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Department of the Treasury

A For the 2014 calendar year, or tax year beginning

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)

OMB No. 1545-0047 Open to Public

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.

and ending

Inspection

Check if applicable: C Name of organization D Employer identification number REAL ESTATE FOUNDATION OF SAN LUIS Address change OBISPO COUNTY Name change 80-0383894 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 805-543-2323 550 DANA STREET termin-ated 340,228. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN LUIS OBISPO, CA 93401 H(a) Is this a group return Applica-F Name and address of principal officer: STEVE MCCARTY for subordinates? L Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 」501(c) (If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2009 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO CONDUCT & SUPPORT ACTIVITIES Activities & Governance FOR THE BENEFIT OF THE SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION Check this box I 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) 2 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 0. 325,500. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 14,938. 14,728. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,938. 340,228. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 45. Expenses **b** Total fundraising expenses (Part IX, column (D), line 25) 1,314. 1,613. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,613. 1,314. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,325. 338,914. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 291,430. 612.051. Total assets (Part X, line 16) 54. 0. 21 Total liabilities (Part X, line 26) 430. 997. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign HEIDI MCPHERSON, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature KIMBERLYN SPILLER P01491937 Paid Firm's name CALIBER AUDIT & ATTEST, LLP 26-2350873 Preparer Firm's EIN Firm's address > 265 SOUTH STREET, SUITE A Use Only Phone no. 805 - 888 - 0240 SAN LUIS OBISPO, CA 93401 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pai	rt 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: EARNINGS ARE USED TO SUPPORT THE SAN LUIS OBISPO COUNTY COMMUNITY	ГY
	FOUNDATION D.B.A. THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY	ГY
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 X 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? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services.	(nenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 182. including grants of \$ 0F SUPPORTING THE SAN LUIS COUNTY COMMUNITY FOUNDATION D.B.A. THE COMMUNITY FOUNDATION SAN	
	OBISPO COUNTY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 182.	- 000
		Form 990 (2014)

REAL ESTATE FOUNDATION OF SAN LUIS

Form 990 (2014)

80-0383894 OBISPO COUNTY Page 3 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)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2014)

20a

Х

X

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

		Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cu	ırrent		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Schedule J	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complet	:e		
Schedule K. If "No", go to line 25a	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe	ase		
any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,	and		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	ete		
Schedule L, Part I	25b		X
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 "You	es,"		
complete Schedule L, Part II	26		X
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.	per		
of any of these persons? If "Yes," complete Schedule L, Part III			Х
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Po	Part IV 28b		Х
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was ar	n officer,		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	on		
contributions? If "Yes," complete Schedule M	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?			
If "Yes," complete Schedule N, Part I	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part II	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, ar	nd		
Part V, line 1	34	Х	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en	ntity		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check in Schedule O Contains a response of note to any line in this Part V				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			v	
_	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a}			
	filed for the calendar year ending with or within the year covered by this return				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		2b		
20			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
h	If "Yes," enter the name of the foreign country:	accounty:	Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_			8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		an		
а	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:				
а	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	000	<u> </u>
			Form	990	(2014)

Form 990 (2014)

80-0383894

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	3		
	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.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its governing documents since the prior rolling 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
<i>1</i> a		70		х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		-25
D		76		х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	Х	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DONNA JONES - (805) 543-2323			
	550 DANA STREET, SAN LUIS OBISPO, CA 93401			

