH
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403-8106	23-7225601	501(C)(3)	5,000.	0.	N/A	N/A	UNRESTRICTED
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	5,000.	0.	N/A	N/A	SAN LUIS OBISPO SUPPORTIVE HOUSING PROGRAM
SLO CHILDREN'S MUSEUM 1010 NIPOMO STREET SAN LUIS OBISPO, CA 93401	77-0261830	501(C)(3)	5,000.	0.	N/A	N/A	TO SUPPORT RAWLINGS MATCHING GIFT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF NORTH SLO COUNTY - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458	77-0272094	501(C)(3)	5,000.	0.	N/A	N/A	DRAMA MATTERS & MEDIA MAKING
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	N/A	SCHOOL MATINEE PROGRAM
SLO TIGERS ATHLETIC BOOSTERS P.O. BOX 16025 SAN LUIS OBISPO, CA 93406	45-4897120		5,000.	0.	N/A	N/A	TO BENEFIT THE BOYS WATERPOLO AND THE GIRLS SWIMMING TEAMS
TRANSITIONAL FOOD AND SHELTER, INC. - 7343 EL CAMINO REAL #346 - ATASCADERO, CA 93422	77-0489535	501(C)(3)	5,000.	0.	N/A	N/A	MEDICALLY FRAGILE HOMELESS
THE MONDAY CLUBHOUSE CONSERVANCY PO BOX 167 SAN LUIS OBISPO, CA 93406			5,000.	0.	N/A	N/A	UNRESTRICTED
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	5,000.	0.	N/A	N/A	RESIDENT ASSISTANCE FUND
DUNES CENTER 1065 GUADALUPE STREET GUADALUPE, CA 93434	77-0502739	501(C)(3)	5,000.	0.	N/A	N/A	OCEANOGRAPHY & ARCHAEOLOGY EDUCATION PROGRAMS
FIVE CITIES DIVERSITY COALITION 347 RODEO DRIVE ARROYO GRANDE, CA 93420	77-0539435		5,000.	0.	N/A	N/A	2019 COMMUNITY DIVERSITY EDUCATION AND TRAINING PROGRAM
STANFORD UNIVERSITY, DEPARTMENT SERVICES - PO BOX 20460 - STANFORD, CA 94309-0466	94-1156365		5,000.	0.	N/A	N/A	TO SUPPORT THE CANCER DISCOVERY FUND AND THE RESEARCH OF DR. SAFWAN JARADEN

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ALBA-PIEDRA, JACQUELINE SID: K00944911	2	1,000.	0.	N/A	N/A
ALCORTA, ISAIAH SID: 00702237	1	1,000.	0.	N/A	N/A
ALLTUCKER, HANNAH N., 2019 LAUREN TIPTON SLAUGHTER SCHOLARSHIP	1	1,000.	0.	N/A	N/A
ALVARADO, MARIA F., 2018 GARY GROSSMAN SCHOLARSHIP	1	-2,000.	0.	N/A	N/A
ARIAS, ADRIANA 2019 KYLE HUBBARD & JEFF SILVA SCHOLARSHIP	1	1,000.	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

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Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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
AVRIT, OWEN 2019 JUSTIN MCCUTCHEON MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
BAIS, TIARA., 2019 THE GARRIS FAMILY SCHOLARSHIP	1.	8,000.	0.	N/A	N/A
BEDROSIAN, TAYLOR R. 2016 ELKAN T. HART SCHOLARSHIP	1.	-7,500.	0.	N/A	N/A
BIDLEMAN, SCOUT 2018 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	-12,000.	0.	N/A	N/A
BUDD, CURT 2019 AIACCC ARCHITECTURAL EDUCATION AWARD	1.	1,500.	0.	N/A	N/A
CLARK, PATRICIA 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
DEANDA, JOSHUA SID: 0872714	1.	500.	0.	N/A	N/A
DELFIN, ISAAC R., 2018 SCHOLARSHIP AND MENTOR SCHOLARSHIP	1.	-500.	0.	N/A	N/A
DELINE, ANGELA 2018 DAVID B. GIANAS SCHOLARSHIP	1.	-750.	0.	N/A	N/A

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(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
DIODATI, JOHN K., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
DREW, ALYSSA K. 2019 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
DUMONT, KARLEY R., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
DYKSTRA, STEVEN G., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
EDI, STEPHEN A. 2016 HELEN AND RONALD DUNIN MEMORIAL SCHOLARSHIP	1.	-2,500.	0.	N/A	N/A
EMMONS, SADHANA G. 2019 KIWANIS CLUB OF SAN LUIS OBISPO SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
ENGSTROM, COLE J. 2019 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
ESTRADA, ADRIAN 2019 DON FLOYD MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
GARCIA ALVARADO, MARIA A., 2018 SCHOLARSHIP AND MENTOR SCHOLARSHIP	1.	-1,000.	0.	N/A	N/A

