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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*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
550 DANA STREET

City or town, state or province, country, and ZIP or foreign postal code
SAN LUIS OBISPO, CA 93401

D Employer identification number
77-0496500

E Telephone number
(805) 543-2323

G Gross receipts $ 31,771,676

F Name and address of principal officer
HEIDI MCPHERSON
550 DANA STREET
SAN LUIS OBISPO, CA 93401

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFSLOCO ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MAKE A DIFFERENCE THROUGH PHILANTHROPIC LEADERSHIP - SEE SCHEDULE OTHE 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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,302,013	4,156,312
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,786,214	5,740,337
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-181,867	-375,078
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,906,360	9,521,571

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,148,335	5,295,121
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	539,242	573,297
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶148,517		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	515,669	528,355
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,203,246	6,396,773
19	Revenue less expenses Subtract line 18 from line 12	1,703,114	3,124,798

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	52,804,715	58,999,914
21	Total liabilities (Part X, line 26)	5,036,367	4,855,962
22	Net assets or fund balances Subtract line 21 from line 20	47,768,348	54,143,952

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

****** 2018-06-07
Signature of officer Date

HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIMBERLYN SPILLER	KIMBERLYN SPILLER			P01491937

Firm's name ▶ CALIBER AUDIT & ATTEST LLP — Firm's EIN ▶ 26-2350873

Firm's address ▶ 805 AEROVISTA PLACE SUITE 103
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 MAKE A DIFFERENCE THROUGH PHILANTHROPIC LEADERSHIP

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 5,887,405 including grants of $ 5,295,121) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

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** ▶ 5,887,405

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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	Yes	
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

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

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	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 . .	**1a**	14		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	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	**2a**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**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? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**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 ▶ _____ 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.** 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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**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	1a 15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available 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 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY VERDIN PRESIDENT	4 00	X		X				0	0	0
(2) JIM GLINN VICE PRESIDENT	4 00	X		X				0	0	0
(3) TOM SHERMAN TREASURER	4 00	X		X				0	0	0
(4) GRENDA ERNST SECRETARY	4 00	X		X				0	0	0
(5) JIM BRABECK DIRECTOR	4 00	X						0	0	0
(6) JEFF BUCKINGHAM DIRECTOR	4 00	X						0	0	0
(7) SANDY DUNN DIRECTOR	4 00	X						0	0	0
(8) GWEN ERSKINE DIRECTOR	4 00 1 00	X						0	0	0
(9) BEN MCADAMS DIRECTOR	4 00	X						0	0	0
(10) STEVE MCCARTY PRESIDENT	4 00 1 00	X						0	0	0
(11) JOAN PARKER DIRECTOR	4 00	X						0	0	0
(12) MIKE PATRICK DIRECTOR	4 00 1 00	X						0	0	0
(13) LINDA SOMERS SMITH DIRECTOR	4 00	X						0	0	0
(14) JOHNINE TALLEY DIRECTOR	4 00	X						0	0	0
(15) BILL THOMA DIRECTOR	4 00	X						0	0	0
(16) HEIDI MCPHERSON CHIEF EXECUTIVE OFFICER	50 00 5 00			X				138,104	0	4,149
(17) DONNA JONES DIRECTOR OF FINANCE AND AD	40 00 5 00			X				80,006	0	2,496

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								218,110	0	6,645

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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) Name and business address	(B) Description of services	(C) 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c 89,799				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 4,066,513				
	g Noncash contributions included in lines 1a-1f $ 2,116,714				
	h **Total.** Add lines 1a-1f . . . . . ▶	4,156,312			
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, and other similar amounts) . . . . . ▶	1,332,618			1,332,618
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real / (ii) Personal			
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	26,622,980			
	b Less cost or other basis and sales expenses	22,215,261			
	c Gain or (loss)	4,407,719			
	d Net gain or (loss) . . . . . ▶	4,407,719			4,407,719
	8a Gross income from fundraising events (not including $ 89,799 of contributions reported on line 1c) See Part IV, line 18 . . . . a	56,050			
	b Less direct expenses . . . b	34,844			
	c Net income or (loss) from fundraising events . . ▶	21,206			21,206
	9a Gross income from gaming activities 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 CHANGE IN SPLIT INTEREST 900099	125,773	125,773		
	b OTHER REVENUE 900099	21,744	21,744		
	c INCOME HELD FOR OTHERS 900099	-543,801	-543,801		
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶	-396,284			
	12 Total revenue. See Instructions . . . . . ▶	9,521,571	-396,284	0	5,761,543

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,078,670	5,078,670		
2 Grants and other assistance to domestic individuals See Part IV, line 22	216,451	216,451		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,111	76,339	98,150	43,622
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	248,171	86,860	111,677	49,634
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,131	4,946	6,359	2,826
9 Other employee benefits	55,704	19,496	25,067	11,141
10 Payroll taxes	37,180	13,013	16,731	7,436
11 Fees for services (non-employees)				
a Management				
b Legal	2,500	813	875	812
c Accounting	21,200		21,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	339,049	339,049		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,750		10,750	
12 Advertising and promotion	9,179	3,029	3,121	3,029
13 Office expenses	20,203	6,667	6,869	6,667
14 Information technology	42,876	14,149	14,578	14,149
15 Royalties				
16 Occupancy	13,727	4,530	4,667	4,530
17 Travel	9,144	3,018	3,109	3,017
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,512	18,649	19,214	18,649
23 Insurance	9,666	920	8,220	526
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	54,472	54,472		
b MISCELLANEOUS	24,594	10,043	7,507	7,044
c PROGRAM EXPENSE	21,172	13,568		7,604
d MEMBERSHIP DUES AND SUB	8,107	2,675	2,757	2,675
e All other expenses	-114,796	-79,952		-34,844
25 **Total functional expenses.** Add lines 1 through 24e	6,396,773	5,887,405	360,851	148,517
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	375,571	1	1,350,662
	2	Savings and temporary cash investments	5,382,284	2	3,495,958
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,431
	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	11,648	9	5,167
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,983,150			
	b	Less accumulated depreciation — 10b: 354,958	1,639,829	10c	1,628,192
	11	Investments—publicly traded securities	26,631,292	11	23,137,190
	12	Investments—other securities See Part IV, line 11	16,927,501	12	27,352,986
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,836,590	15	2,028,328
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	52,804,715	16	58,999,914
Liabilities	17	Accounts payable and accrued expenses	86,982	17	40,830
	18	Grants payable	247,267	18	295,421
	19	Deferred revenue		19	1,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	4,017,632	21	3,767,818
	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	684,486	25	750,393
	26	**Total liabilities.** Add lines 17 through 25	5,036,367	26	4,855,962
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,179,555	27	5,181,957
	28	Temporarily restricted net assets	22,633,399	28	27,801,103
	29	Permanently restricted net assets	20,955,394	29	21,160,892
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	47,768,348	33	54,143,952
	34	Total liabilities and net assets/fund balances	52,804,715	34	58,999,914

