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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

|                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><br><input type="checkbox"/> Name change<br><br><input type="checkbox"/> Initial return<br><br><input type="checkbox"/> Final return/terminated<br><br><input type="checkbox"/> Amended return<br><br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION                           | <b>D Employer identification number</b><br><br>77-0496500                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                               | Doing business as<br>THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY                                   | E Telephone number<br><br>(805) 543-2323                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                               | Number and street (or P O box if mail is not delivered to street address)Room/suite<br>550 DANA STREET | <b>G</b> Gross receipts \$ 50,511,969                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                               | City or town, state or province, country, and ZIP or foreign postal code<br>SAN LUIS OBISPO, CA 93401  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |
| <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>J Website:</b> ▶ WWW.CFSLOCO.ORG                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                              |

|                                                                                                                                                                                    |                                 |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | <b>L</b> Year of formation 1998 | <b>M</b> State of legal domicile CA |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|

Part I

Summary

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------|----|----------------------------------------------------------------------------------------|----------|----|---------------------------------------------------------------------------------------|----------|---|-------------------------------------------------------------|----------|-----|--------------------------------------------------------------------------------|-----------|---|-------------------------------------------------------------------------|-----------|---|
| Activities & Governance                                                               | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SEE SCHEDULE O INSPIRED BY THE COMMUNITY'S RICH TRADITION OF GENEROSITY, THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER IN ORDER TO ENHANCE THE QUALITY OF LIFE NOW AND FOR FUTURE GENERATIONS 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 |                                                                            |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <table><tr><td><b>3</b> Number of voting members of the governing body (Part VI, line 1a)</td><td><b>3</b></td><td>13</td></tr><tr><td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)</td><td><b>4</b></td><td>13</td></tr><tr><td><b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td><b>5</b></td><td>9</td></tr><tr><td><b>6</b> Total number of volunteers (estimate if necessary)</td><td><b>6</b></td><td>100</td></tr><tr><td><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12</td><td><b>7a</b></td><td>0</td></tr><tr><td><b>b</b> Net unrelated business taxable income from Form 990-T, line 34</td><td><b>7b</b></td><td>0</td></tr></table>                                                                       | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) | <b>3</b>                         | 13 | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b> | 13 | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) | <b>5</b> | 9 | <b>6</b> Total number of volunteers (estimate if necessary) | <b>6</b> | 100 | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 | <b>7a</b> | 0 | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b> | 0 |
|                                                                                       | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3</b>                                                                   | 13                               |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4</b>                                                                   | 13                               |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9                                                                          |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| <b>6</b> Total number of volunteers (estimate if necessary)                           | <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100                                                                        |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12        | <b>7a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                          |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34               | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                          |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| Revenue                                                                               | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Prior Year</b><br>2,247,578                                             | <b>Current Year</b><br>7,793,849 |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,685,854                                                                  | 2,354,722                        |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -297,762                                                                   | 215,969                          |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3,635,670                                                                  | 10,364,540                       |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| Expenses                                                                              | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,453,638                                                                  | 2,062,056                        |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 338,176                                                                    | 385,811                          |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <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) ▶275,441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 408,295                                                                    | 692,519                          |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2,200,109                                                                  | 3,140,386                        |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                         | 1,435,561                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7,224,154                                                                  |                                  |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
| Net Assets or Fund Balances                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Beginning of Current Year</b>                                           | <b>End of Year</b>               |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40,753,346                                                                 | 48,092,831                       |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4,375,320                                                                  | 4,963,597                        |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |
|                                                                                       | <b>22</b> Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36,378,026                                                                 | 43,129,234                       |    |                                                                                        |          |    |                                                                                       |          |   |                                                             |          |     |                                                                                |           |   |                                                                         |           |   |

Part II

Signature Block

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

|                        |                                                                                            |                                           |      |                                                 |                   |
|------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|------|-------------------------------------------------|-------------------|
| Sign Here              | <div>*****</div> <div>Signature of officer</div>                                           | <div>2015-05-08</div> <div>Date</div>     |      |                                                 |                   |
|                        | <div>HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER</div> <div>Type or print name and title</div> |                                           |      |                                                 |                   |
| Paid Preparer Use Only | Prnt/Type preparer's name<br>KIMBERLYN SPILLER                                             | Preparer's signature<br>KIMBERLYN SPILLER | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P01491937 |
|                        | Firm's name ▶ CALIBER AUDIT & ATTEST LLP                                                   |                                           |      | Firm's EIN ▶ 26-2350873                         |                   |
|                        | Firm's address ▶ 265 SOUTH STREET SUITE A<br><br>SAN LUIS OBISPO, CA 93401                 |                                           |      | Phone no (805) 888-0240                         |                   |

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 PROVIDE LEADERSHIP AND TO ENCOURAGE CHARITABLE GIVING FOR THE ISSUES THAT IMPROVE AND ENHANCE LIVES IN THE COUNTY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 2,062,056 including grants of \$ 2,062,056 ) (Revenue \$ )

GRANT MAKING 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 REGION IN RESPONSE TO THE EVER CHANGING DEMOGRAPHICS AND NEEDS OF OUR COMMUNITIES WE FOCUS OUR GRANTMAKING ON THE FOLLOWING CORE AREAS ARTS, EDUCATION, HEALTH, HUMAN SERVICES, SCHOLARSHIPS, AND COMMUNITY ENHANCEMENT

4b

(Code ) (Expenses \$ 467,163 including grants of \$ ) (Revenue \$ )

DONOR SERVICES OUR MISSION AT THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY IS TO ASSIST DONORS IN BUILDING AN ENDURING SOURCE OF CHARITABLE FUNDS TO MEET THE CHANGING NEEDS AND INTERESTS OF OUR COMMUNITY THROUGH THESE DONOR SERVICES, WE ARE COMMITTED TO PROMOTING AND FACILITATING COLLABORATION IN ALL OUR WORK BY ASSURING THE FOUNDATION'S RELEVANCE WITHIN SAN LUIS OBISPO COUNTY

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 2,529,219

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>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> . . . . .                                                                                         | 25a |     | No |
| 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> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| 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> . . . . .                                                                                         | 35b |     | No |
| 36  | <b>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> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

|                                                                                                                                                                                                                                               |                                                                                                                                                                                |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                                               |                                                                                                                                                                                | Yes | No  |
| 1a                                                                                                                                                                                                                                            | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                  | 18  |     |
| 1b                                                                                                                                                                                                                                            | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0   |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                    |                                                                                                                                                                                | 1c  | Yes |
| 2a                                                                                                                                                                                                                                            | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 9   |     |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).         |                                                                                                                                                                                | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |                                                                                                                                                                                | 3a  | No  |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>                                                                                                                         |                                                                                                                                                                                | 3b  |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |                                                                                                                                                                                | 4a  | No  |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                     |                                                                                                                                                                                |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |                                                                                                                                                                                | 5a  | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |                                                                                                                                                                                | 5b  | No  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          |                                                                                                                                                                                | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |                                                                                                                                                                                | 6a  | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               |                                                                                                                                                                                | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                               |                                                                                                                                                                                |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             |                                                                                                                                                                                | 7a  | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             |                                                                                                                                                                                | 7b  | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        |                                                                                                                                                                                | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                          |                                                                                                                                                                                | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |                                                                                                                                                                                | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |                                                                                                                                                                                | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            |                                                                                                                                                                                | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          |                                                                                                                                                                                | 7h  |     |
| 8 Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                  |                                                                                                                                                                                | 8   | No  |
| 9a Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |                                                                                                                                                                                | 9a  | No  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           |                                                                                                                                                                                | 9b  | No  |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |                                                                                                                                                                                |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                   |                                                                                                                                                                                | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                |                                                                                                                                                                                | 10b |     |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |                                                                                                                                                                                |     |     |
| a Gross income from members or shareholders.                                                                                                                                                                                                  |                                                                                                                                                                                | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                |                                                                                                                                                                                | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |                                                                                                                                                                                | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |                                                                                                                                                                                | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |                                                                                                                                                                                |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                            |                                                                                                                                                                                | 13a |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                  |                                                                                                                                                                                | 13b |     |
| c Enter the amount of reserves on hand.                                                                                                                                                                                                       |                                                                                                                                                                                | 13c |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                |                                                                                                                                                                                | 14a | No  |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>                                                                                                                           |                                                                                                                                                                                | 14b |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                     |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                     | Yes | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | No  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | No  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | No  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |     |
| a  | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| b  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | Yes |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

