

PUBLIC DISCLOSURE COPY

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY EIN or SSN 77-0496500

Name and title of officer or person subject to tax HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CALIBER AUDIT & ATTEST, LLP to enter my PIN 99999. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 9512049999 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2021)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY</b> Doing business as		<b>D</b> Employer identification number <b>77-0496500</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>550 DANA STREET</b>		<b>E</b> Telephone number <b>805-543-2323</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN LUIS OBISPO, CA 93401</b>		<b>G</b> Gross receipts \$ <b>47,156,070.</b>
	<b>F</b> Name and address of principal officer: <b>HEIDI MCPHERSON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> 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		<b>H(c)</b> Group exemption number ▶

**J** Website: ▶ **WWW.CFSLOCO.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1998** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO MAKE A DIFFERENCE THROUGH PHILANTHROPIC LEADERSHIP - SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,314,231.	<b>Current Year</b> 8,180,968.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	425,415.	8,902,481.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,755.	-202,449.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,777,401.	16,881,000.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,423,070.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		816,128.	754,401.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>158,543.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		635,703.	636,816.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,874,901.	4,947,132.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,097,500.	11,933,868.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 66,243,485.	<b>End of Year</b> 76,668,377.
	<b>21</b> Total liabilities (Part X, line 26)	3,351,091.	3,921,706.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	62,892,394.	72,746,671.

**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.

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

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  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 4,295,593. including grants of \$ 3,555,915.) (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 **4,295,593.**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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
<b>2a</b>	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>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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
<b>1a</b>	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	14	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	14	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER	50.00 5.00			X				173,373.	0.	5,849.
(2) PATRICIA HAMMOND DIRECTOR OF FINANCE	40.00 5.00			X				109,555.	0.	3,517.
(3) JEFF BUCKINGHAM PRESIDENT	4.00	X		X				0.	0.	0.
(4) SUZANNE FRITZ VICE PRESIDENT	4.00	X		X				0.	0.	0.
(5) ANITA ROBINSON TREASURER	4.00	X		X				0.	0.	0.
(6) KATH TOMPKINS SECRETARY	4.00	X		X				0.	0.	0.
(7) JIM BRABECK DIRECTOR	4.00	X						0.	0.	0.
(8) SANDY DUNN DIRECTOR	4.00	X						0.	0.	0.
(9) GWEN ERSKINE PRESIDENT OF REF, DIRECTOR	4.00 1.00	X						0.	0.	0.
(10) GRENDA ERNST DIRECTOR	4.00	X						0.	0.	0.
(11) CHARLES MATTHEWS DIRECTOR	4.00	X						0.	0.	0.
(12) PAT HOSEGOOD MARTIN DIRECTOR	4.00	X						0.	0.	0.
(13) BEN MCADAMS DIRECTOR	4.00 1.00	X						0.	0.	0.
(14) ANNEKA SCRANTON DIRECTOR	4.00	X						0.	0.	0.
(15) LINDA SOMERS SMITH DIRECTOR	4.00	X						0.	0.	0.
(16) MARY VERDIN DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b> .....							282,928.	0.	9,366.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							282,928.	0.	9,366.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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**

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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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	3,349.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,177,619.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 648,203.				
	<b>h Total.</b> Add lines 1a-1f			8,180,968.			
Program Service Revenue	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,409,144.		1409144.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				37,702,137.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	30,208,800.				
	<b>c</b> Gain or (loss)	<b>7c</b>	7,493,337.				
<b>d</b> Net gain or (loss)			7,493,337.		7493337.		
<b>8 a</b> Gross income from fundraising events (not including \$ 3,349. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		84,055.				
		<b>b</b> Less: direct expenses	<b>8b</b>	66,270.			
<b>c</b> Net income or (loss) from fundraising events			17,785.		17,785.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	900099	164,867.	164,867.		
	<b>b</b> CHANGE IN SPLIT INTEREST		900099	62,739.	62,739.		
	<b>c</b> INCOME HELD FOR OTHERS		900099	-447,840.	-447,840.		
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-220,234.			
<b>12 Total revenue.</b> See instructions			16,881,000.	-220,234.	0.	8920266.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,153,915.	3,153,915.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	402,000.	402,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	282,928.	99,025.	127,317.	56,586.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	348,489.	121,971.	156,820.	69,698.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,491.	6,822.	8,771.	3,898.
<b>9</b> Other employee benefits .....	54,978.	19,242.	24,740.	10,996.
<b>10</b> Payroll taxes .....	48,515.	16,980.	21,832.	9,703.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,353.	1,090.	1,173.	1,090.
<b>c</b> Accounting .....	25,500.		25,500.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	361,677.	361,677.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	44,823.		44,823.	
<b>12</b> Advertising and promotion .....	9,643.	3,182.	3,279.	3,182.
<b>13</b> Office expenses .....	22,973.	7,581.	7,811.	7,581.
<b>14</b> Information technology .....	50,018.	16,506.	17,006.	16,506.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	15,894.	5,245.	5,404.	5,245.
<b>17</b> Travel .....	119.	39.	41.	39.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	52,265.	17,247.	17,771.	17,247.
<b>23</b> Insurance .....	17,707.	1,358.	15,573.	776.
<b>24</b> 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.)				
<b>a</b> <b>FUND OPERATION EXPENSE</b>	107,453.	107,453.		
<b>b</b> <b>MISCELLANEOUS</b>	29,155.	9,237.	10,682.	9,236.
<b>c</b> <b>PROGRAM EXPENSE</b>	13,385.	4,677.		8,708.
<b>d</b> <b>MEMBERSHIP DUES AND SUB</b>	13,097.	4,322.	4,453.	4,322.
<b>e</b> All other expenses .....	-130,246.	-63,976.		-66,270.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,947,132.	4,295,593.	492,996.	158,543.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	483,450.	<b>1</b>	602,989.
	<b>2</b> Savings and temporary cash investments .....	3,737,957.	<b>2</b>	5,082,873.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	475,257.	<b>4</b>	455,020.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,677.	<b>9</b>	15,428.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,075,388.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 578,403.	<b>10c</b>	1,496,985.
	<b>11</b> Investments - publicly traded securities .....	23,064,877.	<b>11</b>	41,181,647.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	34,425,066.	<b>12</b>	25,180,880.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,561,095.	<b>15</b>	2,652,555.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	66,243,485.	<b>16</b>	76,668,377.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	50,995.	<b>17</b>	56,566.
	<b>18</b> Grants payable .....	293,195.	<b>18</b>	454,259.
	<b>19</b> Deferred revenue .....		<b>19</b>	25,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	2,256,168.	<b>21</b>	2,604,796.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	750,733.	<b>25</b>	781,085.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,351,091.	<b>26</b>	3,921,706.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,445,306.	<b>27</b>	13,499,239.
	<b>28</b> Net assets with donor restrictions .....	50,447,088.	<b>28</b>	59,247,432.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	62,892,394.	<b>32</b>	72,746,671.
	<b>33</b> Total liabilities and net assets/fund balances .....	66,243,485.	<b>33</b>	76,668,377.

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**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	16,881,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,947,132.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,933,868.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,892,394.
5	Net unrealized gains (losses) on investments	5	-2,123,024.
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	43,433.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,746,671.

**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 on 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		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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).)
- 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 on 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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4156087.	2160017.	4523066.	2262640.	8002208.	21104018.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4156087.	2160017.	4523066.	2262640.	8002208.	21104018.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						21104018.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	4156087.	2160017.	4523066.	2262640.	8002208.	21104018.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1332618.	1391065.	1708174.	1232311.	1409144.	7073312.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						28177330.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.90 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	70.02 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

THE COMMUNITY FOUNDATION SAN LUIS OBISPO  
COUNTY

Schedule A (Form 990) 2021

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization <b>THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY</b>	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	_____ _____ _____	\$ <u>3,210,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>645,090.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>581,116.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>576,673.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>308,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY</b>	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	<hr/> <hr/> <hr/>	\$ 180,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
5	SECURITIES <hr/> <hr/> <hr/>	\$ 218,941.	11/17/21
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

**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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from 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

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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 .....	104	
2 Aggregate value of contributions to (during year) .....	3,063,179.	
3 Aggregate value of grants from (during year) .....	1,636,373.	
4 Aggregate value at end of year .....	25,081,282.	
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? .....