Part XI Reconcilliation 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	9,521,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,396,773
3	Revenue less expenses Subtract line 2 from line 1	3	3,124,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,768,348
5	Net unrealized gains (losses) on investments	5	971,620
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	2,279,186
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,143,952

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

Additional Data

Software ID:

Software Version:

EIN: 77-0496500

Name: THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Form 990 (2017)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY SERVES THE ENTIRE COUNTY OF SAN LUIS OBISPO, FUNDING A WIDE RANGE OF INITIATIVES, PROJECTS AND ORGANIZATIONS THROUGH THE GENEROSITY OF OUR DONORS, PAST AND PRESENT, PHILANTHROPY IS PROMOTED THAT STRENGTHENS CIVIC LIFE ACROSS THE SAN LUIS OBISPO COUNTY REGION IN RESPONSE TO THE EVER CHANGING DEMOGRAPHICS AND NEEDS OF OUR COMMUNITIES WE FOCUS OUR GRANTMAKING ON THE FOLLOWING CORE AREAS ARTS & CULTURE, EDUCATION, HEALTH, HUMAN SERVICES, SCHOLARSHIPS, ENVIRONMENT AND COMMUNITY ENHANCEMENT

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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*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,247,578	7,793,849	5,650,351	2,978,383	4,156,087	22,826,248
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	2,247,578	7,793,849	5,650,351	2,978,383	4,156,087	22,826,248
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						22,826,248

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	2,247,578	7,793,849	5,650,351	2,978,383	4,156,087	22,826,248
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	986,186	1,148,940	1,200,724	1,220,522	1,332,618	5,888,990
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						28,715,238

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	**14**	79 490 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	81 940 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	93	
2	Aggregate value of contributions to (during year)	3,413,308	
3	Aggregate value of grants from (during year)	3,842,720	
4	Aggregate value at end of year	21,293,393	

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? ☑ Yes ☐ 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? ☑ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	42,430,520	39,474,090	36,777,574	30,738,701	27,579,523
b Contributions	1,711,084	2,071,884	5,038,530	6,438,421	1,136,386
c Net investment earnings, gains, and losses	6,153,620	2,786,355	-345,872	1,672,280	3,542,480
d Grants or scholarships	2,617,276	1,901,809	1,996,142	2,071,828	1,519,688
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	47,677,948	42,430,520	39,474,090	36,777,574	30,738,701

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 ▶ 53 000 %
- c Temporarily restricted endowment ▶ 47 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		425,000		425,000
b Buildings		1,275,000	201,875	1,073,125
c Leasehold improvements				
d Equipment				
e Other		283,150	153,083	130,067
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,628,192

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	1,791,865	F
(B) FIXED INCOME/MUTUAL FUNDS	22,731,816	F
(C) US GOVERNMENT AND CORPORATE BONDS	2,829,305	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	27,352,986	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYROLL LIABILITIES	6,112
LIABILITIES TO BENEFICIARIES FROM SPLIT INTEREST AGREEMENTS	744,281
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	750,393

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	10,576,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	971,620		
b	Donated services and use of facilities	2b	29,820		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	53,480		
e	Add lines **2a** through **2d**			2e	1,054,920
3	Subtract line **2e** from line **1**			3	9,521,571
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	9,521,571

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

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

1	Total expenses and losses per audited financial statements			1	6,671,146
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	29,820		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	244,553		
e	Add lines **2a** through **2d**			2e	274,373
3	Subtract line **2e** from line **1**			3	6,396,773
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	6,396,773

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 77-0496500

Name: THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE ORGANIZATION HOLDS AMOUNTS ON BEHALF OF OTHERS AND UNAFFILIATED NON-PROFIT ORGANIZATIO NS FOR THEIR DESIGNATED USE, WHICH FOR FINANCIAL STATEMENT PURPOSES IS ACCOUNTED FOR BY TH E ORGANIZATION SUBJECT TO THE GUIDANCE PROVIDED BY THE FASB CODIFICATION TOPIC RELATED TO AGENCY TRANSACTIONS (FASB ASC 985-605-25, PARAGRAPHS 21 THROUGH 33)

Supplemental Information

Return Reference	Explanation
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 T HE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY ENCOURAGES DONORS AND AGENCIES TO OPEN ENDO WMENT 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 FOUNDATI ON'S SPENDING POLICY WHICH IS TO DISBURSE UP TO 4 00% PER ANNUM OF THE PRECEDING 12 QUARTE R TRAILING AVERAGE INVESTED IN THE POOL PER FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FROM AUDITED FINANCIAL STATEMENTS FOOTNOTE THE FOUNDATION'S ACTIVITIES ARE GENERALLY EXEM PT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE COD E AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE SINCE THE FOUNDATION IS EXEMP T FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRE D INCOME TAX EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, MANAGEMENT OF THE FO UNDATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE C ONSOLIDATED FINANCIAL STATEMENTS UNDER THE PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FIN ANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) THE FOUN DATION 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, STAT E AND OTHER APPLICABLE AGENCIES SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSI NESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME RECORDED BY SUPPORTING ORG INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENT S TRANSFER RECORDED FROM SUPPORTING ORG INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STA TEMENTS DIRECT EXPENSES FROM FUNDRAISING EVENT

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES RECORDED BY SUPPORTING ORG INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS DIRECT EXPENSES FROM FUNDRAISING EVENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164011598

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 WOMEN'S LEGACY LUNCHEON (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	145,849			145,849
	2 Less Contributions	89,799			89,799
	3 Gross income (line 1 minus line 2)	56,050			56,050
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,834			16,834
	8 Entertainment	4,500			4,500
	9 Other direct expenses	13,510			13,510
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				34,844
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				21,206

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164011598

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 46

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	IN GENERAL, FOUNDATION GRANTS ARE REQUIRED TO FILE, AT MINIMUM, A FINAL WRITTEN GRANT REPORT AT THE END OF THE GRANT TERM, WITH THE EXCEPTION OF GRANTS THAT ARE MADE FROM DONOR ADVISED FUNDS UPON OF THE RECOMMENDATION OF THE DONOR FOR MULTI-YEAR GRANTS, INTERIM WRITTEN REPORTS ARE REQUIRED IN ADDITION TO THE FINAL REPORT GRANT REPORT REQUIREMENTS INCLUDE BOTH A NARRATIVE STATUS REPORT AND FINANCIAL ACCOUNTING OF THE USE OF THE FUNDS ALL FOUNDATION GRANTS ARE SUBJECT TO AN INTERIM SITE VISIT, USUALLY HALF-WAY THROUGH THE GRANT TERM, BY FOUNDATION PROGRAM STAFF THESE SITE VISITS ARE RECORDED IN THE GRANT FILE

Additional Data

Software ID:

Software Version:

EIN: 77-0496500

Name: THE COMMUNITY FOUNDATION SAN LUIS OBISPO 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 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
MISSION COLLEGE PREPARATORY SCHOOL 682 PALM STREET SAN LUIS OBISPO, CA 93401	23-7067299	501(C)(3)	2,162,789	0	N/A	N/A	TO SUPPORT THE CAPITAL PROJECTS AT MISSION COLLEGE PREPARATORY SCHOOL
FIVE CITIES HOMELESS COALITION PO BOX 558 GROVER BEACH, CA 93483	27-0413593	501(C)(3)	160,000	0	N/A	N/A	TRANSITIONAL 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 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 COALITION PO BOX 558 GROVER BEACH, CA 93483	27-0413593	501(C)(3)	150,000	0	N/A	N/A	RAPID RE-HOUSING
SLO MUSEUM OF ART (SLOMA) PO BOX 813 SAN LUIS OBISPO, CA 93406	95-6134270	501(C)(3)	150,000	0	N/A	N/A	TO SUPPORT THE CAPITAL 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 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
THETA XI FOUNDATION 301 SHAWMUT AVENUE 34 BOSTON, MA 02118	43-6049500		150,000	0	N/A	N/A	REMODELING OF THE DELTA CHAPTER HOUSE
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	75,000	0	N/A	N/A	TO SUPPORT THE BISHOP STREET STUDIOS CAPITAL 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 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 HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	50,000	0	N/A	N/A	WOMEN'S SELF-EMPOWERMENT AND NEIGHBORHOOD CHILD-CARE PROJECT
RESTORATIVE PARTNERS INC (RP) 4251 S HIGUERA STREET STE 102 SAN LUIS OBISPO, CA 93401			49,970	0	N/A	N/A	CULINARY JOB TRAINING AND INTERNSHIP 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 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 INC 1255 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0159090	501(C)(3)	45,000	0	N/A	N/A	YOUTH EMPLOYMENT PROGRAM
SLO COUNTY OFFICE OF EDUCATION 3350 EDUCATION DRIVE SAN LUIS OBISPO, CA 93405		GOVERNMENT	40,000	0	N/A	N/A	RASING 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 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 875 OKLAHOMA AVE SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	40,000	0	N/A	N/A	TO SUPPORT PURCHASE OF TRANSPORTATION VAN
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	35,000	0	N/A	N/A	MENTAL HEALTH FIRST AID

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 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 YMCA 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2147727	501(C)(3)	30,000	0	N/A	N/A	$10,000 TO IT UPGRADES AND $20,000 TO EXPAND THE YOUTH INSTITUTE INTO PASO ROBLES
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	25,934	0	N/A	N/A	SLO COUNTY FOOD BANK COALITION

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 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 COALITION PO BOX 558 GROVER BEACH, CA 93483	27-0413593	501(C)(3)	25,000	0	N/A	N/A	TO SUPPORT HOUSING SUPPORT AND IMMEDIATE NEEDS PROGRAM
SLO MUSEUM OF ART (SLOMA) PO BOX 813 SAN LUIS OBISPO, CA 93406	95-6134270	501(C)(3)	25,000	0	N/A	N/A	SLOMA CAPITAL 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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH COUNTY EDUCATION FOUNDATION POST OFFICE BOX 222 ARROYO GRANDE, CA 934210222	77-0020195	501(C)(3)	24,000	0	N/A	N/A	SOUTH COUNTY EDUCATION FOUNDATION
HOPE AND HEALING ACADEMY 10437 SW 53RD STREET TOPEKA, KS 666109130	46-4082603		23,818	0	N/A	N/A	TO BE USED IN THE HONOR OF SPECIFIED NAME

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	22,000	0	N/A	N/A	MENTAL HEALTH FIRST AID PROGRAM
JACK'S HELPING HAND PO BOX 14718 SAN LUIS OBISPO, CA 93406	20-4731313	501(C)(3)	21,000	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 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 COUNSELING CENTER OF SAN LUIS OBISPO COUNTY (CCC) 1129 MARSH STREET SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	20,000	0	N/A	N/A	UNRESTRICTED
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO PO BOX 591 SAN LUIS OBISPO, CA 93406		RELIGIOUS	20,000	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 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 SAN LUIS OBISPO COUNTY PO BOX 12206 SAN LUIS OBISPO, CA 93406	77-0039294	501(C)(3)	20,000	0	N/A	N/A	TO SUPPORT THE OCTAGON BARN CAPITAL CAMPAIGN
PASO ROBLES YOUTH ARTS FOUNDATION 3201 SPRING STREET PASO ROBLES, CA 93447	77-0488880		20,000	0	N/A	N/A	TO SUPPORT THE PERFORMING ARTS 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 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 HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	20,000	0	N/A	N/A	TO SUPPORT SUPPORTIVE HOUSING PROGRAM
ST JEROME'S EPISCOPAL CHURCH POBOX 1072 CHAMA, NM 87520		RELIGIOUS	20,000	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 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
STAND STRONG PO BOX 125 SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	20,000	0	N/A	N/A	TO SUPPORT SELF-SUFFICIENCY PROGRAM
STUDIOS ON THE PARK POST OFFICE BOX 3000 PASO ROBLES, CA 93447	26-1759872	501(C)(3)	20,000	0	N/A	N/A	SUPPORT 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	20,000	0	N/A	N/A	TO SUPPORT THE MENTAL HEALTH FIRST AID PROGRAM
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	20,000	0	N/A	N/A	BISHOP STREET CAPITAL 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 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 INC PO BOX 4471 PASO ROBLES, CA 93447	77-0489535	501(C)(3)	19,200	0	N/A	N/A	TO SUPPORT TRANSITIONAL FOOD AND SHELTER PROGRAM
MR ANDY STENSON 602 ORCHARD STREET ARROYO GRANDE, CA 93420		GOVERNMENT	19,151	0	N/A	N/A	GOOD FUND FOR AVID STUDENTS AT AGHS AND NHS

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 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 DIST 1500 LIZZIE STREET SAN LUIS OBISPO, CA 93401		GOVERNMENT	16,823	0	N/A	N/A	ANNUAL GRANT PROGRAM FOR TEACHERS/SCHOOLS
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO PO BOX 591 SAN LUIS OBISPO, CA 93406		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 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 COUNTY 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	15,800	0	N/A	N/A	TO SUPPORT NO COOK BAGS PROGRAM FOR HOMELESS
BOYS & GIRLS CLUB OF SOUTH SLO COUNTY 1830 19TH STREET OCEANO, CA 93445	77-0390117	501(C)(3)	15,500	0	N/A	N/A	SMART GIRLS

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 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 AFFAIRS 1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	20-3256125	501(C)(3)	15,500	0	N/A	N/A	FRENCH HOSPITAL DOVE GIRL'S SELF-ESTEEM WORKSHOPS
COMMUNITY COUNSELING CENTER OF SAN LUIS OBISPO COUNTY (CCC) 1129 MARSH STREET SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	15,000	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 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
FRESH START 907 HATCHER LANE COLUMBIA, TN 38401	47-5304890		15,000	0	N/A	N/A	UNRESTRICTED
MEADE CANINE RESCUE PO BOX 252 CRESTON, CA 934320252	27-1940144	501(C)(3)	15,000	0	N/A	N/A	ADDRESSING VETERINARY EXPENSES FOR RESCUED CANINES