Section B. Policies

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

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

Section C. Disclosure

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

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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) ANN ROBINSON<br>.....<br>PRESIDENT       | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) BILL RAVER<br>.....<br>CFO/TREASURER     | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) JIM BRABECK<br>.....<br>DIRECTOR         | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) CLAIRE CLARK<br>.....<br>INTERIM CEO     | 40 00<br>.....                                                                             | X                                                                                                         |                       | X       |              |                              |        | 45,333                                                                | 0                                                                          | 0                                                                                             |
| (5) STEVE JOBST<br>.....<br>DIRECTOR         | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) STEVE MCCARTY<br>.....<br>VICE PRESIDENT | 2 00<br>0 40                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) MIKE MINER<br>.....<br>DIRECTOR          | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) BARBARA PARTRIDGE<br>.....<br>DIRECTOR   | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) MIKE PATRICK<br>.....<br>DIRECTOR        | 2 00<br>0 20                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) TOM SHERMAN<br>.....<br>DIRECTOR        | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) JOHNNIE TALLEY<br>.....<br>DIRECTOR     | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) NICK THILLE<br>.....<br>SECRETARY       | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) JIM GLINN<br>.....<br>DIRECTOR          | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) LEE F HOLLISTER<br>.....<br>DIRECTOR    | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

Part VII

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

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (15) MARY VERDIN<br>.....<br>DIRECTOR | 2 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) HEIDI MCPHERSON<br>.....<br>CEO  | 45 00<br>.....<br>1 00                                                                     |                                                                                                           |                       | X       |              |                              |        | 82,981                                                                | 0                                                                          | 0                                                                                             |

|    |                                                                 |   |         |   |   |
|----|-----------------------------------------------------------------|---|---------|---|---|
| 1b | Sub-Total . . . . .                                             | ▶ |         |   |   |
| c  | Total from continuation sheets to Part VII, Section A . . . . . | ▶ |         |   |   |
| d  | Total (add lines 1b and 1c) . . . . .                           | ▶ | 128,314 | 0 | 0 |