Page 7

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

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

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

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

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 (A)	(B)	1			C)			(D)	(E)	(F)	
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated	
Name and The	hours per	(do	do not check more than one ox, unless person is both an			than is bot	one h an	compensation	compensation	amount of	
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee	truste		ao	bensa		(W-2/1099-MISC)		organization	
	organizations below	lal tru	onal		ploye	com				and related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) STEVE MCCARTY	0.40		 -		×	T 0	-				
PRESIDENT	2.00			Х				0.	0.	0	
(2) HEIDI MCPHERSON	1.00										
VICE PRESIDENT&TREASURER	45.00			Х				0.	82,981.	0	
(3) BILL BROADBENT	0.20								_		
FORMER SECRETARY	2.00			Х				0.	0.	0	
(4) MIKE PATRICK SECRETARY	0.20 2.00			x				0.	0.	0	
SECRETARI	2.00	╬		^	_			0.	0.	0	
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Part VII Sectio	n A. Officers, Directors, Trus	tees, Key Em	<u>ploy</u>	ees/	<u>, an</u>	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
N	ame and title	Average	(do		Pos heck			one	Reportable	Reportable		Esti	mate	t
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio			ount c	f
		week (list any	-	CCI ai		I) i i us	100)	from	from related			ther	
		hours for	directo						the organization	organization (W-2/1099-MIS		comp	ensaเ m the	
		related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 14110	,,,		nizatio	
		organizations	trust	nal tru		yee	ompe					_	relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				organ	nizatio	ns
		line)	lp II	lust	ij, O	Key	em Hig	쥰			-			
			-											
											\dashv			
			<u> </u>								\dashv			
			\vdash								\dashv			
			<u> </u>											
1h Sub-total			<u> </u>						0.	82,98	81.			0.
	ontinuation sheets to Part VI								0.	02,5	0.			0.
	nes 1b and 1c)								0.	82,98	81.			0.
	r of individuals (including but n								eceived more than \$100	0,000 of reportab	le			
compensatio	on from the organization												. T	
O Distallar assessment	-i					1 -			h:		ı	,	Yes	No
	nization list any former officer,				-	-	-		-	•	- 1	3		Х
	es," complete Schedule J for s idual listed on line 1a, is the su										·····	3		
•	organizations greater than \$15			-					•	the organization	- 1	4		Х
	on listed on line 1a receive or a									idual for services				
rendered to t	the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		Х
	endent Contractors													
	s table for your five highest co tion. Report compensation for										npensa	ation fro	om	
the organizati	(A)	tric calcridar y	car	Cridi	ng v	VILII	OI W	<u> </u>	(B)	ycar.		(C)		
_	Name and business	address	NO	INC	<u> </u>				Description of s	services	С	ompens		
								_						
	r of independent contractors (i compensation from the organi		ot lii	mite _	d to	tho (se li:	sted	d above) who received n	nore than				

432008 11-07-14 Form 990 (2014)

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY 80-0383894 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 325,500. similar amounts not included above 325,500. g Noncash contributions included in lines 1a-1f: \$ 325,500. h Total. Add lines 1a-1f ... Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14,728. 14,728. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold ______ **b c** Net income or (loss) from sales of inventory

Form 990 (2014)

11 a b

340,228.

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

14,728.

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 (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 1,000. 1,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 274. 142. 87. 45. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 30. 30. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) '..... 10. 10. PERMITS AND FEES b С е All other expenses 1,314. 182. 1,087. 45. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2014)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	44,331.	1	43,071
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	247,099.	7	243,480
^t 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	325,500
16	Total assets. Add lines 1 through 15 (must equal line 34)	291,430.	16	612,051
17	Accounts payable and accrued expenses		17	54
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	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		25	
26	Total liabilities. Add lines 17 through 25	0.	26	54
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	291,430.	27	43,017
28	Temporarily restricted net assets		28	568,980
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	291,430.	33	611,997
34	Total liabilities and net assets/fund balances	291,430.	34	612,051

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			28.
2	Total expenses (must equal Part IX, column (A), line 25)	2			14.
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 29</u>	<u>1,4</u>	30.
5	Net unrealized gains (losses) on investments	5			
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	-1	8,3	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	61	1,9	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS
OBISPO COUNTY