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(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
GARCIA, CASSANDRA SID: 0381426	1.	500.	0.	N/A	N/A
GARDNER, ZANDER SID: 00707009	2.	1,000.	0.	N/A	N/A
GATES, EMILY F., YEAGER SCIENCE SCHOLARSHIP FUND	1.	23,000.	0.	N/A	N/A
GERMAN SCHOOL SCHOLARSHIP, LUCAS VON BISCHOPINCK	1.	3,920.	0.	N/A	N/A
GIOMBI, NATALIE 2019 DON FLOYD MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
GOMEZ, DANIELA 2019 HELEN & RONALD DUNIN "LEGACY" SCHOLARSHIP	1.	12,000.	0.	N/A	N/A
GONZALEZ, COLBY D. 2019 MARTIN RESORTS SCHOLARSHIP FUND	1.	1,500.	0.	N/A	N/A
GUILLEN, JACQUELINE SID:900807682	1.	500.	0.	N/A	N/A
HARTMAN, JEREMIAH J., 2019 ALAN D. STEPHENSON SCHOLARSHIP	1.	10,000.	0.	N/A	N/A

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(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
HEIDLER, KIRAN P., SPIRIT OF THE CLASS OF '49 AWARD	1.	500.	0.	N/A	N/A
HILL, SYDNEY 2019 KYLE HUBBARD & JEFF SILVA SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
HOLLAND, MADRID A., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
HOPKINS, KATHRYN R., 2019 MAUREEN "MO" CLANCY MEMORIAL SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
IOPPONI, MOLLY 2017 DAVID B. GIANAS MEMORIAL SCHOLARSHIP	1.	-250.	0.	N/A	N/A
JOLLER, TAYLOR S., BURT W. AND VIRGINIA POLIN "ELKS" SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
JUAN VENEGAS STUDENT ID# 0878475	1.	-500.	0.	N/A	N/A
KAISER, JACK W., 2019 BRIAN WATERBURY MEMORIAL SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
KRULL, ELLIE M. 2019 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A

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(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
LAWSON, KARIS J., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
LINSTROM, ZOE H., 2019 GARY GROSSMAN SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
LIVENGOOD, CLAIRE A., 2019 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	12,000.	0.	N/A	N/A
LORZ, WALTER E. 2019 ALEX MADONNA MEMORIAL AWARD	1.	2,000.	0.	N/A	N/A
LUCERO, AMANDO R. 2018 SCHOLARSHIP AND MENTOR SCHOLARSHIP	1.	-2,000.	0.	N/A	N/A
MACAULAY, IAN M., SCHOLARSHIP AND MENTOR (SAM) FUND - SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
MARLIN SANCHEZ, SID:SAMA72689	2.	1,000.	0.	N/A	N/A
MCLELLAN, RAINE 2019 DON FLOYD MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
MIDDLETON, JEFFREY 2019 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1.	500.	0.	N/A	N/A

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(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
MILDER, BROOKE E., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
MOORE, MELEAH S., SCHOLARSHIP AND MENTOR (SAM) FUND - SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
NAVA RODRIGUEZ, XIMENA, SCHOLARSHIP AND MENTOR (SAM) FUND - SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
OLDENBURG, ISABELLA B., 2019 KELLY A. MCADAMS SCHOLARSHIP	1.	10,000.	0.	N/A	N/A
OLIVEROS SILVA, LINDA SID: 00365784	1.	500.	0.	N/A	N/A
OLSON, CHRISTIAN M., 2019 DOROTHY ROSS MEMORIAL SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
PROUNH, SARAH N., 2019 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
RAMIREZ, ALBERTO 2019 VINEYARD AND FARM WORKER'S SCHOLARSHIP	1.	4,000.	0.	N/A	N/A
RAVATT, GARRETT S., 2019 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A

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(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
RIGHETTI, DALEN 2019 IAN PURDON MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
ROBINETT, KENNEDY M., YEAGER SCIENCE SCHOLARSHIP FUND	1.	23,000.	0.	N/A	N/A
RODRIGUEZ, JAIME A., 2019 HELEN & RONALD DUNIN "LEGACY" SCHOLARSHIP	1.	12,000.	0.	N/A	N/A
RODRIGUEZ, JESUS A., 2019 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
ROMERO-GUTIERREZ, ARIADNA 2019 KYLE HUBBARD & JEFF SILVA SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
RUBIO, DIVINE J. 2019 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
SANCHEZ, MARLIN SID: SAMA72689	1.	500.	0.	N/A	N/A
SANCHEZ, MARLIN SID: SAMA72689, JOHN AND MARY POWERS SCHOLARSHIP AWARD	1.	500.	0.	N/A	N/A
SANDOVAL, EMILY SID: 0889028	1.	500.	0.	N/A	N/A