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▶0

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

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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . . . .                                                                                                     | 1a                                                     |                                             |                                  |                                                              |  |
|                                                           | b                                         | Membership dues . . . . .                                                                                                         | 1b                                                     |                                             |                                  |                                                              |  |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                      | 1c                                                     |                                             |                                  |                                                              |  |
|                                                           | d                                         | Related organizations . . . . .                                                                                                   | 1d                                                     |                                             |                                  |                                                              |  |
|                                                           | e                                         | Government grants (contributions)                                                                                                 | 1e                                                     |                                             |                                  |                                                              |  |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                 | 1f                                                     | 7,793,849                                   |                                  |                                                              |  |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                               |                                                        | 5,704,149                                   |                                  |                                                              |  |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                  |                                                        | 7,793,849                                   |                                  |                                                              |  |
| Program Service Revenue                                   |                                           |                                                                                                                                   | Business Code                                          |                                             |                                  |                                                              |  |
|                                                           | 2a                                        |                                                                                                                                   |                                                        |                                             |                                  |                                                              |  |
|                                                           | b                                         |                                                                                                                                   |                                                        |                                             |                                  |                                                              |  |
|                                                           | c                                         |                                                                                                                                   |                                                        |                                             |                                  |                                                              |  |
|                                                           | d                                         |                                                                                                                                   |                                                        |                                             |                                  |                                                              |  |
|                                                           | e                                         |                                                                                                                                   |                                                        |                                             |                                  |                                                              |  |
|                                                           | f                                         | All other program service revenue                                                                                                 |                                                        |                                             |                                  |                                                              |  |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                  |                                                        |                                             |                                  |                                                              |  |
| Other Revenue                                             | 3                                         | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                         |                                                        | 1,148,941                                   | 1,148,941                        |                                                              |  |
|                                                           | 4                                         | Income from investment of tax-exempt bond proceeds . . . . .                                                                      |                                                        |                                             |                                  |                                                              |  |
|                                                           | 5                                         | Royalties . . . . .                                                                                                               |                                                        |                                             |                                  |                                                              |  |
|                                                           | 6a                                        | Gross rents                                                                                                                       | (i) Real                                               | (ii) Personal                               |                                  |                                                              |  |
|                                                           |                                           | b                                                                                                                                 | Less rental expenses                                   |                                             |                                  |                                                              |  |
|                                                           |                                           | c                                                                                                                                 | Rental income or (loss)                                |                                             |                                  |                                                              |  |
|                                                           |                                           | d                                                                                                                                 | Net rental income or (loss) . . . . .                  |                                             |                                  |                                                              |  |
|                                                           | 7a                                        | Gross amount from sales of assets other than inventory                                                                            | (i) Securities                                         | (ii) Other                                  |                                  |                                                              |  |
|                                                           |                                           | b                                                                                                                                 | Less cost or other basis and sales expenses            |                                             |                                  |                                                              |  |
|                                                           |                                           | c                                                                                                                                 | Gain or (loss)                                         |                                             |                                  |                                                              |  |
|                                                           |                                           | d                                                                                                                                 | Net gain or (loss) . . . . .                           |                                             | 1,205,781                        | 1,205,781                                                    |  |
|                                                           | 8a                                        | Gross income from fundraising events (not including<br>\$ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                      |                                             |                                  |                                                              |  |
|                                                           |                                           | b                                                                                                                                 | Less direct expenses . . . . .                         | b                                           |                                  |                                                              |  |
|                                                           |                                           | c                                                                                                                                 | Net income or (loss) from fundraising events . . . . . |                                             |                                  |                                                              |  |
|                                                           | 9a                                        | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                             | a                                                      |                                             |                                  |                                                              |  |
|                                                           |                                           | b                                                                                                                                 | Less direct expenses . . . . .                         | b                                           |                                  |                                                              |  |
|                                                           |                                           | c                                                                                                                                 | Net income or (loss) from gaming activities . . . . .  |                                             |                                  |                                                              |  |
|                                                           | 10a                                       | Gross sales of inventory, less returns and allowances . . . . .                                                                   | a                                                      |                                             |                                  |                                                              |  |
|                                                           |                                           | b                                                                                                                                 | Less cost of goods sold . . . . .                      | b                                           |                                  |                                                              |  |
|                                                           |                                           | c                                                                                                                                 | Net income or (loss) from sales of inventory . . . . . |                                             |                                  |                                                              |  |
|                                                           |                                           | Miscellaneous Revenue                                                                                                             |                                                        | Business Code                               |                                  |                                                              |  |
|                                                           | 11a                                       | INCOME FROM INVESTMENT IN REF                                                                                                     | 900099                                                 | 338,914                                     | 338,914                          |                                                              |  |
|                                                           | b                                         | OTHER REVENUE                                                                                                                     | 900099                                                 | 92,672                                      | 92,672                           |                                                              |  |
|                                                           | c                                         | MISC - SPLIT INTEREST                                                                                                             | 900099                                                 | -11,052                                     | -11,052                          |                                                              |  |
|                                                           | d                                         | All other revenue . . . . .                                                                                                       |                                                        | -204,565                                    | -204,565                         |                                                              |  |
|                                                           | e                                         | Total. Add lines 11a-11d . . . . .                                                                                                |                                                        | 215,969                                     |                                  |                                                              |  |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                   | 10,364,540                                             | 2,570,691                                   | 0                                | 0                                                            |  |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                   | 1,881,245             | 1,881,245                       |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                              | 180,811               | 180,811                         |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                       |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                               | 192,928               | 57,878                          | 67,525                                 | 67,525                      |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                          |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                               | 128,314               | 38,494                          | 44,910                                 | 44,910                      |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     | 5,216                 | 1,565                           | 1,773                                  | 1,878                       |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 31,229                | 9,369                           | 10,618                                 | 11,242                      |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 28,124                | 8,437                           | 9,562                                  | 10,125                      |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                  | 3,905                 |                                 | 3,905                                  |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 14,000                |                                 | 14,000                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             | 274,532               | 129,030                         | 96,086                                 | 49,416                      |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 24,355                |                                 | 24,355                                 |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              | 7,107                 | 782                             | 995                                    | 5,330                       |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 18,325                | 8,613                           | 6,414                                  | 3,298                       |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 | 22,686                |                                 | 22,686                                 |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 18,268                | 8,586                           | 6,394                                  | 3,288                       |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 18,624                |                                 | 18,624                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              | 55,190                |                                 | 55,190                                 |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 10,898                | 961                             | 8,783                                  | 1,154                       |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).                                       |                       |                                 |                                        |                             |
| a                                                                              | FUND OPERATION EXPENSE                                                                                                                                                                                                                  | 393,155               | 184,783                         | 137,604                                | 70,768                      |
| b                                                                              | MISCELLANEOUS                                                                                                                                                                                                                           | 20,312                | 9,547                           | 7,109                                  | 3,656                       |
| c                                                                              | MEMBERSHIP DUES AND SUB                                                                                                                                                                                                                 | 9,376                 | 1,781                           | 5,907                                  | 1,688                       |
| d                                                                              | PROGRAM EXPENSE                                                                                                                                                                                                                         | 8,574                 | 5,355                           | 2,126                                  | 1,093                       |
| e                                                                              | All other expenses                                                                                                                                                                                                                      | -206,788              | 1,982                           | -208,840                               | 70                          |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 3,140,386             | 2,529,219                       | 335,726                                | 275,441                     |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | (A)               |     | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-----|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |              | 105,126           | 1   | 115,111     |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |              | 3,954,843         | 2   | 5,187,152   |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |              |                   | 3   |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |              |                   | 4   |             |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |              |                   | 5   |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |              |                   | 6   |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |              |                   | 7   |             |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |              |                   | 8   |             |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |              | 3,373             | 9   | 6,813       |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a1,957,929 |                   |     |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b213,316   | 1,790,787         | 10c | 1,744,613   |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |              | 20,048,294        | 11  | 23,113,539  |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |              | 13,459,643        | 12  | 15,815,725  |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |              | 100,000           | 13  | 100,000     |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |              |                   | 14  |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |              | 1,291,280         | 15  | 2,009,878   |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |              | 40,753,346        | 16  | 48,092,831  |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |              | 34,608            | 17  | 30,544      |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |              | 132,217           | 18  | 328,137     |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |              | 15,850            | 19  | 0           |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |              |                   | 20  |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |              | 3,819,440         | 21  | 4,069,833   |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |              |                   | 22  |             |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |              |                   | 23  |             |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |              |                   | 24  |             |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                         |              | 373,205           | 25  | 535,083     |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |              | 4,375,320         | 26  | 4,963,597   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |              |                   |     |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |              | 5,009,108         | 27  | 4,915,259   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |              | 12,895,147        | 28  | 18,769,606  |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |              | 18,473,771        | 29  | 19,444,369  |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                              |              |                   |     |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |              |                   | 30  |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |              |                   | 31  |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |              |                   | 32  |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances                                                                                                                                                                                                                                                                                            |              | 36,378,026        | 33  | 43,129,234  |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |              | 40,753,346        | 34  | 48,092,831  |

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  | 10,364,540 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 3,140,386  |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 7,224,154  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 36,378,026 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | -472,946   |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |            |
| 7  | Investment expenses . . . . .                                                                                 | 7  |            |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | 0          |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 43,129,234 |

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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 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? . . . . .                                                                                                                                                                                                                                                       |     | No |
| 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 in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     |     |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION | Employer identification number<br>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 11, 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 )
- 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 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- 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- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                   |          |                                                                                              | Yes                                                         | No |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
| Total                             |          |                                                                                              |                                                             |    |                                                   |                                                 |

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) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total  |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                                   | 1,731,929 | 3,206,441 | 6,306,230 | 2,247,578 | 7,793,849 | 21,286,027 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |           |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |           |            |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 1,731,929 | 3,206,441 | 6,306,230 | 2,247,578 | 7,793,849 | 21,286,027 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |           |            |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 21,286,027 |

| Section B. Total Support                      |                                                                                                                                                                                                                                |           |           |           |           |           |            |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ |                                                                                                                                                                                                                                | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total  |
| 7                                             | Amounts from line 4                                                                                                                                                                                                            | 1,731,929 | 3,206,441 | 6,306,230 | 2,247,578 | 7,793,849 | 21,286,027 |
| 8                                             | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                 | 1,149,158 | 975,881   | 950,279   | 986,186   | 1,148,940 | 5,210,444  |
| 9                                             | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                             |           |           |           |           |           |            |
| 10                                            | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                                                                 |           |           |           |           |           |            |
| 11                                            | <b>Total support</b> Add lines 7 through 10                                                                                                                                                                                    |           |           |           |           |           | 26,496,471 |
| 12                                            | Gross receipts from related activities, etc (see instructions)                                                                                                                                                                 |           |           |           |           | 12        |            |
| 13                                            | <b>First five 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |          |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                           | 14 | 80 340 % |
| 15                                                  | Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                  | 15 | 77 520 % |
| 16a                                                 | <b>33 1/3% support test—2014.</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—2013.</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"/>                                                                                                                                                                       |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2014.</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—2013.</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"/> |    |          |
| 18                                                  | <b>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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                 |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                          |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                            |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2014. 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—2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .                                                                                                                                                                                                  | 4b  |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |    |
| b <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?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .                                                                                                                                                                                             | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |    |     |    |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              | 2b |     |    |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                       | 3a |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                           | 3b |     |    |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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) | 1              |                             |
| 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 (explain in detail in Part VI) _____                                     |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt use assets                                                                   | 2              |                             |
| 3                                | Subtract line 2 from line 1d                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | 5              |                             |
| 6                                | Multiply line 5 by .035                                                                                                        | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                         | 7              |                             |
| 8                                | <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 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) |   |              |

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |

**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).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

|                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION | Employer identification number<br>77-0496500 |
|-------------------------------------------------------------------------|----------------------------------------------|

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

|                                                                                                                                                                                                                                                                       |                                         |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|
|                                                                                                                                                                                                                                                                       | (a) Donor advised funds                 | (b) Funds and other accounts |
| 1 Total number at end of year                                                                                                                                                                                                                                         | 88                                      |                              |
| 2 Aggregate value of contributions to (during year)                                                                                                                                                                                                                   | 1,461,333                               |                              |
| 3 Aggregate value of grants from (during year)                                                                                                                                                                                                                        | 853,414                                 |                              |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      | 13,885,462                              |                              |
| 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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 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 8/17/06, and not on a historic structure listed in the National Register | 2d                          |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

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

► \$

b Assets included in Form 990, Part X

► \$

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? 