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) 2021

**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	55,934,846.	54,043,230.	44,621,073.	47,677,948.	42,430,520.
b Contributions	5,210,069.	507,687.	2,702,661.	2,302,591.	1,711,084.
c Net investment earnings, gains, and losses	6,509,319.	5,237,058.	8,876,413.	-2,418,686.	6,153,620.
d Grants or scholarships	-3,362,230.	-3,853,129.	-2,156,917.	-2,940,780.	-2,617,276.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	64,292,004.	55,934,846.	54,043,230.	44,621,073.	47,677,948.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  13.0000 %
  - b Permanent endowment  38.0000 %
  - c Term endowment  49.0000 %
- 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 checked="" type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		425,000.		425,000.
b Buildings		1,275,000.	329,375.	945,625.
c Leasehold improvements				
d Equipment				
e Other		375,388.	249,028.	126,360.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,496,985.

**THE COMMUNITY FOUNDATION SAN LUIS OBISPO  
COUNTY**

Schedule D (Form 990) 2021

77-0496500 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, 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	2,530,789.	END-OF-YEAR MARKET VALUE
(B) CLOSE-ENDED MUTUAL FUNDS	3,039,226.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	16,071,552.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	1,917,972.	END-OF-YEAR MARKET VALUE
(E) CASH EQUIVALENTS	1,621,341.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>25,180,880.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>PAYROLL LIABILITIES</b>	11,225.
(3) <b>LIABILITIES TO BENEFICIARIES FROM</b>	
(4) <b>SPLIT INTEREST AGREEMENTS</b>	769,860.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>781,085.</b>

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 ...

Schedule D (Form 990) 2021

**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	14,504,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,123,024.	
b	Donated services and use of facilities	2b	25,100.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-278,117.	
e	Add lines 2a through 2d	2e		-2,376,041.
3	Subtract line 2e from line 1	3		16,881,000.
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		16,881,000.

**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	4,678,870.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,100.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-293,362.	
e	Add lines 2a through 2d	2e		-268,262.
3	Subtract line 2e from line 1	3		4,947,132.
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		4,947,132.

**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, 2021 AND 2020, 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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			
<b>Total</b> .....						

**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.

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**THE COMMUNITY FOUNDATION SAN LUIS OBISPO  
COUNTY**

**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	<b>1</b> Gross receipts .....	87,404.			87,404.
	<b>2</b> Less: Contributions .....	3,349.			3,349.
	<b>3</b> Gross income (line 1 minus line 2) .....	84,055.			84,055.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	27,092.			27,092.
	<b>8</b> Entertainment .....	500.			500.
	<b>9</b> Other direct expenses .....	38,678.			38,678.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				66,270.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				17,785.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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 COUNTY

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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?
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)*

Lined area 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
5CITIES HOMELESS COALITION PO BOX 558 GROVER BEACH, CA 93483	27-0413593	501(C)(3)	52,000.	0.	N/A	N/A	SUPPORT FOR UNDOCUMENTED AND MIX STATUS FAMILIES., IMMEDIATE NEEDS FINANCIAL ASSISTANCE, TO
AFFORDABLE HOUSING PASO ROBLES 901 30TH STREET PASO ROBLES, CA 93446	37-1661907	501(C)(3)	12,720.	0.	N/A	N/A	SUPPORT FOR UNDOCUMENTED AND MIX STATUS FAMILIES., HEALTH AND HUMAN SERVICES, COVID
ALLIANCE FOR PHARMACEUTICAL ACCESS, INC. - 506 E. PLAZA DRIVE SUITE 5 - SANTA MARIA, CA 93454	20-3117940	501(C)(3)	12,000.	0.	N/A	N/A	PATIENT ADVOCACY FOR FREE OR LOW COST LIFE SAVING MEDICATIONS FOR SAN LUIS OBISPO
ANDREW HOLLAND FOUNDATION PO BOX 597 ATASCADERO, CA 93423	82-4520111	501(C)(3)	11,500.	0.	N/A	N/A	2021 BUILD GRANT UNDER 500K, UNRESTRICTED
ARTS OBISPO 1123 MILL STREET SAN LUIS OBISPO, CA 93401	95-3738562	501(C)(3)	10,200.	0.	N/A	N/A	UNRESTRICTED
ASSISTANCE LEAGUE OF SAN LUIS OBISPO COUNTY - PO BOX 14260 - SAN LUIS OBISPO, CA 93406	77-0337378	501(C)(3)	6,500.	0.	N/A	N/A	UNRESTRICTED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **119.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

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**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATASCADERO GREYHOUND FOUNDATION P.O. BOX 3120 ATASCADERO, CA 93423	77-0390865	501(C)(3)	10,000.	0.	N/A	N/A	2021 BUILD GRANT UNDER 500K
ATASCADERO LOAVES AND FISHES 5411 EL CAMINO REAL ATASCADERO, CA 93422	77-0082730	501(C)(3)	7,000.	0.	N/A	N/A	UNRESTRICTED
BASIN STREET REGULARS-CENTRAL COAST HOT JAZZ SOCIETY - PO BOX 356 - PISMO BEACH, CA 93448	87-3488032	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT THE COST OF MUSICIANS PROVIDING MUSIC FOR SENIOR DANCES.
BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTY - PO BOX 12644 - SAN LUIS OBISPO, CA 93406	77-0348487	501(C)(3)	33,750.	0.	N/A	N/A	UNRESTRICTED
BOYS & GIRLS CLUB MID CENTRAL COAST - 901 N. RAILROAD AVENUE - SANTA MARIA, CA 93458	95-2468116	501(C)(3)	125,000.	0.	N/A	N/A	TO SUPPORT NORTH COUNTY OPERATIONS, TO SUPPORT SAN LUIS OBISPO COUNTY PROGRAMS, TO SUPPORT THE
BRAIN EDUCATION STRATEGIES TECHNOLOGY - 24310 MOULTON PKWY, STE. O #180 - LAGUNA WOODS, CA 92637	81-4352961	501(C)(3)	6,000.	0.	N/A	N/A	HEALTH AND HUMAN SERVICES
BRIDGE TO TURKIYE FUND 100 FOX BRIAR LANE CARY, NC 27518	58-2678580	501(C)(3)	8,416.	0.	N/A	N/A	TO CONTINUE EDUCATION IN SUPPORT OF ABHEP DARNEGI IN THE NAME OF S. SAMI SOLU, MD CHARITABLE FUND
CAL POLY CORPORATION 1 GRAND AVENUE BLDG. 15 SAN LUIS OBISPO, CA 93407-0035	95-1648180	501(C)(3)	8,110.	0.	N/A	N/A	2021 BUILD GRANT UNDER 500K, LGBTQ CAMPUS LIFE STUDENT ASSISTANTS
CAL POLY UNIVERSITY DEVELOPMENT AND ALMUNI ENGAGEMENT - 1 GRAND AVENUE, BUILDING 117 - SAN LUIS OBISPO, CA 93407	95-1648180	501(C)(3)	11,200.	0.	N/A	N/A	TO SUPPORT THE CAL POLY CAT PROGRAM, UNRESTRICTED SUPPORT FOR THE MEN'S BASKETBALL PROGRAM, TO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA MID-STATE FAIR PO BOX 8 PASO ROBLES, CA 93447	95-6002953	501(C)(3)	200,000.	0.	N/A	N/A	ND PAYMENT TO REIMBURSE THE FAIR FOR THE JUNIOR LIVESTOCK AUCTION PURCHASES BY THE JWBYLF
CALIFORNIA RETIRED TEACHERS ASSOCIATION, DIVISION 23 - 1610 10TH STREET - LOS OSOS, CA 93402	94-6093649	501(C)(3)	25,000.	0.	N/A	N/A	TO SUPPORT THE SCHOLARSHIP ENDOWMENT FUND
CAMBRIA COMMUNITY HEALTHCARE DISTRICT - 2535 MAIN STREET - CAMBRIA, CA 93428	84-6800422	501(C)(3)	11,373.	0.	N/A	N/A	TO SUPPORT THE PURCHASE OF FIVE BPI-RTF-VEST-BLK-MEDIC-KIT RESCUE TASK FORCE VEST KITS, TO
CASA SOLANA, INC. 383 S. 13TH STREET GROVER BEACH, CA 93433	95-3751698	501(C)(3)	10,500.	0.	N/A	N/A	UNRESTRICTED, BACK TO WORK INITIATIVE
CASA/COURT APPOINTED SPECIAL ADVOCATES OF SLO COUNTY - PO BOX 1168 - SAN LUIS OBISPO, CA 93406	77-0316227	501(C)(3)	10,580.	0.	N/A	N/A	UNRESTRICTED
CATHOLIC CHARITIES: DIOCESE OF MONTEREY - 922 HILBY AVENUE, SUITE C - SEASIDE, CA 93955	77-0042961	501(C)(3)	25,000.	0.	N/A	N/A	SUPPORT FOR UNDOCUMENTED AND MIX STATUS FAMILIES.
CENTER FOR FAMILY STRENGTHENING (FORMERLY SLO-CAP) - 3480 SOUTH HIGUERA, SUITE 100 - SAN LUIS OBISPO, CA 93401	77-0206822	501(C)(3)	116,000.	0.	N/A	N/A	TO SUPPORT NORTH COUNTY NEIGHBORAID, HEALTH AND HUMAN SERVICES, 2021 BUILD GRANT OVER 500K, SUPPORT
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, FLOOR 22 NEW YORK, NY 10038	13-3669731	501(C)(3)	16,000.	0.	N/A	N/A	UNRESTRICTED
CENTRAL COAST AG NETWORK DBA CITY FARM SLO - PO BOX 3736 - SAN LUIS OBISPO, CA 93403	20-3447329	501(C)(3)	25,000.	0.	N/A	N/A	UNRESTRICTED, 2021 BUILD GRANT UNDER 500K, CITY FARM SCHOOL PROJECT YEAR 8