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SAN LUIS OBISPO REPERTORY THEATRE 888 MORRO STREET SAN LUIS OBISPO, CA 93406	95-2556678	501(C)(3)	15,000	0	N/A	N/A	UNRESTRICTED
SLO COUNTY YMCA 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2147727	501(C)(3)	15,000	0	N/A	N/A	WORK ON THE PRE-DESIGN OF THE REMODEL OF THE EXISTING YMCA FACILITY IN SAN LUIS OBISPO

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

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SLO COUNTY YMCA 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2147727	501(C)(3)	15,000	0	N/A	N/A	PRE-DESIGN OF THE REMODEL OF THE EXISTING YMCA FACILITY
SLO MUSEUM OF ART (SLOMA) PO BOX 813 SAN LUIS OBISPO, CA 93406	95-6134270	501(C)(3)	15,000	0	N/A	N/A	UNRESTRICTED

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

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WOODS HUMANE SOCIETY 875 OKLAHOMA AVE SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	15,000	0	N/A	N/A	TO SUPPORT MEDICAL AND DENTAL EXPNSES FOR RESCUED CANINES
FIRST UNITED METHODIST CHURCH 222 WEST 7TH STREET COLUMBIA, TN 38401			14,500	0	N/A	N/A	FOR FUMC NEW SOUND SYSTEM (RE DR RUSSELL)

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

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FRIENDS OF THE SAN LUIS OBISPO BOTANICAL GARDENS 3450 DAIRY CREEK ROAD SAN LUIS OBISPO, CA 93405	77-0248682	501(C)(3)	13,929	0	N/A	N/A	FRIENDS OF SLO BOTANICAL GARDEN
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	13,000	0	N/A	N/A	MENTAL HEALTH FIRST AID PROGRAM

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

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SLO NOOR FOUNDATION 1428 PHILLIPS LANE SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	12,000	0	N/A	N/A	TO ASSIST SAN LUIS OBISPO COUNTY AGRICULTURAL WORKERS AND THEIR FAMILIES
STUDIOS ON THE PARK POST OFFICE BOX 3000 PASO ROBLES, CA 93447	26-1759872	501(C)(3)	11,485	0	N/A	N/A	TO SUPPORT OPERATIONS

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

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MONTEREY RIDGE EDUCATIONAL FOUNDATION 17117 45 RANCH PARKWAY SAN DIEGO, CA 921278853	71-1015423		11,000	0	N/A	N/A	JULES TRANDEM CLASSROOM
ACCESS SUPPORT NETWORK SLO & MONTEREY COUNTIES (FORMERLY AIDS SUPPORT NETWO PO BOX 12158 SAN LUIS OBISPO, CA 93406	77-0205717	501(C)(3)	10,000	0	N/A	N/A	ASN FOOD PANTRY PROGRAM

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

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ALLIANCE FOR PHARMACEUTICAL ACCESS INC 506 EAST PLAZA DRIVE SUITE 5 SANTA MARIA, CA 93454	20-3117940	501(C)(3)	10,000	0	N/A	N/A	LIFE-SAVING MEDICATION ACCESS
ARROYO GRANDE COMMUNITY HOSPITAL FOUNDATION 345 S HALCYON RD ARROYO GRANDE, CA 93420	74-2544270		10,000	0	N/A	N/A	CANCER CARE FUND

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

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BASIN STREET REGULARS-CENTRAL COAST HOT JAZZ SOCIETY PO BOX 356 PISMO BEACH, CA 93448	95-3214113		10,000	0	N/A	N/A	SENIOR DANCES
BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTY PO BOX 12644 SAN LUIS OBISPO, CA 93406	77-0348487	501(C)(3)	10,000	0	N/A	N/A	GIRLS IN BIG BROTHERS BIG SISTERS SCHOOL BASED PROGRAM IN NIPOMO

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

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BOYS & GIRLS CLUB OF NORTH SLO COUNTY 2631 SPRING STREET PASO ROBLES, CA 93447	77-0272094	501(C)(3)	10,000	0	N/A	N/A	SMART GIRLS PROGRAM
CASA SOLANA INC 383 S THIRTEENTH STREET GROVER BEACH, CA 93433	95-3751698		10,000	0	N/A	N/A	CASA SOLANA

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COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	10,000	0	N/A	N/A	ADULT WELLNESS AND PREVENTION SCREENING (ADULT WELLNESS)
COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT FAMILY AND COMMUNITY SUPPORT SERVICES

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

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COMMUNITY COUNSELING CENTER OF SAN LUIS OBISPO COUNTY (CCC) 1129 MARSH STREET SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	10,000	0	N/A	N/A	PROFESSIONAL MENTAL HEALTH THERAPY FOR THE ECONOMICALLY DISADVANTAGED
CUESTA COLLEGE FOUNDATION P O BOX 8106 SAN LUIS OBISPO, CA 934038106	23-7225601	501(C)(3)	10,000	0	N/A	N/A	UNRESTRICTED

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

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FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO PO BOX 591 SAN LUIS OBISPO, CA 93406		RELIGIOUS	10,000	0	N/A	N/A	UNRESTRICTED
FIVE CITIES HOMELESS COALITION PO BOX 558 GROVER BEACH, CA 93483	27-0413593	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT HELPING HANDS - FINANCIAL ASSISTANCE FOR IMMEDIATE NEEDS

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

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FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0210727	501(C)(3)	10,000	0	N/A	N/A	$5,000 TO SUPPORT THE SENIOR FARMERS MARKET AND $5,000 TO SUPPORT THE CHILDREN'S FARMERS MARKET
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTOPOL, CA 954731100	20-2559651		10,000	0	N/A	N/A	TO SUPPORT UNDOCUFUND, IN SUPPORT OF THOSE AFFECTED BY THE FIRES IN NORTHERN CALIFORNIA

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JODI HOUSE INC 625 CHAPALA ST SANTA BARBARA, CA 93101	95-3836137		10,000	0	N/A	N/A	BRAIN INJURY SUPPORT PROGRAM
MEALS THAT CONNECT FORMERLY THE SENIOR NUTRITION PROGRAM OF SLO COUNTY 2180 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	77-0279528	501(C)(3)	10,000	0	N/A	N/A	SENIOR NUTRITION PROGRAM/MEALS THAT CONNECT

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PACIFIC WILDLIFE CARE POST OFFICE BOX 1134 MORRO BAY, CA 93443	77-0196350	501(C)(3)	10,000	0	N/A	N/A	$2,000 TO SUPPORT EDUCATION AND OUTREACH PROGRAMS, THE REMAINDER IS UNRESTRICTED
PASO ROBLES YOUTH ARTS FOUNDATION 3201 SPRING STREET PASO ROBLES, CA 93447	77-0488880		10,000	0	N/A	N/A	PASO ROBLES YOUTH ARTS FOUNDATION'S FREE MUSIC PROGRAM

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

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PATHPOINT 11491 LOS OSOS VALLEY RD SAN LUIS OBISPO, CA 93405	95-2371668		10,000	0	N/A	N/A	COMMUNITY ACCESS SERVICES (CAS)
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT EMERGENCY ASSISTANCE FUND