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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 in Part XIII 

☒

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

- |                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 30,738,701      | 27,579,523    | 23,725,340          | 24,439,862          | 21,533,669         |
| b Contributions . . . . .                                  | 6,438,421       | 1,136,386     | 1,593,977           | 846,741             | 932,547            |
| c Net investment earnings, gains, and losses               | 1,672,280       | 3,542,480     | 2,818,887           | -125,775            | 2,710,723          |
| d Grants or scholarships . . . . .                         | 2,071,828       | 1,519,688     | 558,681             | 1,435,488           | 737,077            |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 36,777,574      | 30,738,701    | 27,579,523          | 23,725,340          | 24,439,862         |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 60 000 %

c Temporarily restricted endowment ▶ 40 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 3b     |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to 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                      | 106,250                      | 1,168,750      |
| c Leasehold improvements . . . . .                                                                         |                                      |                                |                              |                |
| d Equipment . . . . .                                                                                      |                                      |                                |                              |                |
| e Other . . . . .                                                                                          |                                      | 257,929                        | 107,066                      | 150,863        |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 1,744,613      |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                          |    |            |
|---|------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 9,916,249  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |            |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a | -472,946   |
| b | Donated services and use of facilities . . . . .                                         | 2b | 22,628     |
| c | Recoveries of prior year grants . . . . .                                                | 2c |            |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d | 2,027      |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | -448,291   |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 10,364,540 |
| 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  | 10,364,540 |

Part XII

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                           |    |           |
|---|-------------------------------------------------------------------------------------------|----|-----------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 3,165,041 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |           |
| a | Donated services and use of facilities . . . . .                                          | 2a | 22,628    |
| b | Prior year adjustments . . . . .                                                          | 2b |           |
| c | Other losses . . . . .                                                                    | 2c |           |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d | 2,027     |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | 24,655    |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 3,140,386 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |           |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b |           |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 0         |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 3,140,386 |

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.

| Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 SAN LUIS OBISPO COMMUNITY FOUNDATION ENCOURAGES DONORS AND AGENCIES TO OPEN ENDOWMENT FUNDS FOR THE 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 4 25% 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, 2014 AND 2013. 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. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2011 OR STATE INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2010. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS  | INCOME OF SUPPORTING ORGANIZATION NETTED WITH EXPENSES ON FORM 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | EXPENSES OF SUPPORTING ORGANIZATION NETTED WITH INCOME ON FORM 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

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" to 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |                                                       |                                        |                                    |

2

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

92

3

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

4

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| See Additional Data Table      |                         |                         |                                  |                                                      |                                       |

**Part IV**

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2   | ALL FOUNDATION GRANTS ARE REQUIRED TO FILE, AT MINIMUM, A FINAL WRITTEN GRANT REPORT AT THE END OF THE GRANT TERM FOR MULTI-YEAR GRANTS, INTERIM WRITTEN REPORTS ARE REQUIRED IN ADDITION TO THE FINAL REPORT GRANT REPORT REQUIREMENTS INCLUDE BOTH A NARRATIVE STATUS REPORT AND FINANCIAL ACCOUNTING OF THE USE OF THE FUNDS ALL FOUNDATION GRANTS ARE SUBJECT TO AN INTERIM SITE VISIT, USUALLY HALF-WAY THROUGH THE GRANT TERM, BY FOUNDATION PROGRAM STAFF THESE SITE VISITS ARE RECORDED IN THE GRANT FILE |

Additional Data

Software ID:  
Software Version:  
EIN: 77-0496500  
Name: SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTYPO BOX 12644 SAN LUIS OBISPO,CA 93406 | 77-0348487 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | SCHOOL BASED MENTORING PROGRAM     |

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

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTYPO BOX 12644 SAN LUIS OBISPO, CA 93406 | 77-0348487 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | COMMUNITY BASED MENTOR PROGRAM     |

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CAL POLY CORPORATION1<br>GRAND AVENUE<br>SAN LUIS OBISPO, CA<br>934070035 | 95-1648180 | 501(C)(3)                          | 7,500                    | 0                                 | N/A                                                    | N/A                                    | BAKARI MENTORING PROGRAM           |

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

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                      |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| CAL POLY FOUNDATIONI<br>GRAND AVE HERON HALL<br>SAN LUIS OBISPO,CA<br>93407 | 20-4927897 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | TO SUPPORT CAL<br>POLY'S<br>MECHANICAL<br>ENGINEERING<br>SENIOR PROJECT |

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

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CASACOURT APPOINTED SPECIAL ADVOCATES OF SLO COUNTYPO BOX 1168 SAN LUIS OBISPO, CA 93406 | 77-0316227 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | CORE OPERATING FUNDING             |

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

| (a) Name and address of organization or government      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                           |
|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| CAYUCOS PIER PROJECT<br>PO BOX 893<br>CAYUCOS, CA 93430 | 77-0496500 | 501(C)(3)                          | 35,000                   | 0                                 | N/A                                                   | N/A                                    | DONOR<br>RECOGNITION<br>PLAQUES AND<br>OUTREACH<br>MATERIALS |

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

| (a) Name and address of organization or government     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance              |
|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| CAYUCOS PIER PROJECT<br>PO BOX 893<br>CAYUCOS,CA 93430 | 77-0496500 | 501(C)(3)                          | 9,228                    | 0                                 | N/A                                                    | N/A                                    | DRAFT ELECTRICAL PLANS & CONSTRUCTION ESTIMATES |

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

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| CENTER FOR FAMILY STRENGTHENING (FORMERLY SLO-CAP)1110 CALIFORNIA BLVD B SAN LUIS OBISPO, CA 93401 | 77-0206822 | 501(C)(3)                          | 6,000                    | 0                                 | N/A                                                   | N/A                                    | PROMOTORES COLLABORATIVE OF SLO COUNTY |

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

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                                      |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------|
| CENTER FOR FAMILY STRENGTHENING (FORMERLY SLO-CAP)1110 CALIFORNIA BLVD B SAN LUIS OBISPO, CA 93401 | 77-0206822 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | PARTNERSHIP FOR EXCELLENCE IN FAMILY SUPPORT OF SAN LUIS OBISPO COUNTY PROFESSIONAL DEVELOPMENT PROJECT |

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CENTRAL COAST AG NETWORK DBA CENTRAL COAST GROWNPO BOX 3736 SAN LUIS OBISPO, CA 93403 | 20-3447329 | 501(C)(3)                          | 7,500                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------------------|
| CENTRAL COAST LINK DBA THE LINK6500 MORRO ROAD SUITE A ATASCADERO,CA 93422 | 91-2022036 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | PASO ROBLES CRISIS INTERVENTION PROGRAM |