Employer identification number 80-0383894

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The (organ	zation is not a private found	dation because it is: (For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch					I)(A)(i).					
2		A school described in sect				٠, ٨	X X7					
3	一	A hospital or a cooperative		•	ection 170	/b)(1)(A)(ii	ii).					
4	П	A medical research organiz					-	he hospital's name				
•		city, and state:	edion operated in co	njanotion with a noopita	1 400011500	1 II 1 000 110	ii ii o(b)(i)(A)(iii)i Eintoi t	ine moopitar o marrie,				
5		An organization operated f	for the benefit of a co	llogo or university evens	d or operat	tod by a g	avornmental unit describ	od in				
3				nege of diliversity owne	u or opera	led by a gi	overninental unit describ	eu III				
•		section 170(b)(1)(A)(iv). (0					<i>(</i>)					
6	Н	A federal, state, or local go	-									
7	/ in organization that normally received a case of the capped in ordan arms of t											
		section 170(b)(1)(A)(vi). (C	•									
8	Н	A community trust describ										
9		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, ar	nd gross receipts from				
		activities related to its exer	mpt functions - subje	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of its support	from gross investment				
		income and unrelated busi	iness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
10	Щ	An organization organized	and operated exclus	ively to test for public sa	afety. See s	section 50)9(a)(4).					
11	X	An organization organized	and operated exclus	vely for the benefit of, t	o perform t	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). C	heck the box in				
		lines 11a through 11d that	describes the type of	f supporting organization	n and com	nplete lines	s 11e, 11f, and 11g.					
а	X	Type I. A supporting org	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving				
		the supported organizati	on(s) the power to re	gularly appoint or elect	a majority (of the dire	ctors or trustees of the s	upporting				
	_	organization. You must	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by hav	/ing				
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	st complete Part IV,	Sections A and C.								
С		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,				
		its supported organization	on(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)				
		that is not functionally in	tegrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attenti	veness				
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е	X	Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.						
f	Ente	r the number of supported	organizations					1				
g	Prov	ide the following informatio	n about the supporte									
	(1) Name of supported	(ii) EIN	. , ,,	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9 above or IRC section	governing of	document?	support (see	other support (see Instructions)				
				(see instructions))	Yes	No	Instructions)	instructions)				
		UIS OBISPO										
COI	UNT	Y COMMUNITY FO	77-0496500	7	X		18,347.					
- - •							18,347.	0.				
Γota	II .						1 10,54/0	0.				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

560	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		. ,	()	,	,	
	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	_
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	neck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🔲

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	T	1
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>	1.6		504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			-		
<u>S</u>	check this box and stop here ction C. Computation of Publ						<u> </u>
	Public support percentage for 2014 (l			column (f))		15	%
	Public support percentage from 2013					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a						
Ł	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	V	NI.
	Yes	No
1	Х	
0		Х
2		
За		X
3b		
3с		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		Х
7		Х
8		X
9a		Х
9b		X
		37
9с		X
10a		Х
10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		Х
b		ily member of a person described in (a) above?	11b		Х
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
2		ne organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		Х
Sec		C. Type II Supporting Organizations			
<u> </u>	LIOIT	5. Type if Supporting Organizations		Yes	No
1	Moro	a majority of the arganization's directors or tructoes during the tay year also a majority of the directors		163	NO
•		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		inagement of the supporting organization was vested in the same persons that controlled of managed in properties or an arranged in the same persons that controlled of managed in the same persons that controlled of managed	1		
Sec		D. Type III Supporting Organizations			
000	tion L	5. Type in Supporting Organizations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
'		ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
		(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
			1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
3	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	2		
Sec		E. Type III Functionally-Integrated Supporting Organizations	3		
1		k 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 insti	ructions)	
2		ties Test. Answer (a) and (b) below.		Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 OBISPO COUNTY

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	. age c
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	anization (see
	instructions).	. •		•

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrik	outions to attentive supported organizations to which the	ne organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_		Excess Distributions	Underdistributions	Distributable
secti	ion E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)			
3	Exces	ss distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2014. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2015. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	ss from 2013			
е	Exces	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2014

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule A	(Form 990 or 990-EZ) 2014 OBISPO COUNTY	80-0383894 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
-		
-		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number

80-0383894

Organization type (check one):						
Filers of	:	Section:				
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, ,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively except the etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \int \frac{1}{2}				

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
REAL ESTATE FOUNDATION OF SAN LUIS
OBISPO COUNTY

Employer identification number

80 - 0383894

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 325,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number

80-0383894

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	LAND		
1			
		\$\$	12/19/14
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Decemplies of mested in property gives	(see instructions)	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 11-05		Schedule R (Form (990. 990-EZ. or 990-PF) (201

Name of organization REAL ESTATE FOUNDATION OF SAN LUIS Employer identification number