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL COAST LINK DBA THE LINK 4507 DEL RIO AVE BLDG. #1 ATASCADERO, CA 93422	91-2022036	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED
CENTRAL COAST SALMON ENHANCEMENT DBA CREEK LANDS - 229 STANLEY AVE. - ARROYO GRANDE, CA 93420	77-0079896	501(C)(3)	10,000.	0.	N/A	N/A	REACHING FURTHER AND FASTER TO CONSERVE NATURE AT HOME, CHORRO FLATS BOTANICAL INVENTORY
CENTRAL COAST STATE PARKS ASSOCIATION - 202 TANK FARM ROAD STE H2 - SAN LUIS OBISPO, CA 93401	51-0198869	501(C)(3)	7,500.	0.	N/A	N/A	TO SUPPORT THE WESTERN MONARCH TRAIL PROJECT, TO SUPPORT THE MIND WALK PROGRAM
CENTRAL COAST YOUTH CHORUS PO BOX 15757 SAN LUIS OBISPO, CA 93406	77-0384422	501(C)(3)	9,250.	0.	N/A	N/A	UNRESTRICTED, SCHOLARSHIP FUND, OPERATIONS RELOCATION & REVIVAL
CLARK CENTER ASSOCIATION DBA SOUTH COUNTY PERFORMING ARTS ASSOCIATION - 487 FAIR OAKS AVENUE - ARROYO GRANDE, CA 93420	77-0560115	501(C)(3)	35,592.	0.	N/A	N/A	UNRESTRICTED, ANNUAL FUND DISTRIBUTION FOR GENERAL SUPPORT, GENERAL SUPPORT OF YOUR ORGANIZATION
COLUMBIA FIRST UNITED METHODIST CHURCH - 222 WEST 7TH STREET - COLUMBIA, TN 38401		501(C)(3)	8,000.	0.	N/A	N/A	UNRESTRICTED
COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY - 1030 SOUTHWOOD DRIVE - SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	73,333.	0.	N/A	N/A	TO BENEFIT 40 PRADO HOMELESS SERVICES CENTER IN MEMORY OF DAVID BOOKER, CALM (CULTIVATING
COMMUNITY COUNSELING CENTER OF SAN LUIS OBISPO COUNT (CCC) - 676 PISMO STREET - SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	30,451.	0.	N/A	N/A	UNRESTRICTED
CONCORDIA THEOLOGICAL SEMINARY 6600 N. CLINTON ST FORT WAYNE, IN 46825	37-0673478	501(C)(3)	13,700.	0.	N/A	N/A	IN THANKS FOR FACILITATING THE GRANT TO THE LUTHERAN SCHOOL OF THEOLOGY IN GOTHENBERG, TO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURTNEY'S HOUSE 311 6TH STREET TEMPLETON, CA 93465	95-3676876	501(C)(3)	33,000.	0.	N/A	N/A	FIG AT COURTNEY'S HOUSE
CRESTON ACTIVITIES TOWN CENTER HELPING HAND - CATCH - PO BOX 14 - CRESTON, CA 93432	59-3839276	501(C)(3)	10,000.	0.	N/A	N/A	CRESTON COMMUNITY CENTER FRONT DOOR FOR ADA ACCESSIBILITY & WEATHERPROOFING
CUESTA COLLEGE FOUNDATION PO BOX 8106 SAN LUIS OBISPO, CA 93403	23-7225601	501(C)(3)	30,398.	0.	N/A	N/A	UNRESTRICTED, TO BENEFIT THE CUESTA CONCORD CHORUS, TO SUPPORT THE STUDENT EMERGENCIES
ECOLOGISTICS 633 RAMONA AVE, # 103 LOS OSOS, CA 93402	27-2116150	501(C)(3)	14,350.	0.	N/A	N/A	HEALTH AND HUMAN SERVICES, TO SUPPORT RACE MATTERS EDUCATION AND EVENTS
EL CAMINO HOMELESS ORGANIZATION PO BOX 2077 ATASCADERO, CA 93423	77-0545434	501(C)(3)	37,000.	0.	N/A	N/A	UNRESTRICTED, NIGHTTIME STAFFING FOR NEW PASO SHELTER, URBAN TREES PROGRAM BUILD-OUT, CLIENT
ENVIRONMENTAL CENTER OF SLO PO BOX 1014 SAN LUIS OBISPO, CA 93406	23-7213237	501(C)(3)	9,000.	0.	N/A	N/A	URBAN TREES PROGRAM BUILD-OUT
FAMILY CARE NETWORK, INC. 1255 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0159090	501(C)(3)	16,000.	0.	N/A	N/A	UNRESTRICTED, TO BENEFIT EDUCATION SUPPORT SERVICE
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO - PO BOX 591 - SAN LUIS OBISPO, CA 93406	95-1703095	501(C)(3)	55,000.	0.	N/A	N/A	UNRESTRICTED, TO BENEFIT THE WILSON HALL PROJECT, TO BENEFIT THE PRESBYTERIAN WOMEN'S
FIVE CITIES DIVERSITY COALITION DBA DIVERSITY COALITION SAN LUIS OBISPO COUNTY - PO BOX 376 - ARROYO GRANDE, CA 93421	82-2075135	501(C)(3)	12,000.	0.	N/A	N/A	TO SUPPORT THE COMMUNITY DIVERSITY EDUCATION AND TRAINING PROGRAM, STRATEGIC