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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance    |
|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|---------------------------------------|
| CENTRAL COAST LINK DBA THE LINK6500 MORRO ROAD SUITE A ATASCADERO,CA 93422 | 91-2022036 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | ATASCADERO CRISIS INTERVENTION PROGAM |

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

| (a) Name and address of organization or government                                                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CENTRAL COAST WILDLIFE REHABILITATION GUILD DBA PACIFIC WILDLIFE CAREPOST OFFICE BOX 1134 MORRO BAY,CA 93443 | 77-0196350 | 501(C)(3)                          | 40,000                   | 0                                 | N/A                                                    | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CLARK CENTER<br>FOUNDATIONPO BOX 1114<br>ARROYO GRANDE, CA<br>93421 | 77-0150216 | 501(C)(3)                          | 7,911                    | 0                                 | N/A                                                   | N/A                                    | ANNUAL FUND<br>DISTRIBUTION        |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CLARK CENTER<br>FOUNDATIONPO BOX 1114<br>ARROYO GRANDE, CA<br>93421 | 77-0150216 | 501(C)(3)                          | 7,730                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| COLUMBIA COUNSELING MINISTRIES5001 TROTWOOD AVENUE COLUMBIA, TN 38401 | 30-0604415 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                          | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| COLUMBIA FIRST UNITED METHODIST CHURCH222 WEST 7TH STREET COLUMBIA,TN 38401 |         | RELIGIOUS                          | 16,000                   | 0                                 | N/A                                                    | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance              |
|-------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY<br>1030 SOUTHWOOD DRIVE<br>SAN LUIS OBISPO, CA 93401 | 95-2410253 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | ADULT WELLNESS AND PREVENTION SCREENING PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| COMMUNITY HEALTH CENTERSPO BOX 430 NIPOMO,CA 93444 | 95-3253302 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | RETINAL CAMERA                     |

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

| (a) Name and address of organization or government                                                                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| COTTAGE REHABILITATION HOSPITAL FOUNDATIONCOAST CAREGIVER RESOURCE CENTER1528 CHAPALA STREET SUITE 302 SANTA BARBARA, CA 93101 | 95-1644629 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | CORE OPERATING FUNDS               |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CUESTA COLLEGE FOUNDATIONP O BOX 8106 SAN LUIS OBISPO, CA 934038106 | 23-7225601 | 501(C)(3)                          | 7,730                    | 0                                 | N/A                                                   | N/A                                    | CONLEY NURSING PROGRAM SCHOLARSHIP |

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

| (a) Name and address of organization or government    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| DUNES CENTER1065 GUADALUPE STREET GUADALUPE, CA 93434 | 77-0502739 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | CREATIVE WRITING PROGRAM           |

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

| (a) Name and address of organization or government        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ESALEN INSTITUTE55000<br>HIGHWAY ONE<br>BIG SUR, CA 93920 | 94-6114235 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ESTRELLA WARBIRDS MUSEUM INC4251 DRY CREEK ROAD PASO ROBLES, CA 93446 | 77-0324714 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | OPERATING SUPPORT                  |

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

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance          |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------|
| FAMILY CARE NETWORK<br>INC1255 KENDALL ROAD<br>SAN LUIS OBISPO, CA<br>93401 | 77-0159090 | 501(C)(3)                          | 6,000                    | 0                                 | N/A                                                   | N/A                                    | SUPPORT SERVICES<br>FOR TAY FOSTER<br>YOUTH |

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

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FAMILY CARE NETWORK<br>INC1255 KENDALL ROAD<br>SAN LUIS OBISPO, CA<br>93401 | 77-0159090 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | EDUCATIONAL<br>SUPPORT SERVICES    |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance    |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------|
| FIVE CITIES HOMELESS COALITIONPO BOX 558 GROVER BEACH, CA 934830558 | 27-0413593 | 501(C)(3)                          | 325,000                  | 0                                 | N/A                                                   | N/A                                    | SOUTH COUNTY RAPID RE-HOUSING PROGRAM |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FIVE CITIES HOMELESS COALITIONPO BOX 558 GROVER BEACH, CA 934830558 | 27-0413593 | 501(C)(3)                          | 12,000                   | 0                                 | N/A                                                   | N/A                                    | PLANNING/START-UP GRANT            |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| FIVE CITIES HOMELESS COALITIONPO BOX 558 GROVER BEACH, CA 934830558 | 27-0413593 | 501(C)(3)                          | 10,000                   | 0                                 | N/A                                                    | N/A                                    | HELPING HANDS FUND                 |

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

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FOOD BANK COALITION OF SAN LUIS OBISPO COUNTYPO BOX 2070 PASO ROBLES, CA 93447 | 77-0210727 | 501(C)(3)                          | 27,803                   | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FOOD BANK COALITION OF SAN LUIS OBISPO COUNTYPO BOX 2070 PASO ROBLES, CA 93447 | 77-0210727 | 501(C)(3)                          | 5,060                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED - OTTO DAVIDSON       |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance        |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------|
| FOUNDATION FOR THE PERFORMING ARTS CENTERPO BOX 1137 SAN LUIS OBISPO,CA 93406 | 77-0129605 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | 2014-15 SCHOOL MATINEE PERFORMANCE SEASON |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance        |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------|
| FOUNDATION FOR THE PERFORMING ARTS CENTERPO BOX 1137 SAN LUIS OBISPO,CA 93406 | 77-0129605 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | TO BENEFIT THE CURRENT ENDOWMENT CAMPAIGN |

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

| (a) Name and address of organization or government                                                        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|-----------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------|
| FRENCH HOSPITAL MEDICAL CENTER FOUNDATION AND PUBLIC AFFAIRS1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401 | 20-3256125 | 501(C)(3)                          | 25,000                   | 0                                 | N/A                                                   | N/A                                    | TO BENEFIT THE CARDIAC CARE ENDOWMENT FUND |

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

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FRIENDS OF PRADO DAY CENTERPO BOX 12444 SAN LUIS OBISPO, CA 93406 | 77-0540323 | 501(C)(3)                          | 48,275                   | 0                                 | N/A                                                   | N/A                                    | TO SUPPORT OPERATIONS              |

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

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FRIENDS OF PRADO DAY CENTERPO BOX 12444 SAN LUIS OBISPO, CA 93406 | 77-0540323 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| FRIENDS OF THE SAN LUIS OBISPO BOTANICAL GARDENS3450 DAIRY CREEK ROAD SAN LUIS OBISPO,CA 93405 | 77-0248682 | 501(C)(3)                          | 17,154                   | 0                                 | N/A                                                    | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| GROVER BEACH<br>COMMUNITY LIBRARY 240<br>N 9TH STREET<br>GROVER BEACH, CA<br>93433 | 43-2024995 | 501(C)(3)                          | 7,730                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| HOSPICE PARTNERS OF THE CENTRAL COAST277 SOUTH STREET STE R SAN LUIS OBISPO, CA 93401 | 77-0475425 | 501(C)(3)                          | 7,730                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LAGUNA MIDDLE SCHOOL<br>PTA11050 LOS OSOS VALLEY RD<br>SAN LUIS OBISPO,CA 93405 | 95-1683870 |                                    | 5,000                    | 0                                 | N/A                                                    | N/A                                    | 2014-15 STUDENT THEATER PRODUCTION |