BISPO	COUNTY	ributions to organizations described	80-0383894		
Part III	the year from any one contributor. Complete	ributions to organizations described columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)		
(a) No.	Use duplicate copies of Part III if addition	al space is needed.			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
.					
		-			
		(e) Transfer of gif	L t		
		(c) Transier or gir	•		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	,		· · · · · · · · · · · · · · · · · · ·		
'					
•					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
		(e) Transfer of gif	t		
		1710 4	Polationship of transferor to transferoe		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
.					
		(e) Transfer of gif	t		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
					
(a) No.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number 80-0383894

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	e 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds					
	are the organization's property, subject to the organization's	_						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o							
	• •							
Pai								
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or e	`	orically 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 qualif	ied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.							
	, ,		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic stru		·····					
	Number of conservation easements included in (c) acquired a							
	listed in the National Register							
3	Number of conservation easements modified, transferred, rel							
	year >							
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
7	Amount of expenses incurred in monitoring, inspecting, and e							
8	Does each conservation easement reported on line 2(d) above							
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation							
	include, if applicable, the text of the footnote to the organizat							
	conservation easements.		-					
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,					
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descril	bes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts					
	relating to these items:							
	(i) Revenue included in Form 990, Part VIII, line 1		> \$					
2	If the organization received or held works of art, historical trea							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:						
а	Revenue included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		·					

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

Schedule D (Form 990) 2014

	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	reasures,	or Oth	er Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	k any of the	following the	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	the organizat	ion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orgai	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered	"Yes" to	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other a	ssets no	t included		_	
	on Form 990, Part X?							🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has beer	n provided in	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	orm 990, Parl	t IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two year	ırs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administ	ered for	the organi	zation		
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment 1	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	l "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	de	preciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X, colun	nn (B), line	10c.)			ightharpoonup		0.

Schedule D (Form 990) 2014

00.7.000 00.00		OF SAN LUIS		0202004	_
Schedule D (Form 990) 2014 OBISPO COUN	TY		80	-0383894	Page
Part VII Investments - Other Securities.	. =		5		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		Part X, line 12. /aluation: Cost or en	d of year market	voluo
	(b) Book value	(C) Wethod of V	Aluation. Cost of en	u-or-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ine 11d. See Form 990,	Part X, line 15.		
	Description	·	·	(b) Book va	alue
(1) REAL PROPERTY HELD FOR SA	LE			325	,500
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin				325	,500
Part X Other Liabilities.	<i>c 10.)</i>			, , , ,	,
Complete if the organization answered "Yes"	to Form 990 Part IV li	ine 11e or 11f See Forn	n 990 Part X line 25		
(a) Description of lightlife.	to roini 990, rait iv, ii	(b) Book value	11 990, 1 art X, iii le 23	' <u>•</u>	
		(2) 50011 141140			
(2)			-		
(3)			-		
(4)					
(5)					
(6)					
(7)					
(9)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

(9)

Sche	dule D (Form 990) 2014 OBISPO COUNTY			80-03	383894 Page
	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Ro			. <u> </u>
•	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	а.			
1	Total revenue, gains, and other support per audited financial statements			1	340,943
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		715.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	715
3	Subtract line 2e from line 1			3	340,228
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	240 220
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	340,228
Pai	** XII Reconciliation of Expenses per Audited Financial Stater		xpenses per	Return	l.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		T T	4	2,029
1	Total expenses and losses per audited financial statements			1	2,029
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مما	715.		
a	Donated services and use of facilities		713.		
b	Prior year adjustments Other leases				
c C	Other (Describe in Part VIII.)				
	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	715
3				3	1,314
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	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	1,314
	t XIII Supplemental Information.				•
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and	d 2b; Part V, line 4	l; Part X,	line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac				,
PAI	RT X, LINE 2:				
FRO	OM AUDITED FINANCIAL STATEMENTS FOOTNOTE:				
			=====		
THE	E FOUNDATION'S ACTIVITIES ARE GENERALLY EX	XEMPT FRO	M FEDERA	L ANI) STATE
T NT/	COME MAYER INDED CERMION E01/C\/2\ OF MILE	TAIMEDAIAT		CODI	בוא ג
TIM	COME TAXES UNDER SECTION 501(C)(3) OF THE	INTERNAL	- KEVENUE	СОБІ	T AND
C E (CTION 23701(D) OF THE CALIFORNIA FRANCHIS	E	NE CINCE	mur	
SEC	CITON 23701(D) OF THE CALIFORNIA FRANCHIS	E IAA COI	DE. SINCE	Inc	
FΩI	JNDATION IS EXEMPT FROM FEDERAL AND STATE	TNCOME 7	דאבד.ד צבי	т.тту	NO
100	MARITON ID EXEMIT TROM TEDERAL AND DIATE	INCOME	IMX DIMDI	<u> </u>	, 110
PRO	OVISION IS MADE FOR CURRENT OR DEFERRED I	NCOME TAX	EXPENSE		
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FOE	R THE YEARS ENDED DECEMBER 31, 2014 AND 20	013, MAN	AGEMENT O	F THE	Ξ
	·				
FOU	JNDATION IS NOT AWARE OF ANY MATERIAL UNC	ERTAIN TA	X POSITION	ONS :	ro be