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PLACE OF HOPE INC 105 JAMES NORTH CAMPBELL BLVD COLUMBIA, TN 38401	62-1327713	501(C)(3)	10,000	0	N/A	N/A	FOR STRATEGIC CAPITAL PLAN
PLACE OF HOPE INC 105 JAMES NORTH CAMPBELL BLVD COLUMBIA, TN 38401	62-1327713	501(C)(3)	10,000	0	N/A	N/A	UNRESTRICTED

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PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST 518 GARDEN STREET SANTA BARBARA, CA 931011606	95-2319356	501(C)(3)	10,000	0	N/A	N/A	HEALTH SERVICES IN SAN LUIS OBISPO COUNTY
RISE PO BOX 630 PASO ROBLES, CA 93447	77-0068977	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT SEXUAL ASSAULT/INTIMATE PARTNER VIOLENCE CASE MANAGEMENT PROGRAM

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SALVATION ARMY SOUTH COUNTY SERVICE EXTENSION 1197 HIGHLAND WAY GROVER BEACH, CA 93433			10,000	0	N/A	N/A	TO SUPPORT SAN LUIS OBISPO CORPS
SAN LUIS OBISPO CHILD DEVELOPMENT CENTER DBA CHILD DEVELOPMENT RESOURCE CEN 1720 BISHOP STREET SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	10,000	0	N/A	N/A	THERAPEUTIC EARLY CHILDHOOD EDUCATION

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SAN LUIS OBISPO SYMPHONY INC 75 HIGUERA ST SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	10,000	0	N/A	N/A	STRINGS IN THE SCHOOLS
SANTA MARIA VALLEY SENIOR CITIZEN'S CLUB 510 E PARK SANTA MARIA, CA 93454	77-0111371		10,000	0	N/A	N/A	SANTA MARIA VALLEY SENIOR DANCE COMMITTEE

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SLO MUSEUM OF ART (SLOMA) PO BOX 813 SAN LUIS OBISPO, CA 93406	95-6134270	501(C)(3)	10,000	0	N/A	N/A	STIMULATING YOUTH ART EDUCATION
SLO NOOR FOUNDATION 1428 PHILLIPS LANE SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	10,000	0	N/A	N/A	SATELLITE CLINIC EXPANSION INTO NORTH SLO COUNTY

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STAND STRONG PO BOX 125 SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT OPPORTUNITY FUND
THE HISTORICAL SOCIETY OF MORRO BAY PO BOX 921 MORRO BAY, CA 93443	77-0574960		10,000	0	N/A	N/A	TO COMPLETE SIGNAGE AND PARK RESTORATION FOR THE NEW FRANKLIN RILEY PARK

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TOLOSA CHILDREN'S DENTAL CENTERPARTNERSHIP FOR THE CHILDREN OF SLO COUNTY 717 WALNUT DRIVE PASO ROBLES, CA 93446	77-0346861	501(C)(3)	10,000	0	N/A	N/A	EVERY TOOTH COUNTS
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	10,000	0	N/A	N/A	BISHOP STREET STUDIOS CAPITAL CAMPAIGN

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TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	10,000	0	N/A	N/A	MENTAL HEALTH FIRST AID PROGRAM
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	10,000	0	N/A	N/A	UNRESTRICTED

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

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WILSHIRE HEALTH & COMMUNITY SERVICES INC 285 SOUTH STREET STE J SAN LUIS OBISPO, CA 93401	95-2374185		10,000	0	N/A	N/A	GOOD NEIGHBOR PROGRAM
LOS PADRES FOREST ASSOCIATION INC 6750 NAVIGATOR WAY 150 GOLETA, CA 93117	77-0011516		10,000	0	N/A	N/A	TO SUPPORT TRAILS IN LOS PADRES NATIONAL FOREST IN SAN LUIS OBISPO COUNTY

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GRIZZLY YOUTH ACADEMY PO BOX 3209 SAN LUIS OBISPO, CA 934033209			9,500	0	N/A	N/A	OERATING COSTS
GRIZZLY YOUTH ACADEMY PO BOX 3209 SAN LUIS OBISPO, CA 934033209			9,500	0	N/A	N/A	OPERATING

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STAND STRONG PO BOX 125 SAN LUIS OBISPO, CA 93406	95-3370729	501(C)(3)	9,260	0	N/A	N/A	WOMEN'S SHELTER PROGRAM OF SAN LUIS OBISPO COUNTY
SAN LUIS OBISPO HIGH SCHOOL 1499 SAN LUIS DRIVE SAN LUIS OBISPO, CA 93401		GOVERNMENT	9,000	0	N/A	N/A	OF START-UP FUNDS TO PURCHASE THE CLASSROOM SETS FOR A NEW ROBOTICS SUMMER CAMP CLASS

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

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SLO COUNTY YMCA 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2147727	501(C)(3)	9,000	0	N/A	N/A	HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) AFTER SCHOOL CURRICULUM
SAN LUIS OBISPO SYMPHONY INC 75 HIGUERA ST SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	8,535	0	N/A	N/A	SLO SYMPHONY/AGENCY DISTRIBUTION

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COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO COUNTY 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	95-2410253	501(C)(3)	8,500	0	N/A	N/A	THE NEW HOMELESS CENTER CAMPAIGN
SAN LUIS OBISPO CHILD DEVELOPMENT CENTER DBA CHILD DEVELOPMENT RESOURCE CEN 1720 BISHOP STREET SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	8,500	0	N/A	N/A	TO SUPPORT THE FAMILY ADVOCACY COLLABORATIVE FAMILY SEEKING SELF-SUFFICIENCY (COASTSIDE)

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

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SAN LUIS OBISPO CHILD DEVELOPMENT CENTER DBA CHILD DEVELOPMENT RESOURCE CEN 1720 BISHOP STREET SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	8,500	0	N/A	N/A	TO SUPPORT FAMILY ADVOCACY COLLABORATIVE FAMILIES SEEKING SELF-SUFFICIENCY
SAN LUIS OBISPO HIGH SCHOOL 1499 SAN LUIS DRIVE SAN LUIS OBISPO, CA 93401		GOVERNMENT	8,500	0	N/A	N/A	SUPPORT FOR RM 307 AND AFFECTED CLUBS, INCLUDING THE ROBOTICS AND TECH CLUBS

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

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FOUNDATION FOR THE PERFORMING ARTS CENTER PO BOX 1137 SAN LUIS OBISPO, CA 93406	77-0129605	501(C)(3)	8,400	0	N/A	N/A	SCHOOL MATINEE PROGRAM
FIRST PRESBYTERIAN CHURCH OF SAN LUIS OBISPO PO BOX 591 SAN LUIS OBISPO, CA 93406		RELIGIOUS	8,000	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH 200 WEST MAIN STREET MCMINNVILLE, TN 37110			8,000	0	N/A	N/A	UNRESTRICTED
ST LUKE UNITED METHODIST CHURCH PO BOX 1796 COLUMBIA, TN 38402		RELIGIOUS	8,000	0	N/A	N/A	UNRESTRICTED