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY - 1180 KENDALL ROAD - SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	107,834.	0.	N/A	N/A	SENIOR HOME DELIVERY, 2021 HEALTH & WELLNESS GRANT, GENERAL SUPPORT OF YOUR
FOUNDATION FOR THE PERFORMING ARTS CENTER - PO BOX 1137 - SAN LUIS OBISPO, CA 93406	77-0129605	501(C)(3)	45,000.	0.	N/A	N/A	UNRESTRICTED, TO SUPPORT THE LIVE RECORDING CAPABILITY PROJECT OF THE PAC, PERFORMING ARTS
FRENCH HOSPITAL MEDICAL CENTER FOUNDATION - 1911 JOHNSON AVENUE - SAN LUIS OBISPO, CA 93401	20-3256125	501(C)(3)	16,200.	0.	N/A	N/A	UNRESTRICTED
FRIENDS OF 40PRADO PO BOX 12444 SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	41,500.	0.	N/A	N/A	TO SUPPORT AN ANONYMOUS GRANT IN HONOR OF MARY MATAKOVICH AND TO BE UTILIZED AT HER
FRIENDS OF CAMP NATOMA, INC. PO BOX 3012 SAN LUIS OBISPO, CA 93403	45-5529053	501(C)(3)	25,000.	0.	N/A	N/A	2021 BUILD GRANT OVER 500K, CAMP NATOMA
FRIENDS OF THE SAN LUIS OBISPO BOTANICAL GARDENS - 3450 DAIRY CREEK ROAD - SAN LUIS OBISPO, CA 93405	77-0248682	501(C)(3)	23,265.	0.	N/A	N/A	UNRESTRICTED, GENERAL SUPPORT OF YOUR ORGANIZATION
FRONT PORCH, SLO 1468 E FOOTHILL BLVD SAN LUIS OBISPO, CA 93405	23-6393377	501(C)(3)	6,000.	0.	N/A	N/A	UNRESTRICTED
GLOBAL GLIMPSE 490 LAKE PARK AVE #16039 OAKLAND, CA 94610	26-0651273	501(C)(3)	7,000.	0.	N/A	N/A	UNRESTRICTED
GRIZZLY YOUTH ACADEMY FOUNDATION 721 MENDOCINO AVE SAN LUIS OBISPO, CA 93405	36-4865950	501(C)(3)	20,000.	0.	N/A	N/A	EDUCATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROVER BEACH COMMUNITY LIBRARY 240 N. 9TH STREET GROVER BEACH, CA 93433	43-2024995	501(C)(3)	7,784.	0.	N/A	N/A	GENERAL SUPPORT OF YOUR ORGANIZATION
HOSPICE OF SAN LUIS OBISPO COUNTY 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	95-3195126	501(C)(3)	36,500.	0.	N/A	N/A	2021 BUILD GRANT OVER 500K, HEALTH AND HUMAN SERVICES, LIGHT UP A LIFE EVENT, IN MEMORY OF
IGNITE NATIONAL 510 16TH STREET OAKLAND, CA 94612	38-3819049	501(C)(3)	15,000.	0.	N/A	N/A	UNRESTRICTED
IMMIGRANT HOPE - SANTA BARBARA 935 SAN ANDRES STREET SANTA BARBARA, CA 93101	46-3416009	501(C)(3)	8,880.	0.	N/A	N/A	2021 BUILD GRANT UNDER 500K
INDEPENDENT LIVING RESOURCE CENTER 423 W. VICTORIA STREET SANTA BARBARA, CA 93101	95-3255012	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED
JACK'S HELPING HAND PO BOX 14718 SAN LUIS OBISPO, CA 93406	20-4731313	501(C)(3)	50,600.	0.	N/A	N/A	ASSISTANCE PROGRAM FOR SINGLE MOTHERS WITH CHILDREN WITH SPECIAL NEEDS, UNRESTRICTED, 2021
KCBX RADIO/ CENTRAL COAST PUBLIC RADIO - 4100 VACHELL LANE - SAN LUIS OBISPO, CA 93401-8147	23-7292203	501(C)(3)	10,500.	0.	N/A	N/A	ENVIRONMENTAL EDUCATION REPORTING, BUILD BRIDGES PROGRAM, UNRESTRICTED, 2021 BUILD GRANT OVER 500K
KCBX, INC. 4100 VACHELL LANE LOS OSOS, CA 93402	23-7292203	501(C)(3)	10,000.	0.	N/A	N/A	2021 BUILD GRANT OVER 500K
MEALS THAT CONNECT, FORMERLY THE SENIOR NUTRITION PROGRAM OF SLO COUNTY - 2180 JOHNSON AVENUE - SAN LUIS OBISPO, CA 93401	77-0279528	501(C)(3)	8,106.	0.	N/A	N/A	UNRESTRICTED GIFT MADE IN MEMORY OF WENDY MOSTS'S SISTER, SIOUX VAN VLERAH, MEALS THAT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORRO COAST AUDUBON SOCIETY P.O. BOX 1507 MORRO BAY, CA 93443	23-7165021	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT OF YOUR ORGANIZATION
MOZART FESTIVAL ASSOCIATION DBA FESTIVAL MOZAIC - PO BOX 311 - SAN LUIS OBISPO, CA 93406	23-7172087	501(C)(3)	13,000.	0.	N/A	N/A	UNRESTRICTED
MT. CARMEL LUTHERAN CHURCH 1701 FREDRICKS STREET SAN LUIS OBISPO, CA 93405	23-7224019	501(C)(3)	8,000.	0.	N/A	N/A	TO BENEFIT THE IGLESIA LUTERAN SANTA CRUZ PROGRAM, UNRESTRICTED, A REGULAR OFFERING
PACIFIC WILDLIFE CARE PO BOX 1134 MORRO BAY, CA 93443	77-0196350	501(C)(3)	13,069.	0.	N/A	N/A	UNRESTRICTED, EDUCATION AND OUTREACH
PASO ROBLES YOUTH ARTS FOUNDATION PO BOX 4699 PASO ROBLES, CA 93447	77-0488880	501(C)(3)	24,900.	0.	N/A	N/A	2021 BUILD GRANT UNDER 500K, FREE MUSIC, ART, THEATER AND CREATIVE ENRICHMENT SUPPORT FOR
PEOPLES' SELF-HELP HOUSING 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	57,000.	0.	N/A	N/A	UNRESTRICTED, 2021 HEALTH & WELLNESS GRANT, CELEBRE COLLEGE PREP AND RETENTION FOR FIRST
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	40,000.	0.	N/A	N/A	UNRESTRICTED, TO SUPPORT THE NEW CLINIC IN OXNARD, TO SUPPORT PROGRAMS IN SAN LUIS
PREGNANCY AND PARENTING SUPPORT OF SAN LUIS OBISPO COUNTY - 3480 SOUTH HIGUERA #100 - SAN LUIS OBISPO, CA 93401	95-3570504	501(C)(3)	10,000.	0.	N/A	N/A	TRANSITION TO PARENTHOOD, UNRESTRICTED
RESTORATIVE PARTNERS 3196 S. HIGUERA STREET, SUITE D SAN LUIS OBISPO, CA 93401	47-4825349	501(C)(3)	12,092.	0.	N/A	N/A	UNRESTRICTED, RP OPPORTUNITY FUND, REIMBURSEMENT FOR THE PURCHASE OF A BIKE HELMET

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RISE DO NOT USE THIS PROFILE FOR GRANTS MERGER IS COMPLETE, CA 93447	95-3415650	501(C)(3)	51,500.	0.	N/A	N/A	CAMP HOPE AMERICA, 2021 HEALTH & WELLNESS GRANT, TRANSITIONAL ASSISTANCE FOR SURVIVORS
SAN LUIS COASTAL EDUCATION FOUNDATION - 1500 LIZZIE ST - SAN LUIS OBISPO, CA 93401	82-4196024	501(C)(3)	25,000.	0.	N/A	N/A	TO UNRESTRICTED
SAN LUIS OBISPO CHAMBER OF COMMERCE - 895 MONTEREY ST. - SAN LUIS OBISPO, CA 93401	95-1505534	501(C)(6)	6,000.	0.	N/A	N/A	TO BENEFIT THE SMALL BUSINESS RELIEF FUND
SAN LUIS OBISPO CHILD DEVELOPMENT CENTER DBA CHILD DEVELOPMENT RESOURCE CENTER - 1720 BISHOP STREET - SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	31,000.	0.	N/A	N/A	FAMILY ADVOCATE COLLABORATIVE, THERAPEUTIC EARLY CHILDHOOD EDUCATION, UNRESTRICTED
SAN LUIS OBISPO CHILDREN'S MUSEUM 1010 NIPOMO ST SAN LUIS OBISPO, CA 93401	77-0261830	501(C)(3)	18,810.	0.	N/A	N/A	2021 BUILD GRANT UNDER 500K, UNRESTRICTED, BUSY BOX OUTDOOR ADVENTURES
SAN LUIS OBISPO COUNTY YMCA 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2147727	501(C)(3)	28,500.	0.	N/A	N/A	CHILDCARE ASSISTANCE IN RESPONSE TO EMERGENCY (CARE), UNRESTRICTED, YOUTH SPORTS CLINICS, 2021 BUILD
SAN LUIS OBISPO HIGH SCHOOL 1499 SAN LUIS DRIVE SAN LUIS OBISPO, CA 93401			6,000.	0.	N/A	N/A	TO SUPPORT THE COMMUNITY SERVICE AWARD, SAN LUIS OBISPO HIGH SCHOOL ATHLETICS
SAN LUIS OBISPO LEGAL ASSISTANCE FOUNDATION - 3232 S. HIGUERA ST., SUITE 101D - SAN LUIS OBISPO, CA 93401	77-0335048	501(C)(3)	18,000.	0.	N/A	N/A	SENIOR LEGAL SERVICES PROJECT, UNRESTRICTED
SAN LUIS OBISPO MUSEUM OF ART PO BOX 813 SAN LUIS OBISPO, CA 93406	95-6134270	501(C)(3)	29,210.	0.	N/A	N/A	FOR OPERATING SUPPORT, ARTS, TECHNOLOGY UPGRADES, UNRESTRICTED