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

| (a) Name and address of organization or government                                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| LAND CONSERVANCY OF<br>SAN LUIS OBISPO COUNTY<br>PO BOX 12206<br>SAN LUIS OBISPO, CA<br>93406 | 77-0039294 | 501(C)(3)                          | 200,000                  | 0                                 | N/A                                                   | N/A                                    | FOR THE PISMO<br>PRESERVE          |

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

| (a) Name and address of organization or government                                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LAND CONSERVANCY OF<br>SAN LUIS OBISPO COUNTY<br>PO BOX 12206<br>SAN LUIS OBISPO,CA<br>93406 | 77-0039294 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | FOR THE PISMO<br>WWS PRESERVE      |

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

| (a) Name and address of organization or government                          | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| LUCIA MAR UNIFIED SCHOOL DISTRICT602 ORCHARD STREET ARROYO GRANDE, CA 93420 |         | GOVERNMENT                         | 10,000                   | 0                                 | N/A                                                    | N/A                                    | TO BE USED FBO ROBOTICS PROGRAM    |

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

| (a) Name and address of organization or government        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MAURY MAGIC RIDERS INC<br>PO BOX 560<br>COLUMBIA,TN 38402 | 62-1742129 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| OLD MISSION SCHOOL761 BROAD STREET SAN LUIS OBISPO, CA 93405 | 94-1658139 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | LEGACY CAMPAIGN                    |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| PARTNERS IN EQUESTRIAN THERAPYPPO BOX 5253 SAN LUIS OBISPO, CA 93403 | 77-0550688 | 501(C)(3)                          | 6,500                    | 0                                 | N/A                                                    | N/A                                    | PET/VET                            |

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

| (a) Name and address of organization or government                                                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| PARTNERSHIP FOR THE CHILDREN OF SAN LUIS OBISPO COUNTYTOLOSA CHILDREN'S DE717 WALNUT DRIVE PASO ROBLES,CA 93446 | 77-0346861 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | TOLOSA CHILDREN'S DENTAL CENTER    |

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------|
| PEOPLES' SELF-HELP HOUSING3533 EMPLEO STREET<br>SAN LUIS OBISPO, CA 93401 | 95-2750154 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | HOMELESS PLACEMENT, PREVENTION AND STABILIZATION |

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

| (a) Name and address of organization or government                                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance       |
|------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------------|
| PLANNED PARENTHOOD OF SANTA BARBARA VENTURA AND SAN LUIS OBISPO518 GARDEN ST SANTA BARBARA, CA 93101 | 95-2319356 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | COMPREHENSIVE SEXUALITY EDUCATION SERIES |

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

| (a) Name and address of organization or government                                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| RISE (FORMERLY NORTH COUNTY WOMEN'S SHELTER AND RESOURCE CENTER)1030 VINE STREET PASO ROBLES,CA 93447 | 77-0068977 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | VICTIMS OF DOMESTIC VIOLENCE ASSISTANCE |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| RYAN J CLARKE CPR FUND FOR SCHOOLS1707 CANYON CREST LANE PASO ROBLES,CA 93446 | 45-2809396 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | CPR AND AED USE                    |

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

| (a) Name and address of organization or government                                      | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance    |
|-----------------------------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------|
| SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT1500 LIZZIE STREET<br>SAN LUIS OBISPO, CA 93401 |         | GOVERNMENT                         | 14,566                   | 0                                 | N/A                                                   | N/A                                    | FOR APPROVED SPRING GRANTS FOR SLCUSD |

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

| (a) Name and address of organization or government                                   | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|--------------------------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT1500 LIZZIE STREET SAN LUIS OBISPO, CA 93401 |         | GOVERNMENT                         | 12,194                   | 0                                 | N/A                                                   | N/A                                    | AS PER APPROVED FALL 2014 TEACH GRANTS |

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

| (a) Name and address of organization or government                                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SAN LUIS OBISPO CHILD DEVELOPMENT CENTER<br>1720 BISHOP STREET<br>SAN LUIS OBISPO,CA<br>93401 | 23-7111804 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | SLO FRC                            |

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

| (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SAN LUIS OBISPO CHILD DEVELOPMENT CENTER<br>1720 BISHOP STREET<br>SAN LUIS OBISPO, CA 93401 | 23-7111804 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | CDRC THERAPEUTIC SERVICE HOURS     |

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

| (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SAN LUIS OBISPO CHILD DEVELOPMENT CENTER<br>1720 BISHOP STREET<br>SAN LUIS OBISPO, CA 93401 | 23-7111804 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | COASTAL FRC                        |

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

| (a) Name and address of organization or government                                                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SAN LUIS OBISPO COUNTY<br>LEGAL ALTERNATIVES INC<br>1011 PACIFIC ST SUITE B<br>SAN LUIS OBISPO,CA<br>93401 | 77-0335048 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | SLOLAC BENEFITS PROJECT            |

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

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SAN LUIS VOCAL ARTS ENSEMBLEPO BOX 4306 SAN LUIS OBISPO, CA 93403 | 95-3370761 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | 2015 SPRING SCHOOL CHORAL FESTIVAL |

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

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SANTA MARIA VALLEY HUMANE SOCIETY1687 WEST STOWELL ROAD SANTA MARIA,CA 93458 | 77-0002949 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | LOW COST SPAY/NEUTER CLINIC        |

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

| (a) Name and address of organization or government                                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SENIOR NUTRITION PROGRAM OF SLO COUNTY<br>2180 JOHNSON AVENUE<br>SAN LUIS OBISPO,CA<br>93401 | 77-0279528 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | SENIOR NUTRITION PROGRAM           |

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

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SKILLFUL MEDITATION<br>PROJECTPOST OFFICE<br>BOX 1173<br>IDYLLWILD, CA 92549 | 95-4513251 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO BOTANICAL GARDEN<br>3450 DAIRY CREEK ROAD<br>SAN LUIS OBISPO, CA<br>93405 | 77-0248682 | 501(C)(3)                          | 5,153                    | 0                                 | N/A                                                   | N/A                                    | 2014 DESIGNATED DISTRIBUTION       |

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

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO CHILDREN'S MUSEUM<br>1010 NIPOMO STREET<br>SAN LUIS OBISPO, CA<br>93401 | 77-0261830 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                          | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO COUNTY OFFICE OF EDUCATION3350 EDUCATION DRIVE SAN LUIS OBISPO,CA 93405 |         | GOVERNMENT                         | 40,000                   | 0                                 | N/A                                                    | N/A                                    | 2014 RAISING A READER              |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO LITTLE THEATRE INC<br>POST OFFICE BOX 122<br>SAN LUIS OBISPO, CA<br>93406 | 95-2556678 | 501(C)(3)                          | 7,000                    | 0                                 | N/A                                                    | N/A                                    | ACADEMY OF<br>CREATIVE THEATRE     |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO LITTLE THEATRE INC<br>POST OFFICE BOX 122<br>SAN LUIS OBISPO, CA<br>93406 | 95-2556678 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | LIGHTING CONSOLE                   |

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

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO NOOR FOUNDATION<br>1428 PHILLIPS LANE<br>SUITE B-4<br>SAN LUIS OBISPO, CA<br>93401 | 27-1412176 | 501(C)(3)                          | 50,000                   | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                         |
|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| SLO NOOR FOUNDATION<br>1428 PHILLIPS LANE<br>SUITE B-4<br>SAN LUIS OBISPO, CA<br>93401 | 27-1412176 | 501(C)(3)                          | 11,000                   | 0                                 | N/A                                                   | N/A                                    | OUTREACH AND HEALTH SERVICES FOR FARM AND VINEYARD WORKERS |