Schedule D (Form 990) 2014

PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

ACCOUNTED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE

Supplemental information (continued)
BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). THE FOUNDATION
RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX
BENEFITS IN INTEREST EXPENSE.
ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE
AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF
UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY
UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. WITH FEW
EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX
EXAMINATIONS FOR YEARS BEFORE 2011 OR STATE INCOME TAX EXAMINATIONS FOR
YEARS BEFORE 2010.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Open To Public Inspection

REAL ESTATE FOUNDATION OF SAN LUIS **Employer identification number** 80-0383894 OBISPO COUNTY

Pai	rt I Types of Property							
	·	(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d Method of d noncash contrib	etermir	•	s
1	Art - Works of art				3			
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							
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			225 522				
17	Real estate - Other	X	1	325,500.	FMV - APPRA	AISA	<u>.L</u>	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			V	
20-	Division the constitution was in the			anded in Dod I lines 4 the	ab 00 that it		Yes	No
30a	During the year, did the organization receive b							1
	must hold for at least three years from the dat					20-		Х
	exempt purposes for the entire holding period	<i>'</i>				30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	policy that r	aguiras tha raviow	of any non standard cont	ributions?	24		х
31	Does the organization have a gift acceptance					31		
32a	contributions?		•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which column (a) is	checked,			
	describes to Deat II				<u> </u>			
	Gescribe in Part II.				Cahadula M		222	

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

Schedule M (Form 990) (2014)

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule M	(Form 990) (2014) OBISPO COUNTY	80-0383894	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization of both. Also com	ation

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE 0

(Form 990 or 990-EZ)
Department of the Treasury

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.

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form9900
REAL ESTATE FOUNDATION OF SAN LUIS Emplo

OBISPO COUNTY

Employer identification number 80-0383894

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: D.B.A. THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY FORM 990, PART VI, SECTION B, LINE 11: FORM 990 REVIEW PROCESS FOUNDATION'S DIRECTOR OF FINANCE AND BOARD OF DIRECTORS REVIEW TAX RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY. APPLICABLE INDIVIDUALS COMPLETE AND SIGN A WRITTEN CONFLICT OF INTEREST DISCLOSURE DOCUMENT ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS AND POLICIES ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE CONSOLIDATED WITH A RELATED ORGANIZATION. THOSE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE RELATED ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: DISTRIBUTION TO THE COMMUNITY FOUNDATION SAN LUIS OBISPO -18,347. COUNTY

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

THE OVERSIGHT PROCESS BY THE BOARD OF DIRECTORS DID NOT CHANGE THIS

YEAR.

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 9	990-EZ) (2014)	Page 2
Name of the organization	090-EZ) (2014) REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY	Employer identification number 80-0383894
	022210 0001111	00 0000031

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

 $\begin{array}{c} \textbf{Employer identification number} \\ 80-0383894 \end{array}$

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incon	ne End-of-year		controlling entity
Identification of Related Tax-Exempt Organization	ons Complete if the organization ar	I nswered "Yes" on Form 990,	I Part IV, line 34 be	cause it had one o	or more related tax-exe	empt
organizations during the tax year.						

Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION TO BUILD AN ENDOWMENT & SAN LUIS OBISPO - 77-0496500, 550 DANA STREET, SAN LUIS USE EARNINGS TO MAKE COUNTY COMMUNITY Х OBISPO, CA 93401 GRANTS TO NON-PROFITS CALIFORNIA 501(C)(3) LINE 7 FOUNDATION

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

Schedule R (Form 990) 2014

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.

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or				Share of end-of-year	Dianton	Diagrapa diagrata Code V-LIE		Genera	l or Percentage
	country)		sections 512-514)	sections 512-514) Yes No K-1 (I		K-1 (Form 1065)	Yes No			
	(b) Primary activity	Primary activity Legal domicile (state or foreign			Primary activity Legal domicile (state or foreign foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under income)		Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of Discrepations	Primary activity Legal Direct controlling Predominant income Share of total Share of Discreptions Code V-I IBI	

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	enti	b)(13) rolled ity?		
		country)						Yes	No		
	-										
		2.5									

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

Not	vte. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one	e or more re	lated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
	g Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
					10	Х		
	7 1 7 7 1 7 1 7 1 1 7 1 1 1 1 1 1 1 1 1 1							
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
·								
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must of							
	(a) (t	(b)	(c)	(d)				
	· ·	saction e (a-s)	Amount involved	Method of determining amount invo	olved			
4\								
1)								
3)								
<u> </u>								

(3)

(5)

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)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

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STATE COPY

TAXABLE YEAR 2014

California Exempt Organization Annual Information Return

428941 11-26-14 FORM

199

Calendar Vea	2014 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/c	ld/www)				
	rganization Name	, and onding (California corp	oration numb	 Der		
REAL E	STATE FOUNDATION OF SAN LUIS						
	COUNTY		3186	120			
	rmation. See instructions.		FEIN				
			80-0	38389) <u>4</u>		
Street address	(suite or room)		PMB no.	30303			
	NA STREET						
City	WI DINIBI	State	ZIP code				
•	IS OBISPO	CA	l				
Foreign countr				ostal code			
, or orgin occurra	To stage, promotionate scarry		, orongin p	551ai 5545			
A First Retu	ırn Yes X No J If ex	cempt under R&TC Section	22701d bac	the organiz	zation		
B Amended		aged in political activities?					
		aged in political activities? ne organization exempt un					
	(-)(-)(-)	es," enter the gross receip			g: •165 _21 NU		
	· · · · · · · · · · · · · · · · · ·				Φ		
	·	rces			Ф		
		ganization is exempt unde					
E Check ac		meets the filing fee exception			•		
()	, ,	is required. ne organization a Limited L					
		the organization file Form			• LI Yes [21] NU		
. ,		ort taxable income?			• Yes X No		
					• L Yes A INO		
	• • • • • • • • • • • • • • • • • • • •	ne organization under audi	-		• Yes X No		
ii Yes, v		IRS audited in a prior year? P Is an IRS Form 1023/1024 pending? Yes X No					
Did the e							
	rganization have any changes to its guidelines • Yes _A_ NO Date ted to the FTB? See instructions.	e filed with IRS					
	Complete Part I unless not required to file this form. See General Instruction	e R and C					
Part I				1	14,728.00		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			2			
	2 Gross dues and assessments from members and affiliates		ייייייי 1 א יי	3	325,500.00		
Receipts	3 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction	ـ ت	.M.11. •	4	340,228.00		
and	This line must be completed. If the result is less than \$50,000, see General Instruction	on B		4	340,220.00		
Revenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of assets sold	• 5 • 6	00				
			00	7	00		
	7 Total costs. Add line 5 and line 6			8	340,228.00		
	Total gross income. Subtract line 7 from line 4 Total expenses and disbursements. From Side 2, Part II, line 18			9	1,314.00		
Expenses	 Total expenses and disbursements. From Side 2, Part II, line 18 Excess of receipts over expenses and disbursements. Subtract line 9 from the strength of the strengt	om line 9		10	338,914.00		
	11 Filing fee \$10 or \$25. See General Instruction F			11	10.00		
	14			12	00		
Filing				13	00		
Fee	La. 11		_	14	00		
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from			15	10.00		
	Under penalties of perjury, I declare that I have examined this return, including accompany it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	ing schedules and statements,	and to the best o	r my knowled	dge and belief,		
Sign	I Title		Date		Telephone		
Here	Signature of officer CEO		Date		305) 543-2323		
11010	of officer P	Date	Check if	٠, -	PTIN		
	Preparer's signature		self-employed	. — le c	1491937		
Paid	Firm's name	1			FEIN		
Preparer's	(or yours, CAT.TRER ATTOTT & ATTTEST TITE			26	5-2350873		
Use Only	employed) 265 SOUTH STREET, SUITE A				Telephone		
Coo only	and address SAN LUIS OBISPO, CA 93401			ls 0	05-888-0240		
	May the FTB discuss this return with the preparer shown above? See instruct	tions	• X		No No		
	, ,						