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(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
SCHEIFFELE, GRANT D. 2019 COLLINS/SALISBURY TROOP 60 EAGLE SCOUT	1.	2,500.	0.	N/A	N/A
SCHIMKE, TYLER C., 2019 DOUGLAS DEGROSS SCHOLARSHIP FOR AUTOMOTIVE STUDIES	1.	2,000.	0.	N/A	N/A
SCHOLARSHIP FOR GUILLERMO LOPEZ JR. STUDENT ID	1.	-1,000.	0.	N/A	N/A
SCLAFANI, JACQUELYN 2018 DAVID B. GIANAS SCHOLARSHIP	1.	-500.	0.	N/A	N/A
SCRUGGS, STEVEN D., ELKAN T. HART SCHOLARSHIP AWARD	1.	7,500.	0.	N/A	N/A
SHIRLEY, GRACE P. 2019 JENNIFER THOMA MEMORIAL BALLET SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
SOUDER, KYLEE R., SCHOLARSHIP AND MENTOR (SAM) FUND - SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
STUDENT ID #: 00675277	1.	500.	0.	N/A	N/A
STUDENT ID #: 600692024	1.	500.	0.	N/A	N/A

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Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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
STUDENT ID #: H20109404	1.	500.	0.	N/A	N/A
STUDENT ID #: K00705263	1.	500.	0.	N/A	N/A
STUDENT ID#:900771145	1.	500.	0.	N/A	N/A
SVETICH, LILIAN A., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
TEODORO, WENDY M., 2019 DOROTHY GOOD AVID SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
TEODORO, WENDY M., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
TRAN, DYLAN N., 2019 DOROTHY GOOD AVID SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
VALENCIA, LYNEA A., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
VARGAS, BRENDA SID: H20114474	1.	500.	0.	N/A	N/A

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(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
VENCES, BERENICE 2019 DOROTHY GOOD AVID SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
VERNON, KYLER 2019 KYLE HUBBARD & JEFF SILVA SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
WALKER, RYAN 2019 JOHN AND YVONNE HSU EDMISTEN SCHOLARSHIP IN HONOR OF ALLAN VOIGT M.D.	1.	2,500.	0.	N/A	N/A
WIESNER, MARSHALL S., 2019 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	2,750.	0.	N/A	N/A
YOUNG, KATHERINE 2019 DON FLOYD MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
ZAMORA, EDWIN 2019 MARTIN RESORTS SCHOLARSHIP FUND	1.	1,500.	0.	N/A	N/A
ZAVALA, JOSE SID: 900795389	1.	500.	0.	N/A	N/A
ZAVALA, LIZVET SID: 0897620	1.	500.	0.	N/A	N/A

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Part IV Supplemental Information

VISITS ARE RECORDED IN THE GRANT FILE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CRAFT MEMORIAL UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CRAFT MEMORIAL AND
DISTRIBUTED UNDER CRAFT'S DISCRETION, WITH DONOR RECOMMENDATION TO COVER
PASTOR MCGOWAN EXPENSES AND PROGRAMS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY** Employer identification number **77-0496500**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
COUNTY

77-0496500

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER	(i)	154,280.	0.	0.	4,866.	0.	159,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY** Employer identification number **77-0496500**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	680,713.	ACTIVE MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EVENT SUPPLIE)	X	3	1,138.	FAIR VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2019

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

SCHEDULE M, LINE 32B:

THE FOUNDATION MAINTAINS BROKERAGE ACCOUNTS TO ENABLE DONORS TO
TRANSFER STOCK. THE GIFTS OF STOCK ARE THEN SOLD AND THE PROCEEDS
DEPOSITED INTO THE FOUNDATION'S ACCOUNTS.

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	Employer identification number	77-0496500
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY FULFILLS ITS MISSION

BY:

-ENGAGING PRIVATE GIVING FOR PUBLIC GOOD;

-BUILDING AND MAINTAINING PERMANENT ENDOWMENTS TO RESPOND TO CHANGING
COMMUNITY NEEDS;

-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.

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

FORM 990 REVIEW PROCESS

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

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	Employer identification number 77-0496500
--------------------------------------------------------------------------	-------------------------------------------

COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE FULL BOARD PERIODICALLY CONDUCTS A FORMAL REVIEW PROCESS FOR THE CHIEF EXECUTIVE OFFICER AND ALSO REVIEWS SALARY AND AGREES ON ANY SALARY ADJUSTMENTS.

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

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE.

A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS, POLICIES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, ON GUIDESTAR.ORG AND UPON REQUEST.

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

DISTRIBUTION TO THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	
FROM SUPPORTING ORGANIZATION	237,852.
TOTAL TO FORM 990, PART XI, LINE 9	237,852.

FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS AND REPORTING:

THE OVERSIGHT PROCESS BY THE AUDIT COMMITTEE DID NOT CHANGE THIS YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY** Employer identification number **77-0496500**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY - 80-0383894, 550 DANA STREET, SAN LUIS OBISPO, CA 93401	SUPPORTING ORGANIZATION - CONDUCTING ACTIVITIES FOR THE BENEFIT OF CFSLOCO	CALIFORNIA	501(C) (3)	PUBLIC CHARITY -	THE COMMUNITY FOUNDATION SAN LUIS OBISPO	X	

THE COMMUNITY FOUNDATION SAN LUIS OBISPO

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

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

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

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

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
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)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO (1) COUNTY	C	237,852. FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

THE COMMUNITY FOUNDATION SAN LUIS OBISPO
 COUNTY

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

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

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

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