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO SYMPHONYPO BOX 658<br>SAN LUIS OBISPO, CA 93406 | 95-2493144 | 501(C)(3)                          | 65,000                   | 0                                 | N/A                                                   | N/A                                    | OPERATIONS 2014                    |

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO SYMPHONYPO BOX 658<br>SAN LUIS OBISPO, CA 93406 | 95-2493144 | 501(C)(3)                          | 7,730                    | 0                                 | N/A                                                   | N/A                                    | SLO YOUTH SYMPHONY                 |

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SLO SYMPHONYPO BOX 658<br>SAN LUIS OBISPO, CA 93406 | 95-2493144 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | EVERYDAY ETUDES PROGRAM            |

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SONSHINE FOLK SCHOOL<br>FARM INC8307 SOFTWIND<br>DRIVE<br>MECHANICSVILLE, VA<br>23111 | 27-2888122 | 501(C)(3)                          | 12,500                   | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                |
|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------|
| SOUTH COUNTY EDUCATION FOUNDATION<br>POST OFFICE BOX 222<br>ARROYO GRANDE, CA 934210222 | 77-0020195 | 501(C)(3)                          | 7,000                    | 0                                 | N/A                                                   | N/A                                    | ANNUAL DISTRIBUTION FOR GRANTS IN ARTS AND SCIENCES TO GRADES 1-6 AND GRADES 7-12 |

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

| (a) Name and address of organization or government             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SOUTH COUNTY YOUTH COALITIONPO BOX 371 ARROYO GRANDE, CA 93421 | 77-0495870 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | "HELPING HAND FUND"                |

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

| (a) Name and address of organization or government             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SOUTH COUNTY YOUTH COALITIONPO BOX 371 ARROYO GRANDE, CA 93421 | 77-0495870 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | "HELPING HAND FUND"                |

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

| (a) Name and address of organization or government             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SOUTH COUNTY YOUTH COALITIONPO BOX 371 ARROYO GRANDE, CA 93421 | 77-0495870 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | HELPING HAND FUND                  |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECIAL OLYMPICS1171 A<br>TORO STREET<br>SAN LUIS OBISPO, CA<br>93401 | 95-4538450 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | CORE OPERATING COSTS               |

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

| (a) Name and address of organization or government            | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ST LUKE UNITED METHODIST CHURCHPO BOX 1796 COLUMBIA, TN 38402 |         | RELIGIOUS                          | 6,000                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                        |
|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|
| ST ROSE SCHOOL900<br>TUCKER AVE<br>PASO ROBLES,CA 93446 | 94-1658139 | RELIGIOUS                          | 25,000                   | 0                                 | N/A                                                   | N/A                                    | RESTRICTED TO THE<br>GUIDANCE OF THE<br>PARENT'S<br>ADVISORY<br>COMMITTEE |

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance            |
|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------|
| STANFORD UNIVERSITY<br>POST OFFICE BOX 20466<br>STANFORD, CA<br>943090466 | 94-1156365 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | TO BENEFIT THE CAMPAIGN FOR STANFORD MEDICINE |

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

| (a) Name and address of organization or government                  | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TEACH ELEMENTARY SCHOOL451 JAYCEE DRIVE<br>SAN LUIS OBISPO,CA 93405 |         | GOVERNMENT                         | 100,000                  | 0                                 | N/A                                                    | N/A                                    | TEACH ELEMENTARY SCHOOL            |

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| THE SALVATION ARMY<br>1550 WEST BRANCH STREET<br>ARROYO GRANDE, CA 93420 | 94-1156347 | 501(C)(3)                          | 10,000                   | 0                                 | N/A                                                   | N/A                                    | TARGETED ASSISTANCE FUND           |

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

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| TRANSITIONAL FOOD AND SHELTER INCPO BOX 4471 PASO ROBLES,CA 93447 | 77-0489535 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | CORE OPERATING COSTS               |

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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| TRANSITIONS-MENTAL HEALTH ASSOCIATIONPO BOX 15408 SAN LUIS OBISPO,CA 93406 | 95-3509040 | 501(C)(3)                          | 9,000                    | 0                                 | N/A                                                    | N/A                                    | EMPLOYMENT GATEWAY                 |

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

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                          |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|
| TURKISH PHILANTHROPY FUNDS (TPF)216 EAST 45TH STREET 7TH FLOOR NEWYORK,NY 10017 | 20-8392006 | 501(C)(3)                          | 15,000                   | 0                                 | N/A                                                    | N/A                                    | TO CONTINUE THE SCHOLARSHIP IN THE NAME OF S SAMI SOLU, M D |

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

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                          |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|
| TURKISH PHILANTHROPY FUNDS (TPF)216 EAST 45TH STREET 7TH FLOOR NEWYORK,NY 10017 | 20-8392006 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | TO CONTINUE THE SCHOLARSHIP IN THE NAME OF S SAMI SOLU, M D |

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

| (a) Name and address of organization or government                                                               | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance         |
|------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|--------------------------------------------|
| UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION IN SLO COUNTY2156 SIERRA WAY SUITE C SAN LUIS OBISPO,CA 934014556 | 94-6036494 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | INCREASING SCIENCE LITERACY AND LEADERSHIP |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                         |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------|
| VOICES AGAINST BRAIN CANCER1375 BROADWAY 3RD FLOOR NEW YORK,NY 10018 | 20-2872778 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | TO SUPPORT JOIN THE VOICES! AGAINST BRAIN CANCER RUN/WALK (TEAM O'CONNELL) |

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

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| WHITMAN COLLEGE<br>OFFICE OF ANNUAL GIVING<br>345 BOYER AVE<br>WALLA WALLA, WA 99362 | 91-0567740 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                                                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                              |
|----------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|
| WOMEN'S SHELTER<br>PROGRAM OF SLO AKA<br>GLINDA SERVICES INCPO<br>BOX 125<br>SAN LUIS OBISPO,CA<br>93406 | 95-3370729 | 501(C)(3)                          | 10,000                   | 0                                 | N/A                                                    | N/A                                    | SELF-SUFFICIENCY<br>PROGRAM FOR<br>DOMESTIC<br>VIOLENCE VICTIMS |

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| WOODS HUMANE SOCIETY<br>875 OKLAHOMA AVE<br>SAN LUIS OBISPO, CA<br>93405 | 95-2058587 | 501(C)(3)                          | 7,730                    | 0                                 | N/A                                                   | N/A                                    | UNRESTRICTED                       |

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| AIDS SUPPORT NETWORK OF SLO COUNTYPO BOX 12158 SAN LUIS OBISPO, CA 93406 | 77-0205717 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | SLO HEP C PROJECT/AIDS SUPPORT NETWORK |

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

| (a) Name and address of organization or government                                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                    |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------|
| ALPHA PREGNANCY & PARENTING SUPPORT<br>11549 LOS OSOS VALLEY ROAD STE 104<br>SAN LUIS OBISPO,CA 93405 | 95-3570504 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | MATERNAL WELLNESS AND INFANT SAFETY PROTECTING OUR MOTHERS AND BABIES |

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

| (a) Name and address of organization or government        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ARROYO GRANDE IN BLOOMPO BOX 1526 ARROYO GRANDE, CA 93421 | 27-3797711 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                   | N/A                                    | WALK OF HISTORY                    |