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN LUIS OBISPO REPERTORY THEATRE PO BOX 122 SAN LUIS OBISPO, CA 93406	95-2556678	501(C)(3)	17,750.	0.	N/A	N/A	UNRESTRICTED, SLO REP TICKETING & DONOR MANAGEMENT SYSTEM UPGRADE, 2021 BUILD GRANT
SAN LUIS OBISPO SYMPHONY 75 HIGUERA ST., SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	100,651.	0.	N/A	N/A	UNRESTRICTED, AGENCY DISBURSEMENT, 2021 YOUTH SYMPHONY 2021 RETURN TO THE STAGE FESTIVAL, FOR
SANTA MARIA VALLEY SENIOR CITIZEN'S CLUB - 729 E MCELHANY AVE - SANTA MARIA, CA 93454	77-0111371	501(C)(3)	10,000.	0.	N/A	N/A	2021 FALL GRANT CYCLE
SECOND CHANCE AT LOVE HUMANE SOCIETY - PO BOX 396 - TEMPLETON, CA 93465	91-1816211	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT THE GENERAL CARE OF CANINES.
SLO CLASSICAL ACADEMY 165 GRAND AVENUE SAN LUIS OBISPO, CA 93405	20-3131883	501(C)(3)	80,000.	0.	N/A	N/A	TO SUPPORT THE PURCHASE OF TWO 24-PERSON VANS FOR TRANSPORTING STUDENTS TO OFF-CAMPUS ACTIVITIES
SLO COUNTY OFFICE OF EDUCATION 3350 EDUCATION DRIVE SAN LUIS OBISPO, CA 93405			40,000.	0.	N/A	N/A	2021 RAISING A READER
SLO NOOR FOUNDATION 1428 PHILLIPS LANE, SUITE 203 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	37,500.	0.	N/A	N/A	UNRESTRICTED, TO SUPPORT VISION CAR SERVICES, TO BENEFIT VINEYARD AND FARM WORKER FAMILIES
SLO WIND ORCHESTRA, INC. PO BOX 471 ARROYO GRANDE, CA 93421	77-0532887	501(C)(3)	15,000.	0.	N/A	N/A	FALL 2021 GRANT CYCLE, SLO WINDS ANIMATED CHILDREN'S CONCERT
SLOW MONEY SAN LUIS OBISPO 1288 11TH STREET LOS OSOS, CA 93402	82-2069002	501(C)(3)	11,250.	0.	N/A	N/A	TO BENEFIT THE CATCH TOGETHER PROGRAM, FARM TO SCHOOL COORDINATION

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SOUTH COUNTY YOUTH COALITION PO BOX 371 ARROYO GRANDE, CA 93421	77-0495870	501(C)(3)	20,000.	0.	N/A	N/A	UNRESTRICTED
SOUTH SAN LUIS OBISPO COUNTY WOMENADE - 1793 FARROLL RD. - GROVER BEACH, CA 93433	27-0809744	501(C)(3)	10,400.	0.	N/A	N/A	WOMEN'S LEGACY FUND EMERGENCY RELIEF GRANT, UNRESTRICTED
ST. JEROME'S EPISCOPAL CHURCH PO BOX 1072 CHAMA, NM 87520	85-0152901	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED
ST. LUKE UNITED METHODIST CHURCH 606 SANTA FE PIKE COLUMBIA, TN 38402	62-0964715	501(C)(3)	8,000.	0.	N/A	N/A	FOR GENERAL BUDGET PURPOSES ONLY
STAND STRONG PO BOX 125 SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	153,000.	0.	N/A	N/A	UNRESTRICTED, TO SUPPORT THE ORGANIZATIONAL MERGE WITH "RISE"
STANFORD UNIVERSITY - MEDICAL CENTER DEVELOPMENT - 485 BROADWAY, 4TH FLOOR - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	150,000.	0.	N/A	N/A	TO BENEFIT THE DEPT OF NEUROLOGY'S AUTONOMIC RESEARCH PROGRAM AND THE RESEARCH DONE BY DR.
STORM TRYSAIL FOUNDATION 1 WOODBINE AVENUE LARCHMONT, NY 10538	26-2672182	501(C)(3)	30,000.	0.	N/A	N/A	TO SUPPORT OPPORTUNITIES FOR YOUNG MEN AND WOMEN TO ENGAGE IN OFFSHORE SAILING/RACING VIA THE
THE LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY - PO BOX 12206 - SAN LUIS OBISPO, CA 93406	77-0039294	501(C)(3)	57,500.	0.	N/A	N/A	TO SUPPORT THE LEARNING AMONG THE OAKS PROGRAM, UNRESTRICTED, GENER AL SUPPORT OF YOUR
TOLOSA CHILDREN'S DENTAL CLINIC 717 WALNUT DRIVE PASO ROBLES, CA 93446	77-0346861	501(C)(3)	40,000.	0.	N/A	N/A	2021 HEALTH & WELLNESS GRANT, UNRESTRICTED

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONAL FOOD AND SHELTER, INC. - 7343 EL CAMINO REAL #346 - ATASCADERO, CA 93422	77-0489535	501(C)(3)	9,750.	0.	N/A	N/A	UNRESTRICTED, TRANSITIONAL FOOD AND SHELTER - ORGANIZATIONAL CAPACITY AND INFRASTRUCTURE
TRANSITIONS-MENTAL HEALTH ASSOCIATION - PO BOX 15408 - SAN LUIS OBISPO, CA 93406	95-3509040	501(C)(3)	19,500.	0.	N/A	N/A	UNRESTRICTED, YOUTH TREATMENT PROGRAM - EQUINE THERAPY, 2021 HEALTH & WELLNESS GRANT
UNITED WAY OF SAN LUIS OBISPO COUNTY - PO BOX 14309 - SAN LUIS OBISPO, CA 93406	95-3459538	501(C)(3)	6,200.	0.	N/A	N/A	TO SUPPORT THE IMAGINATION LIBRARY, UNRESTRICTED
WILSHIRE HEALTH & COMMUNITY SERVICES, INC. - 285 SOUTH STREET, STE J - SAN LUIS OBISPO, CA 93401	95-2374185	501(C)(3)	7,794.	0.	N/A	N/A	GENERAL SUPPORT OF YOUR ORGANIZATION, THE SENIOR PEER COUNSELING PROGRAM
WOODS HUMANE SOCIETY 875 OKLAHOMA AVE SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	37,548.	0.	N/A	N/A	UNRESTRICTED, TO SUPPORT THE 2021 MATCHING CAMPAIGN TO SUPPORT THE GENERAL CARE OF
ONE COOL EARTH PO BOX 150 SAN LUIS OBISPO, CA 93406	34-1939404	501(C)(3)	13,800.	0.	N/A	N/A	EARTH GENIUS, 2021 BUILD GRANT UNDER 500K
OPERATION SURF PO BOX 1581 SAN LUIS OBISPO, CA 93406	26-3661313	501(C)(3)	10,000.	0.	N/A	N/A	UNRESTRICTED

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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
AIELLO, CHLOE B. 2021 DAVID B. GIANAS MEMORIAL SCHOLARSHIP FUND	1	3,000.	0.	N/A	N/A
ALVAREZ HERNANDEZ, DANA P. 2021 JOHN AND BARBARA WOLCOTT MEMORIAL SCHOLARSHIP	1	1,500.	0.	N/A	N/A
ARCE FONSECA, MARIA 2021 DON FLOYD MEMORIAL SCHOLARSHIP	1	1,500.	0.	N/A	N/A
ART CONTEST PROJECT	2	1,377.	0.	N/A	N/A
ATHIE, ALAN, SID #900280278, ACADEMIC SCHOLARSHIP	1	500.	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:**