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

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TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	8,000	0	N/A	N/A	SLO HOTLINE
CLARK CENTER FOUNDATION PO BOX 1114 ARROYO GRANDE, CA 93421	77-0150216	501(C)(3)	7,621	0	N/A	N/A	CLARK CENTER FOUNDATION

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

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CUESTA COLLEGE FOUNDATION P O BOX 8106 SAN LUIS OBISPO, CA 934038106	23-7225601	501(C)(3)	7,621	0	N/A	N/A	CUESTA COLLEGE FOUNDATION
GROVER BEACH COMMUNITY LIBRARY 240 N 9TH STREET GROVER BEACH, CA 93433	43-2024995	501(C)(3)	7,621	0	N/A	N/A	GROVER BEACH COMMUNITY LIBRARY

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

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SAN LUIS OBISPO SYMPHONY INC 75 HIGUERA ST SUITE 160 SAN LUIS OBISPO, CA 93401	95-2493144	501(C)(3)	7,621	0	N/A	N/A	SLO SYMPHONY
WILSHIRE HEALTH & COMMUNITY SERVICES INC 285 SOUTH STREET STE J SAN LUIS OBISPO, CA 93401	95-2374185		7,621	0	N/A	N/A	WILSHIRE HOSPICE

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

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WOODS HUMANE SOCIETY 875 OKLAHOMA AVE SAN LUIS OBISPO, CA 93405	95-2058587	501(C)(3)	7,621	0	N/A	N/A	WOODS HUMANE SOCIETY
FRENCH HOSPITAL MEDICAL CENTER FOUNDATION AND PUBLIC AFFAIRS 1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	20-3256125	501(C)(3)	7,500	0	N/A	N/A	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 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 40PRADO PO BOX 12444 SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	7,500	0	N/A	N/A	UNRESTRICTED
SONSHINE FOLK SCHOOL FARM INC 8307 SOFTWIND DRIVE MECHANICSVILLE, VA 23111	27-2888122	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.

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CASACOURT APPOINTED SPECIAL ADVOCATES OF SLO COUNTY PO BOX 1168 SAN LUIS OBISPO, CA 93406	77-0316227	501(C)(3)	7,000	0	N/A	N/A	CHILD ADVOCACY FOR COURT-DEPENDENT CHILDREN
CENTRAL COAST MUSIC ACADEMY PO BOX 3253 SANTA MARIA, CA 93457	46-0580082		7,000	0	N/A	N/A	CENTRAL COAST MUSIC ACADEMY STUDENT ACHIEVEMENT SUPPORT 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 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
GRIZZLY YOUTH ACADEMY PO BOX 3209 SAN LUIS OBISPO, CA 934033209			7,000	0	N/A	N/A	GENERAL OPERATING FUNDS
TRANSITIONAL FOOD AND SHELTER INC PO BOX 4471 PASO ROBLES, CA 93447	77-0489535	501(C)(3)	7,000	0	N/A	N/A	TO SUPPORT TRANSITIONAL FOOD AND SHELTER, OPPORTUNITY TO THRIVE FUND

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

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SECOND CHANCE AT LOVE HUMANE SOCIETY POST OFFICE BOX 396 TEMPLETON, CA 93465	91-1816211		6,500	0	N/A	N/A	TO SUPPORT CAPITAL IMPROVEMENTS OF THE BARN SERVING AS HOUSING FOR DOG KENNELS, FOOD, AND MEDICAL SUPPLIES STORAGE
CENTRAL COAST STATE PARKS ASSOCIATION PO BOX 445 SAN LUIS OBISPO, CA 93406	51-0198869	501(C)(3)	6,000	0	N/A	N/A	MUSEUM OF NATURAL HISTORY EXHIBIT RENOVATION

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

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CENTRAL COAST AUTISM SPECTRUM CENTER PO BOX 903 SAN LUIS OBISPO, CA 93406	26-1666484	501(C)(3)	5,600	0	N/A	N/A	ART ON THE SPECTRUM
SLO INTERNATIONAL FILM FESTIVAL PO BOX 1449 SAN LUIS OBISPO, CA 93406	77-0367414	501(C)(3)	5,250	0	N/A	N/A	UNRESTRICTED

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

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SLO BOTANICAL GARDEN 3450 DAIRY CREEK ROAD SAN LUIS OBISPO, CA 93405	77-0248682	501(C)(3)	5,098	0	N/A	N/A	SLO BOTANICAL GARDENS
CAL POLY ARTS 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 934070334	95-1648180	GOVERNMENT	5,000	0	N/A	N/A	SPONSORSHIP OF KINKY BOOTS

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

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CENTRAL COAST AG NETWORK DBA CENTRAL COAST GROWN PO BOX 3736 SAN LUIS OBISPO, CA 93403	20-3447329	501(C)(3)	5,000	0	N/A	N/A	CITY FARM EDUCATIONAL PROJECT
CENTRAL COAST LINK DBA THE LINK 6500 MORRO ROAD SUITE A ATASCADERO, CA 93422	91-2022036	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT LAST RESORT FUND

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

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CENTRAL COAST STATE PARKS ASSOCIATION PO BOX 445 SAN LUIS OBISPO, CA 93406	51-0198869	501(C)(3)	5,000	0	N/A	N/A	UNRESTRICTED
CIVIC BALLET OF SAN LUIS OBISPO 3422 MIGUELITO COURT SAN LUIS OBISPO, CA 93401	95-3274034		5,000	0	N/A	N/A	THE CIVIC BALLET OF SLO PRESENTS THE NUTCRACKER 2017

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 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 ASSOCIATION 487 FAIR OAKS AVENUE ARROYO GRANDE, CA 93420	77-0560115		5,000	0	N/A	N/A	ARTS AND EDUCATION
COLUMBIA COUNSELING MINISTRIES 5001 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.

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COMMUNITY COUNSELING CENTER OF SAN LUIS OBISPO COUNTY (CCC) 1129 MARSH STREET SAN LUIS OBISPO, CA 93401	95-2906369	501(C)(3)	5,000	0	N/A	N/A	CAPITAL CAMPAIGN
CONSERVATION STRATEGY FUND 1160 G ST SUITE A-1 ARCATA, CA 95521	94-3294843		5,000	0	N/A	N/A	UNRESTRICTED

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

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FELINE NETWORK OF CENTRAL COAST PO BOX 526 SAN LUIS OBISPO, CA 93406	03-0467307		5,000	0	N/A	N/A	UNRESTRICTED
FOUNDATION FOR THE PERFORMING ARTS CENTER PO BOX 1137 SAN LUIS OBISPO, CA 93406	77-0129605	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.