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

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|--------------------------------------|
| ATASCADERO EDUCATION FOUNDATIONPOST OFFICE BOX 642 ATASCADERO,CA 93423 | 77-0273964 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | ATASCADERO HIGH SCHOOL ROBOTICS TEAM |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ATASCADERO GREYHOUND FOUNDATIONPO BOX 3120 ATASCADERO, CA 934233120 | 77-0390865 | 501(C)(3)                          | 5,000                    | 0                                 | N/A                                                    | N/A                                    | FRINGE FESTIVAL                    |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (a)Type of grant or assistance                                     | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| SCHOLARSHIP 2011 DAVID B GIANAS MEMORIAL SCHOLARSHIP               | 1                       | -1,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2012 DAVID B GIANAS MEMORIAL SCHOLARSHIP               | 3                       | -2,500                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2013 DAVID B GIANAS MEMORIAL SCHOLARSHIP               | 2                       | -1,750                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2013 DOUGLAS DEGROSS SCHOLARSHIP IN AUTOMOTIVE STUDIES | 1                       | -1,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2013 RICHARD J WEYHRICH LEADERSHIP SCHOLARSHIP         | 1                       | -834                    | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2013 YEAGER SCIENCE SCHOLARSHIP                        | 1                       | -18,500                 | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 BRIAN WATERBURY MEMORIAL SCHOLARSHIP              | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 DAVID B GIANAS MEMORIAL SCHOLARSHIP               | 5                       | 5,750                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 DON FLOYD MEMORIAL SCHOLARSHIP                    | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 DOROTHY ROSS MEMORIAL SCHOLARSHIP                 | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 DOUGLAS DEGROSS SCHOLARSHIP IN AUTOMOTIVE STUDIES | 1                       | 2,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 FRANK C HOLT SCHOLARSHIP                          | 2                       | 6,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 GARY GROSSMAN SCHOLARSHIP                         | 1                       | 1,500                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 GARY PAUL PIANTANIDA SCHOLARSHIP                  | 2                       | 24,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 IAN PURDON MEMORIAL SCHOLARSHIP                   | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (a)Type of grant or assistance                                  | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-----------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| HUMAN SERVICES 2014 ISABEL P RUIZ HUMANITARIAN AWARD            | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 JENNIFER THOMA MEMORIAL BALLET SCHOLARHSIP     | 1                       | 2,500                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 JOHN AND YVONNE HSU EDMISTEN SCHOLARSHIP       | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 JUSTIN MCCUTCHEON MEMORIAL SCHOLARSHIP         | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 KELLY A MCADAMS SCHOLARSHIP                    | 3                       | 15,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 LAUREN TIPTON SLAUGHTER SCHOLARSHIP            | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 PASO ROBLES H S CLASS OF '55 SCHOLARSHIP       | 2                       | 2,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 RICHARD J WEYHRICH LEADERSHIP AWARD            | 12                      | 48,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP | 1                       | 8,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 SPIRIT OF THE CLASS OF '49 AWARD FUND          | 2                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 STEPHEN DONNELLAN MOSS MEMORIAL SCHOLARSHIP    | 1                       | 1,500                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 SWITZER SCHOLARSHIP                            | 1                       | 16,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 TRACTOR RESTORATION AWARD                      | 1                       | 2,000                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP 2014 YEAGER SCIENCE SCHOLARSHIP                     | 2                       | 46,000                  | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP BURT W POLIN AND VIRGINIA POLIN ELKS SCHOLARSHIP    | 1                       | 1,500                   | 0                                | N/A                                                  | N/A                                   |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (a)Type of grant or assistance                                           | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| SCHOLARSHIP GERMAN SCHOOL COMMITTEE FUND                                 | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| EDUCATION FOR TECHNOLOGY IN THE KINDERGARTEN CLASSROOM                   | 1                       | 2,145                   | 0                                | N/A                                                  | N/A                                   |
| SCHOLARSHIP SCHOLARSHIP FOR CEARA EISWORTH -GERMAN SCHOOL COMMITTEE FUND | 1                       | 1,500                   | 0                                | N/A                                                  | N/A                                   |
| EDUCATION UNRESTRICTED                                                   | 1                       | 1,000                   | 0                                | N/A                                                  | N/A                                   |
| HUMAN SERVICES UNRESTRICTED                                              | 1                       | 10,000                  | 0                                | N/A                                                  | N/A                                   |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Employer identification number  
77-0496500

Part I Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII,<br>line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 15                                                     | 5,698,574                                                                             | FV OF SECURITIES                                             |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>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 ▶ (<br>EVENT SUPPLIES )                                           | X                                | 12                                                     | 5,575                                                                                 | FAIR VALUE                                                   |
| 26 Other ▶ (<br>)                                                          |                                  |                                                        |                                                                                       |                                                              |
| 27 Other ▶ (<br>)                                                          |                                  |                                                        |                                                                                       |                                                              |
| 28 Other ▶ (<br>)                                                          |                                  |                                                        |                                                                                       |                                                              |

29

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

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 is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2014)

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.

| Return Reference | Explanation                                                                                                                                                               |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 32B | THE FOUNDATION MAINTAINS BROKERAGE ACCOUNTS TO ENABLE DONORS TO TRANSFER STOCK THE GIFTS OF STOCK ARE THEN SOLD AND THE PROCEEDS DEPOSITED INTO THE FOUNDATION'S ACCOUNTS |

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Name of the organization  
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION**Employer identification number**

77-0496500

**990 Schedule O, Supplemental Information**

| Return Reference                                                  | Explanation                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11                             |                                                                                                                                                                                                                                                           |
| FORM 990, PART VI, SECTION B, LINE 12C                            | EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST<br>POLICY EACH EMPLOYEE, B<br>OARD MEMBER, GRANT REVIEWER, GRANT AND SCHOLARSHIP COMMITTEE<br>MEMBER COMPLETES AND SIGNS A<br>WRITTEN CONFLICT OF INTEREST DISCLOSURE DOCUMENT ANNUALLY |
| FORM 990, PART VI, SECTION B, LINE 15                             | COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY<br>EMPLOYEES THE FULL BOARD PERIODI<br>CALLY CONDUCTS A FORMAL REVIEW PROCESS FOR THE CHIEF EXECUTIVE<br>OFFICER AND ALSO REVIEWS SA<br>LARY AND AGREES ON ANY SALARY ADJUSTMENTS               |
| FORM 990, PART VI, SECTION C, LINE 19                             | OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE A PUBLIC<br>DISCLOSURE COPY OF THE ORGANIZAT<br>ION'S BYLAWS, POLICIES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE<br>ON THE ORGANIZATION<br>'S WEBSITE, ON GUIDESTAR ORG AND UPON REQUEST            |
| FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS<br>AND REPORTING | THE OVERSIGHT PROCESS BY THE AUDIT COMMITTEE DID NOT CHANGE THIS<br>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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

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)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity                                                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity            | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                                                                           |                                                  |                            |                                                     |                                             | Yes                                          | No |
| (1) REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY<br>550 DANA STREET<br><br>SAN LUIS OBISPO, CA 93401<br>80-0383894                                                                                                | SUPPORTING ORGANIZATION - CONDUCTING ACTIVITIES FOR THE BENEFIT OF SLOCCF | CA                                               | 501(C) (3)                 | PUBLIC CHARITY - TYP                                | SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION | Yes                                          |    |

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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                    | No |
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|