ORGANIZATIONAL GRANTEES ARE EITHER REQUIRED TO SIGN A CONTRACT ASSOCIATED WITH THEIR PROPOSAL, OR AGREE THROUGH CASHING OF A GRANT CHECK THAT THEY WILL USE THE FUNDS AS DESCRIBED IN THEIR AWARD LETTER. WHEN SIGNING A CONTRACT, THE GRANTEE AGREES TO SUBMIT BOTH A NARRATIVE AND A FINANCIAL REPORT DOCUMENTING HOW GRANT FUNDS WERE SPENT.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: 5CITIES HOMELESS COALITION

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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 noncash assistance
BAIS, TIARA. 2019 THE GARRIS FAMILY SCHOLARSHIP	1.	4,000.	0.	N/A	N/A
BEAUCHEMIN, PATIENCE R. 2021 JOHN AND BARBARA WOLCOTT MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
BLAZQUEZ, MYRIAM 2020 HELEN & RONALD DUNIN LEGACY SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
BLOOM, AARON R. 2020 BRIAN WATERBURY MEMORIAL SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
BOYD, ZOE A. 2021 STEPHEN DONNELLAN MOSS MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
BRUSSEL, QUINN 2021 BRIAN WATERBURY MEMORIAL SCHOLARSHIP FUND	1.	3,000.	0.	N/A	N/A
BURTON, LUCAS J. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
CALDERON, JAYZA M. 2021 YINGHSIA SHIH LI MEMORIAL SCHOLARSHIP FUND	1.	2,500.	0.	N/A	N/A
CAROLL, ETHAN W. 2018 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	3,000.	0.	N/A	N/A

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CASH, ARYANA 2021 GRIZZLY YOUTH ACADEMY FUND SCHOLARSHIP	1.	500.	0.	N/A	N/A
CLAYTON, GABRIELLA R., 2020 RICHARD J. WEYHRICH LEADERSHIP AWARD	1.	3,000.	0.	N/A	N/A
CONTRERAS-MANRIQUEZ, ARIANA, SID #00692206, ACADEMIC SCHOLARSHIP	1.	500.	0.	N/A	N/A
DEURLOO, COURTNEY 2021 DOROTHY ROSS MEMORIAL FUND	1.	1,000.	0.	N/A	N/A
DOCUMENTARY PROJECT	1.	744.	0.	N/A	N/A
DREW, ALYSSA K. 2021 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
DUENOW, MAX 2021 JUSTIN MCCUTCHEON MEMORIAL SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
ELLISON, KAIYA L. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
ENGSTROM, COLE J. 2021 DAVID B. GIANAS MEMORIAL SCHOLARSHIP FUND	1.	500.	0.	N/A	N/A

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ESPINOZA, NICK 2021 GRIZZLY YOUTH ACADEMY SCHOLARSHIP	1.	500.	0.	N/A	N/A
ESTRADA, JOSHUA 2021 YEAGER SCIENCE SCHOLARSHIP FUND	1.	3,000.	0.	N/A	N/A
FERNFLORES, OLIVIA T. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
FERRIGNO, SOPHIA 2021 KIWANIS CLUB SAN LUIS OBISPO SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
FERRIGNO, SOPHIA M. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
FREED-DOERR, LIA E. 2018 KELLY A. MCADAMS SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
FRYER, MADELEINE P., 2020 ALAN D. STEPHENSON SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
GALASSI, ANDREW S., 2017 ALAN D. STEPHENSON SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
GARCIA ALVAREZ, NADIA 2021 ANGLEA GUARINI HOLLANDER SCHOLARSHIP	1.	3,575.	0.	N/A	N/A

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GARDNER, SAIGE 2020 MARION C. AND MARK W. WILSON NURSING SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
GATES, EMILY F., YEAGER SCIENCE SCHOLARSHIP FUND	1.	7,000.	0.	N/A	N/A
GHARAVI, AIDIN 2020 GARRIS FAMILY SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
GOMEZ, ANGEL 2021 ALAN D. STEPHENSON SCHOLARSHIP FUND	1.	2,500.	0.	N/A	N/A
GOMEZ, ANGEL Y 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
GOMEZ, DANIELA 2019 HELEN & RONALD DUNIN "LEGACY" SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
GONZALEZ, JESSICA, SID#: 00585341, ACADEMIC SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
GRACILIANO, ERIKA 2021 YINGHSIA SHIH LI MEMORIAL SCHOLARSHIP FUND	1.	2,500.	0.	N/A	N/A
GUERRERO, BAUTISTA M. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A

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GUTIERREZ, ANGELICA 2021 DOROTHY GOOD TRUST FOR AVID	1.	2,000.	0.	N/A	N/A
HANAUER, ELIJAH M. 2021 BERNHARD H. SINGSEN SCHOLARSHIP FUND	1.	4,000.	0.	N/A	N/A
HARPSTER, DONIELLE 2021 YOUTH LEGACY SCHOLARSHIP FUND	1.	5,000.	0.	N/A	N/A
HARTMAN, JEREMIAH 2021 ALAN D. STEPHENSON SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
HERRERA, VICTORIA 2021 (FALL) DON FLOYD MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
HUGHES, AUDREY 2020 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
HURL, KATELYN 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
HURTADO, NATALIE B 2021 MAUREEN "MO" CLANCY MEMORIAL SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
JAIMES, CINDY 2021 HELEN & RONALD DUNIN LEGACY SCHOLARSHIP	1.	2,000.	0.	N/A	N/A

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
JONES, DARIUS 2021 GARY PAUL PIANTANIDA SCHOLARSHIP FUND	1.	3,000.	0.	N/A	N/A
JONES, DARIUS E 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
JUAREZ CRUZ, MARIANA 2021 VINEYARD AND FARM WORKER'S SCHOLARSHIP FUND	1.	2,500.	0.	N/A	N/A
KENNEDY, RILEY P. 2018 KELLY A. MCADAMS SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
KRULL, ELLIE 2021 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
KRUPA, JACQUELINE 2021 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
LALANNE, GRACE 2021 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
LINSTROM, ZOE H., 2019 GARY GROSSMAN SCHOLARSHIP	1.	5,000.	0.	N/A	N/A
LIVENGOOD, CLAIRE A., 2019 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	3,000.	0.	N/A	N/A

Schedule I (Form 990)



THE COMMUNITY FOUNDATION SAN LUIS OBISPO  
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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
LOS OSOS GREENBELT PROJECT	2.	910.	0.	N/A	N/A
LUNA-VASQUEZ, CAYDEN, SID#H20129537, ACADEMIC SCHOLARSHIP	1.	500.	0.	N/A	N/A
LYNCH, SAMANTHA 2020 YINGHSIA SHIH LI MEMORIAL SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
MAGNUSON TAMAYO, CATALINA I 2021 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
MCMULLEN, MIA L. 2021 GARY GROSSMAN SCHOLARSHIP FUND	1.	3,000.	0.	N/A	N/A
MENDOZA, JESUS E. 2021 JOHN AND BARBARA WOLCOTT MEMORIAL SCHOLARSHIP	1.	1,500.	0.	N/A	N/A
MONDRAGON LOPEZ, PAULINA 2020 SANDRA FERRIS SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
MORENO VILLANUEVA, LEOBARD 2021 SCHOLARSHIP AND MENTOR SAM FUND SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
MORENO VILLANUEVA, LEOBARDO 2020 SCHOLARSHIP AND MENTOR SCHOLARSHIP	1.	1,000.	0.	N/A	N/A