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FRENCH HOSPITAL MEDICAL CENTER FOUNDATION AND PUBLIC AFFAIRS 1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	20-3256125	501(C)(3)	5,000	0	N/A	N/A	UNRESTRICTED
FRENCH HOSPITAL MEDICAL CENTER FOUNDATION AND PUBLIC AFFAIRS 1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	20-3256125	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT ROOM #305, IN MEMORY OF JOYCE JEAN ANDREWS

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

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FRIENDS OF 40PRADO PO BOX 12444 SAN LUIS OBISPO, CA 93406	77-0540323	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT THE CAPITAL CAMPAIGN
FRIENDS OF 40PRADO PO 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 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
GLOBAL GLIMPSE 101 BROADWAY SUITE 301 OAKLAND, CA 94607	26-0651273	501(C)(3)	5,000	0	N/A	N/A	UNRESTRICTED
KCBX RADIOCENTRAL COAST PUBLIC RADIO 4100 VACHELL LANE SAN LUIS OBISPO, CA 934018147	23-7292203	501(C)(3)	5,000	0	N/A	N/A	KCBX NEWS ART BEAT

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

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LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY PO BOX 12206 SAN LUIS OBISPO, CA 93406	77-0039294	501(C)(3)	5,000	0	N/A	N/A	$2,500 TO SUPPORT THE PISMO PRESERVE, AND $2,500 TO SUPPORT THE OCTAGON BARN
MISSION SAN LUIS OBISPO DE TOLOSA PRO CATHEDRAL 751 PALM STREET SAN LUIS OBISPO, CA 93401	94-1658139	RELIGIOUS	5,000	0	N/A	N/A	TO SUPPORT THE ART CONSERVATION AND RESTORATION STATIONS PROJECT

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

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MUSIC & MEMORY 142 EMORY ROAD MINEOLA, NY 11501	27-2098431	501(C)(3)	5,000	0	N/A	N/A	FULL AMOUNT TO ASSIST MUSIC & MEMORY IN COLUMBIA TENNESSEE 38401
PEOPLES' SELF-HELP HOUSING 3533 EMPLEO STREET SAN LUIS OBISPO, CA 93401	95-2750154	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.

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PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST 518 GARDEN STREET SANTA BARBARA, CA 931011606	95-2319356	501(C)(3)	5,000	0	N/A	N/A	UNRESTRICTED
SAN LUIS OBISPO REPERTORY THEATRE 888 MORRO STREET SAN LUIS OBISPO, CA 93406	95-2556678	501(C)(3)	5,000	0	N/A	N/A	2017-2018 SEASON - SOUND SYSTEM UPGRADE

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

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SLO COUNTY ANIMAL SERVICES PO BOX 4110 SAN LUIS OBISPO, CA 93408			5,000	0	N/A	N/A	TO SUPPORT STAFF AND VOLUNTEER TRAINING FOR BASIC ANIMAL AND CANINE HANDLING
SLO YOUTH BASEBALL LEAGUE POST OFFICE BOX 1501 SAN LUIS OBSIPO, CA 93406			5,000	0	N/A	N/A	SAN LUIS OBISPO YOUTH BASEBALL

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

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SLOW MONEY SAN LUIS OBISPO 1288 11TH STREET LOS OSOS, CA 93402	82-2069002		5,000	0	N/A	N/A	UNRESTRICTED
STAND STRONG PO BOX 125 SAN LUIS OBISPO, CA 93406	95-3370729	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.

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STANFORD UNIVERSITY DEVELOPMENT SERVICES OFFICE 326 GALVEZ STREET STANFORD, CA 943056105			5,000	0	N/A	N/A	THE RESEARCH FUND FOR DR SAFWAN JARADEH
TOLOSA CHILDREN'S DENTAL CENTERPARTNERSHIP FOR THE CHILDREN OF SLO COUNTY 717 WALNUT DRIVE PASO ROBLES, CA 93446	77-0346861	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.

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TOLOSA CHILDREN'S DENTAL CENTERPARTNERSHIP FOR THE CHILDREN OF SLO COUNTY 717 WALNUT DRIVE PASO ROBLES, CA 93446	77-0346861	501(C)(3)	5,000	0	N/A	N/A	UNRESTRICTED
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT THE BISHOP STREET STUDIOS CAPITAL CAMPAIGN

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

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TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT SUPPORTIVE DAY LABOR PROGRAM
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	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.

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TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	95-3509040	501(C)(3)	5,000	0	N/A	N/A	CAPITAL CAMPAIGN
VETERAN EXCURSIONS TO SEA (VETS) 320 KENSINGTON STREET PORT CHARLOTTE, FL 33954			5,000	0	N/A	N/A	UNRESTRICTED

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

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WHITE HERON SANGHA P O BOX 870 MORRO BAY, CA 93443	77-0546204		5,000	0	N/A	N/A	UNRESTRICTED
IDAHO CONSERVATION LEAGUE PO BOX 844 BOISE, ID 83701	82-6042478		5,000	0	N/A	N/A	IN LOVING MEMORY OF DONALD R THIBODO