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
NAVA RODRIQUEZ, XIMENA J 2021 SCHOLARSHIP AND MENTOR SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
NEVAREZ, JASMINE, ACADEMIC SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
OLDENBURG, ISABELLA B., 2019 KELLY A. MCADAMS SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
OSGOOD, ISABELLA 2021 BURT W. POLIN AND VIRGINIA POLIN "ELKS" SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
OSGOOD, ISABELLA 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
PENA RAMIREZ, JASMINE 2021 KELLY A. MCADAMS SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
PENA RAMIREZ, JASMINE 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
PRITCHETT, CONSTANTINA 2021 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
PRUITT, BROOKSLEY L. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
QUARESMA, ISABELLE 2020 YINGHSIA SHIH LI MEMORIAL SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
RAMOS, YENSSI 2020 HELEN & RONALD DUNIN LEGACY SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
RAVATT, GARRETT S. 2021 DAVID B. GIANAS MEMORIAL SCHOLARSHIP FUND	1.	1,500.	0.	N/A	N/A
REILLY, MEGHAN E. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
RIOS, JAIDON, SID#: H20129548, ACADEMIC SCHOLARSHIP	1.	500.	0.	N/A	N/A
ROBINETT, KENNEDY M., YEAGER SCIENCE SCHOLARSHIP FUND	1.	7,000.	0.	N/A	N/A
ROCHA, FAITH 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
ROCHA, JACOB 2021 ALFRED I., CATHARINE J., AND ELEANOR G. SWITZER	1.	2,500.	0.	N/A	N/A
RODRIGUEZ, JAIME A., 2019 HELEN & RONALD DUNIN "LEGACY" SCHOLARSHIP	1.	3,000.	0.	N/A	N/A

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
RODRIQUEZ, YASMIN 2020 VINEYARD AND FARM WORKER'S SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
ROMAN, KRISTAL 2021 SAN LUIS OBISPO COUNTY BAR ASSOCIATION SCHOLARSHIP	1.	2,000.	0.	N/A	N/A
RUIZ, SAVANAH 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
SAPOVADIA, DEVANSH 2020 KELLY A MCADAMS SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
SCHULTE, MARIE 2020 GARY GROSSMAN SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
SCHWELLENBACH, JAMES O., 2018 YEAGER SCIENCE SCHOLARSHIP	1.	8,000.	0.	N/A	N/A
SILVA, ALEXA L. 2021 JENNIFER THOMA MEMORIAL BALLET SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
SLINGERLAND, ALEC, SID#: 900869627, ACADEMIC SCHOLARSHIP	1.	500.	0.	N/A	N/A
TAMANG, DEEPA 2021 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1.	1,000.	0.	N/A	N/A

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
TARICA, JOSHUA E. 2021 RICHARD J. WEYHRICH LEADERSHIP FUND	1.	4,000.	0.	N/A	N/A
VARGAS, BRENDA, SID#: H20114474, ACADEMIC SCHOLARSHIP	1.	500.	0.	N/A	N/A
VAVRA, FAYE 2020 ALFRED I., CATHERINE J., AND ELEANOR G. SWITZER SCHOLARSHIP	1.	2,500.	0.	N/A	N/A
VEGA, TERESA, SID #6989645, ACADEMIC SCHOLARSHIP	1.	1,000.	0.	N/A	N/A
VENEGAS JERONIMO, JUANA 2021 GRIZZLY YOUTH ACADEMY SCHOLARSHIP	2.	1,000.	0.	N/A	N/A
WILDLIFE CORRIDOR PARTNERS WEBSITE AND VIDEO INVOICE	1.	9,115.	0.	N/A	N/A
ZENKER, SHEA 2020 GARY PAUL PIANTANIDA SCHOLARSHIP	1.	3,000.	0.	N/A	N/A
ZEPEDA MONTERO, JOSHUA 2021 DOROTHY GOOD ENDOWED FUND FOR AVID	1.	1,000.	0.	N/A	N/A
ZUNIGA, MARGUERITE M. 2021 JOHN W. AND YVONNE Y. HSU EDMISTEN SCHOLARSHIP	1.	2,500.	0.	N/A	N/A

Schedule I (Form 990)

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR UNDOCUMENTED AND MIX  
STATUS FAMILIES., IMMEDIATE NEEDS FINANCIAL ASSISTANCE, TO BENEFIT PROGRAMS  
TARGETING YOUTH, HOMELESS PREVENTION: RENTAL RELIEF AND HOUSING  
STABILITY, HEALTH AND HUMAN SERVICES, 2021 HEALTH & WELLNESS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: AFFORDABLE HOUSING PASO ROBLES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR UNDOCUMENTED AND MIX  
STATUS FAMILIES., HEALTH AND HUMAN SERVICES, COVID HARDSHIP SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

ALLIANCE FOR PHARMACEUTICAL ACCESS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT ADVOCACY FOR FREE OR LOW  
COST LIFE SAVING MEDICATIONS FOR SAN LUIS OBISPO COUNTY, UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB MID CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NORTH COUNTY  
OPERATIONS, TO SUPPORT SAN LUIS OBISPO COUNTY PROGRAMS, TO SUPPORT THE  
CONSTRUCTION OF THE TOM MAAS CLUBHOUSE AT THE PASO ROBLES LOCATION

NAME OF ORGANIZATION OR GOVERNMENT:

CAL POLY UNIVERSITY DEVELOPMENT AND ALMUNI ENGAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAL POLY CAT  
PROGRAM, UNRESTRICTED SUPPORT FOR THE MEN'S BASKETBALL PROGRAM, TO SUPPORT  
THE CAL POLY CAT PROGRAM, TO BENEFIT THE CAL POLY YOUTH ARTS PROGRAM.  
PLEASE PLACE TO ATTN OF MOLLY CLARK ON ENVELOPE., TO SUPPORT THE CAL POLY  
MUSIC DEPARTMENT'S BACH WEEK PROGRAM, TO BENEFIT THE ENDOWMENT IN MEMORY  
OF JOHN RUSSELL, A FORMER MEMBER OF THE CAL POLY MUSIC DEPARTMENT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA MID-STATE FAIR

(H) PURPOSE OF GRANT OR ASSISTANCE: ND PAYMENT TO REIMBURSE THE FAIR FOR THE JUNIOR LIVESTOCK AUCTION PURCHASES BY THE JWBYLF BUYERS CO, TO REIMBURSE THE FAIR FOR THE JUNIOR LIVESTOCK AUCTION PURCHASES BY THE JWBYLF BUYERS COALITION

NAME OF ORGANIZATION OR GOVERNMENT: CAMBRIA COMMUNITY HEALTHCARE DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF FIVE BPI-RTF-VEST- BLK-MEDIC-KIT RESCUE TASK FORCE VEST KITS, TO REIMBURSE FOR THE PURCHASE OF 2 GETACH TABLET COMPUTERS, FOR REIMBURSEMENT FOR PURCHASE OF PORTABLE RECHARGEABLE BATTERIES

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR FAMILY STRENGTHENING (FORMERLY SLO-CAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NORTH COUNTY NEIGHBORAID, HEALTH AND HUMAN SERVICES, 2021 BUILD GRANT OVER 500K, SUPPORT FOR UNDOCUMENTED AND MIX STATUS FAMILIES., TO SUPPORT THE PROMOTORES PROGRAM, TO BENEFIT VINEYARD AND FARM WORKER FAMILIES THROUGH THE UNDOCUSUPPORT PROGRAM, TO SUPPORT MARTHA'S PLACE CHILD ASSESSMENT CENTER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL COAST SALMON ENHANCEMENT DBA CREEK LANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: REACHING FURTHER AND FASTER TO CONSERVE NATURE AT HOME, CHORRO FLATS BOTANICAL INVENTORY RESTORATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BENEFIT 40 PRADO HOMELESS SERVICES CENTER IN MEMORY OF DAVID BOOKER, CALM (CULTIVATING AWARENESS, LIVING MINDFULLY), UNRESTRICTED, TO SUPPORT 40 PRADO HOMELESS SERVICES CENTER, TO PRIMARILY SUPPORT 40 PRADO HOMELESS SHELTER CENTER WITH \$100 TO BENEFIT THE HEALTH SERVICES DIVISION, TO SUPPORT THE MAT CENTER CAMPAIGN, CHILD YOUTH AND FAMILY SERVICES DIVISION, 2021 HEALTH & WELLNESS GRANT, TO SUPPORT HOMELESS SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CONCORDIA THEOLOGICAL SEMINARY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THANKS FOR FACILITATING THE GRANT TO THE LUTHERAN SCHOOL OF THEOLOGY IN GOTHENBERG, TO BENEFIT THE HANS LYCKE STIPENDIUM AT LUTHERAN SCHOOL OF THEOLOGY AT GOTHENBURG FOR SUPPORT OF THEOLOGICAL EDUCATION OF STUDENT MINISTERS AND PASTORS VIA THE BO GIERTZ FUND