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
DEWHURST, JOSHUA R , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
ALLCHIN, KALEY M , 2017 JOHN AND YVONNE HSU EDMISTEN SCHOLARSHIP IN MEMORY ALAN VOIGT M D	1	2,500	0	N/A	N/A
ARMSTRONG, MARK A , 2017 YEAGER SCIENCE SCHOLARSHIP	1	23,000	0	N/A	N/A
ATHEY, ETHAN T , 2017 DENNIS T COLLINS/THOMAS D SALISBURY TROOP 60 EAGLE SCOUT	1	500	0	N/A	N/A
AVRIT, JACK K , 2017 JUSTIN MCCUTCHEON 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
BAUSCH, JACOB T , 2017 GARY GROSSMAN SCHOLARSHIP	1	2,500	0	N/A	N/A
BOLGER, CALLUM E , BRIAN WATERBURY MEMORIAL SCHOLARSHIP	1	2,000	0	N/A	N/A
BONIN, MAUREEN 2017 HELEN AND RONALD DUNIN MEMORIAL SCHOLARSHIP	1	2,500	0	N/A	N/A
BONNIER-CIRONE, KALENA M 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
BURTON, JOSEPH F , 2017 BURT W POLIN AND VIRGINIA POLIN "ELKS" SCHOLARSHIP	1	2,000	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
CAMPOVERDE, FELIPE G , 2017 DOROTHY ROSS MEMORIAL SCHOLARSHIP	1	1,500	0	N/A	N/A
CHAUSSABEL, CELIA 2017 AIACCC ARCHITECTURAL ADVANCEMENT AWARD	1	750	0	N/A	N/A
CHIRMAN DYLAN M , 2017 GARY GROSSMAN SCHOLARSHIP	1	2,500	0	N/A	N/A
COLLINS, SAMUEL C , 2017 DENNIS T COLLINS/THOMAS D SALISBURY TROOP 60 EAGLE SCOUT	1	1,000	0	N/A	N/A
CONRAD, GALAXIA R , 2017 HELEN AND RONALD DUNIN MEMORIAL 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
DELINE, ANGELA 2017 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1	750	0	N/A	N/A
DEWHURST, JOSHUA R , 2017 GARY GROSSMAN SCHOLARSHIP	1	5,000	0	N/A	N/A
DONAHUE, SHANNON E , 2017 KIWANIS SLO DE TOLOSA SCHOLARSHIP	1	2,500	0	N/A	N/A
MID STATE FAIR PARTICIPANT	1	590	0	N/A	N/A
DUERKSEN, JACQUELINE D , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	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
ELGHANDOUR, SELSABEEL E , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
ELGHANDOUR, SELSABEEL E , 2017 GARY PAUL PIANTANIDA SCHOLARSHIP	1	12,000	0	N/A	N/A
FRYER, ELLIS A P , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
GALASSI, ANDREW S , 2017 ALAN D STEPHENSON SCHOLARSHIP	1	10,000	0	N/A	N/A
GONZALEZ PEREZ, JOCELYNE 2017 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1	2,000	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
GRANT, CHANDLER K 2017 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1	750	0	N/A	N/A
HARRIS, KC 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
HASTINGS, KYLE 2017 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1	750	0	N/A	N/A
HENRY, COLE W 2017 ALEX MADONNA MEMORIAL AWARD	1	2,000	0	N/A	N/A
MID STATE FAIR PARTICIPANT	1	1,995	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
IOPPONI, MOLLY 2017 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1	500	0	N/A	N/A
LOAYZA, TARA 2016 GARY GROSSMAN SCHOLARSHIP FUND	1	-1,000	0	N/A	N/A
LOPEZ, DANIELA 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
MAHAFFEY, ELISE 2017 DON FLOYD MEMORIAL SCHOLARSHIP	1	1,000	0	N/A	N/A
MATTINGLY, GRANT 2017 AIACCC ARCHITECTURAL ADVANCEMENT AWARD	1	750	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
MCGUIGAN, JESSICA L , 2017 GARY PAUL PIANTANIDA SCHOLARSHIP	1	12,000	0	N/A	N/A
MIDDLETON, JEFFREY 2017 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1	750	0	N/A	N/A
MIDEIROS, CHRISTINA E , 2017 HELEN AND RONALD DUNIN MEMORIAL SCHOLARSHIP	1	2,000	0	N/A	N/A
MOLINA, FRANCIS A , 2015 YEAGER SCIENCE SCHOLARSHIP	1	-20,000	0	N/A	N/A
MORRIS, SHAINA P , 2017 IQMS SCHOLARSHIP	1	20,000	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
O'HARA, MICHAEL C , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
OLSON, CHRISTIAN M , 2017 DOROTHY ROSS MEMORIAL SCHOLARSHIP	1	1,000	0	N/A	N/A
OSRAN, FANNIE, R , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
PERKINS, KLARA 2017 DON FLOYD MEMORIAL SCHOLARSHIP	1	1,000	0	N/A	N/A
PHELPS, LAUREN M 2017 HELEN AND RONALD DUNIN 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
PRINS, DYLAN A , 2017 DOUGLAS DEGROSS SCHOLARHIPS FOR AUTOMOTIVE STUDIES	1	2,000	0	N/A	N/A
RIFORGIATE, EMILY E , 2017 SERA DAY CORYELL NURSING EDUCATION SCHOLARSHIP	1	2,000	0	N/A	N/A
RIVAS, VINCENTE C 2017 IAN PURDON MEMORIAL SCHOLARSHIP	1	1,000	0	N/A	N/A
RUEF, JULIANA M , 2017 MAUREEN "MO" CLANCY MEMORIAL SCHOLARSHIP	1	2,000	0	N/A	N/A
SCHEIFFELE, GRANT D , 2017 DENNIS T COLLINS/THOMAS D SALISBURY TROOP 60 EAGLE SCOUT	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
SCHELLONG, MEGAN 2017 STEPHEN DONNELLAN MOSS MEMORIAL SCHOLARSHIP IN JOURNALISM	1	1,500	0	N/A	N/A
SCHOLARSHIP	1	3,700	0	N/A	N/A
SCLAFANI, JAQUELYN 2017 DAVID B GIANAS MEMORIAL SCHOLARSHIP	1	750	0	N/A	N/A
SMELTZER, MARINA C , 2017 YEAGER SCIENCE SCHOLARSHIP	1	23,000	0	N/A	N/A
SPILLANE, ERIN Q , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	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
STINSON, SIENNA L , 2017 IQMS SCHOLARSHIP	1	20,000	0	N/A	N/A
STREETER,EMILY 2017 SPIRIT OF THE CLASS OF '49 AWARD	1	500	0	N/A	N/A
TATHAM, CAMERYN L , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
VALLEJOS, EMILY M 2014 YEAGER SCIENCE SCHOLARSHIP	1	-2,334	0	N/A	N/A
VIGIL, ERIC D JR , 2017 MARTIN RESORTS 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
VON DOHLEN, ALEXANDER S 2016 DENNIS T COLLINS & THOMAS D SALISBURY TROOP 60 EAGLE SCOUT SCHOLARSHIP	1	-750	0	N/A	N/A
WESCOM, KOBY 2017 JENNIFER THOMA MEMORIAL BALLLET SCHOLARSHIP	1	2,500	0	N/A	N/A
WILENIUS, LUKE L 2017 MARION C AND MARK W WILSON NURSING SCHOLARSHIP	1	8,000	0	N/A	N/A
YADAV, KUSH T , 2017 RICHARD J WEYHRICH LEADERSHIP AWARD	1	4,000	0	N/A	N/A
ZAKARIA, JENNIFER 2017 LAUREN TIPTON SLAUGHTER SCHOLARSHIP	1	1,000	0	N/A	N/A

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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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	24	2,115,066	ACTIVE MARKET PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT SUPPLIES)	X	4	1,649	FAIR VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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		

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

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS FOUNDATION'S DIRECTOR OF FINANCE & ADMINISTRATION, CHIEF EXECUTIVE OFFICER, AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW TAX RETURN PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY EACH EMPLOYEE, B OARD MEMBER, GRANT/SCHOLARSHIP REVIEWER, AND ALL COMMITTEE MEMBERS COMPLETES AND SIGNS A W RITTEN CONFLICT OF INTEREST DISCLOSURE DOCUMENT ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES THE FULL BOARD PERIODI CALLY CONDUCTS A FORMAL REVIEW PROCESS FOR THE CHIEF EXECUTIVE OFFICER AND ALSO REVIEWS SA LARY AND AGREES ON ANY SALARY ADJUSTMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE A PUBLIC DISCLOSURE COPY OF THE ORGANIZAT ION'S BYLAWS, POLICIES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION 'S WEBSITE, ON GUIDESTAR ORG AND UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DISTRIBUTION TO THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY FROM SUPPORTING ORGANIZATION 2,279,186

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS AND REPORTING	THE OVERSIGHT PROCESS BY THE AUDIT COMMITTEE DID NOT CHANGE THIS YEAR

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

Employer identification number
77-0496500

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY 550 DANA STREET SAN LUIS OBISPO, CA 93401 80-0383894	SUPPORTING ORGANIZATION - CONDUCTING ACTIVITIES FOR THE BENEFIT OF CFSLOCO	CA	501(C) (3)	PUBLIC CHARITY - TYP	THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY	C	2,279,184	FMV
(2)REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY	R	7,000	FMV

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

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

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

Part VII **Supplemental Information**

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