NAME OF ORGANIZATION OR GOVERNMENT: CUESTA COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, TO BENEFIT THE CUESTA CONCORD CHORUS, TO SUPPORT THE STUDENT EMERGENCIES PROGRAM, TO BENEFIT THE CUESTA CONCORD CHORUS, \$5,000 TO BENEFIT THE HELEN F. NOVY ARTS AWARD PROGRAM AND \$5,000 TO BENEFIT THE JOHN LEWIS SCHOLARSHIP PROGRAM, SUPPORT OF THE NURSING PROGRAM SCHOLARSHIPS, TO BENEFIT CUESTA CHOIRS, MADE IN MEMORY OF JAY DAVIDSON TO SUPPORT THE CUESTA ASSISTANCE FOR STUDENT EMERGENCIES FUND

NAME OF ORGANIZATION OR GOVERNMENT: ECOLOGISTICS

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH AND HUMAN SERVICES, TO SUPPORT RACE MATTERS EDUCATION AND EVENTS PROGRAMMING, SUPPORT FOR UNDOCUMENTED



**Part IV** Supplemental Information

AND MIX STATUS FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: EL CAMINO HOMELESS ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, NIGHTTIME STAFFING FOR  
NEW PASO SHELTER, URBAN TREES PROGRAM BUILD-OUT, CLIENT ASSISTANCE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, TO BENEFIT THE WILSON  
HALL PROJECT, TO BENEFIT THE PRESBYTERIAN WOMEN'S GROUP, TO BENEFIT THE  
HART GYM PROJECT, TO BENEFIT THE DEACON'S FUND

NAME OF ORGANIZATION OR GOVERNMENT:

FIVE CITIES DIVERSITY COALITION DBA DIVERSITY COALITION SAN LUIS OBISPO COUN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COMMUNITY DIVERSITY  
EDUCATION AND TRAINING PROGRAM, STRATEGIC PLANNING VIRTUAL RETREAT, TO  
SUPPORT THE COMMUNITY DIVERSITY EDUCATION AND TRAINING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SENIOR HOME DELIVERY, 2021 HEALTH &  
WELLNESS GRANT, GENERAL SUPPORT OF YOUR  
ORGANIZATION, UNRESTRICTED, CHILDREN'S BREAKFAST BAGS, 2021 BUILD GRANT OVER  
500K

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR THE PERFORMING ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, TO SUPPORT THE LIVE

**Part IV** Supplemental Information

RECORDING CAPABILITY PROJECT OF THE PAC, PERFORMING ARTS CENTER SCHOOL  
MATINEE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF 40PRADO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN ANONYMOUS GRANT IN  
HONOR OF MARY MATAKOVICH AND TO BE UTILIZED AT HER DIRECTION, UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 BUILD GRANT OVER 500K, HEALTH  
AND HUMAN SERVICES, LIGHT UP A LIFE EVENT, IN MEMORY OF ROBERT H.

JANSSEN, CAREGIVER SUPPORT GRANT, UNRESTRICTED, COMMUNITY GRIEF SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: JACK'S HELPING HAND

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE PROGRAM FOR SINGLE  
MOTHERS WITH CHILDREN WITH SPECIAL NEEDS, UNRESTRICTED, 2021 HEALTH &  
WELLNESS GRANT, JACK'S ASSISTANCE PROGRAM FOR FAMILIES WITH CHILDREN WITH  
DISABILITIES, LITTLE RIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

MEALS THAT CONNECT, FORMERLY THE SENIOR NUTRITION PROGRAM OF SLO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED GIFT MADE IN MEMORY OF  
WENDY MOSTS'S SISTER, SIOUX VAN VLERAH, MEALS THAT CONNECT/SENIOR  
NUTRITION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PASO ROBLES YOUTH ARTS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 BUILD GRANT UNDER 500K, FREE  
MUSIC, ART, THEATER AND CREATIVE ENRICHMENT SUPPORT FOR AREA YOUTH 5-18  
YEARS OLD, FREE DANCE CLASSES FOR SAN LUIS OBISPO COUNTY STUDENTS 5-18

**Part IV** Supplemental Information

YEARS OLD

NAME OF ORGANIZATION OR GOVERNMENT: PEOPLES' SELF-HELP HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, 2021 HEALTH & WELLNESS  
GRANT, CELEBRE COLLEGE PREP AND RETENTION FOR FIRST GENERATION LATINA  
COLLEGE STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, TO SUPPORT THE NEW  
CLINIC IN OXNARD, TO SUPPORT PROGRAMS IN SAN LUIS OBISPO COUNTY, HEALTH AND  
HUMAN SERVICES, GENDER AFFIRMING CARE

NAME OF ORGANIZATION OR GOVERNMENT: RESTORATIVE PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, RP OPPORTUNITY FUND,  
REIMBURSEMENT FOR THE PURCHASE OF A BIKE HELMET AND LOCK

NAME OF ORGANIZATION OR GOVERNMENT: RISE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP HOPE AMERICA, 2021 HEALTH &  
WELLNESS GRANT, TRANSITIONAL ASSISTANCE FOR SURVIVORS OF SEXUAL ASSAULT  
AND INTIMATE PARTNER VIOLENCE, THERAPY GROUP FOR LGBTQ+ INTIMATE PARTNER  
VIOLENCE AND SEXUAL ASSAULT SURVIVORS, SEXUAL ASSAULT & DOMESTIC VIOLENCE  
COUNSELING PROGRAM, UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: SAN LUIS OBISPO COUNTY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDCARE ASSISTANCE IN RESPONSE TO  
EMERGENCY (CARE), UNRESTRICTED, YOUTH SPORTS CLINICS, 2021 BUILD GRANT OVER  
500K

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAN LUIS OBISPO REPERTORY THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, SLO REP TICKETING &

DONOR MANAGEMENT SYSTEM UPGRADE, 2021 BUILD GRANT OVER 500K

NAME OF ORGANIZATION OR GOVERNMENT: SAN LUIS OBISPO SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, AGENCY

DISBURSEMENT, 2021 YOUTH SYMPHONY 2021 RETURN TO THE STAGE FESTIVAL, FOR

GENERAL OPERATING SUPPORT, 2021 BUILD GRANT OVER 500K, FOR GENERAL

OPERATING SUPPORT, ARTS

NAME OF ORGANIZATION OR GOVERNMENT:

STANFORD UNIVERSITY - MEDICAL CENTER DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BENEFIT THE DEPT OF NEUROLOGY'S

AUTONOMIC RESEARCH PROGRAM AND THE RESEARCH DONE BY DR. SAFWAN JARADEH, TO

BENEFIT THE CANCER DISCOVERY FUND

NAME OF ORGANIZATION OR GOVERNMENT: STORM TRYSAIL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPPORTUNITIES FOR YOUNG

MEN AND WOMEN TO ENGAGE IN OFFSHORE SAILING/RACING VIA THE RICHARD DU

MOULIN AWARD, TO SUPPORT OPPORTUNITIES FOR YOUNG MEN AND WOMEN TO ENGAGE

IN SAFE OFFSHORE RACING AND SAILING VIA THE RICHARD DU MOULIN AWARD

NAME OF ORGANIZATION OR GOVERNMENT:

THE LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LEARNING AMONG THE

OAKS PROGRAM, UNRESTRICTED, GENERAL SUPPORT OF YOUR ORGANIZATION

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: WOODS HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, TO SUPPORT THE 2021

MATCHING CAMPAIGN TO SUPPORT THE GENERAL CARE OF CANINES., TO SUPPORT THE

2020 MATCHING CAMPAIGN TO SUPPORT THE GENERAL CARE OF CANINES., IN

RECOGNITION OF ANOUK NOVY, TO BENEFIT CATS

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://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 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 .....

**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? .....

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

**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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

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

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

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

Schedule J (Form 990) 2021

THE COMMUNITY FOUNDATION SAN LUIS OBISPO  
 COUNTY

77-0496500

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	168,894.	4,479.	0.	5,849.	0.	179,222.	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)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	18	646,872.	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	2	1,332.	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 V, 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) 2021

**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)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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) 2021

132211 11-11-21

Name of the organization THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	Employer identification number 77-0496500
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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	43,433.
TOTAL TO FORM 990, PART XI, LINE 9	43,433.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

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

**THE COMMUNITY FOUNDATION SAN LUIS OBISPO  
COUNTY**

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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	43,433.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			





**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