428951 11-26-14

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all	business activities. See instru	uctions	•	1	00
	2	Interest			•	2	14,728.00
	3	Dividends			•	3	00
Receipts	4	Gross rents			•	4	00
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sal				6	00
Sources							00
	8	Total gross sales or receipts fro				8	14,728.00
	9	Contributions, gifts, grants, and	similar amounts paid		•	9	00
	10	Disbursements to or for membe	rs		•	10	00
	11	Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT 2 •	11	0.00
	12	Other salaries and wages			•	12	00
Expenses	13	Interest			•	13	00
and	14	Taxes			•	14	00
Disburse	- 15	Rents				15	00
ments	16	Depreciation and depletion (See	instructions)		•	16	00
	17	Other Expenses and Disburseme	ents	SEE STA	TEMENT 3 •	17	1,314.00
	18	Total expenses and disburseme	nts. Add line 9 through line 1	7. Enter here and on Side 1, P	art I, line 9	18	1,314.00
Sched	ule L	Balance Sheets		f taxable year		of tax	able year
Assets			(a)	(b)	(c)		(d)
1 Cash				44,331.			• 43,071.
2 Net a	ccounts	receivable		247 000			242 400
		ceivable STMT 4		247,099.			• 243,480.
							•
		state government obligations					•
		in other bonds		-			•
		in stock					•
8 Mort 9 Other							•
							•
lu a De	ee accii	le assets mulated depreciation	()	()	
			(/	\		•
12 Other	accete	STMT 5					• 325,500.
		·		291,430.			612,051.
Liabilitie				===,===:			0==,00=0
		yable					• 54.
		s, gifts, or grants payable					•
		otes payable					•
		ayable					•
		es					
		or principal fund					•
		tal surplus. Attach reconciliation					•
21 Retai	ned ear	nings or income fund		291,430.			• 611,997.
22 Tota	liabilit	ties and net worth		291,430.			612,051.
Sched	ule M		per books with income per dule if the amount on Schedu	r <mark>eturn</mark> ule L, line 13, column (d), is les	ss than \$50,000.		
1 Net in	ncome r	per books					
		me tax		not included in the			•
		pital losses over capital gains			is return not charged		
		recorded on books this year			ome this year		•
		corded on books this year not		9 Total. Add line 7			
		this return		10 Net income per r			
6 Total	. Add lir	ne 1 through line 5	222	914. Subtract line 9 fr	om line 6		338,914.

	ONCASH CONTRIBUTION JDED ON PART I, LI		STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	3 ADDRESS	
MCNEIL FAMILY TRUST	PO BOX 243 SA	NTA MARGARITA, CA	93453
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
LAND	12/19/14	325,500.	325,500
TOTAL INCLUDED ON LINE 3			325,500.
FORM 199 COMPENSATION OF	OFFICERS, DIRECTO	ORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS		TITLE AND HRS WORKED/WK	COMPENSATION
STEVE MCCARTY 550 DANA STREET SAN LUIS OBISPO, CA 93401	PRESIDE	O.40	0.
HEIDI MCPHERSON 550 DANA STREET SAN LUIS OBISPO, CA 93401	VICE PR	ESIDENT&TREASURER	0.
BILL BROADBENT 550 DANA STREET SAN LUIS OBISPO, CA 93401	FORMER	SECRETARY 0.20	0
MIKE PATRICK 550 DANA STREET SAN LUIS OBISPO, CA 93401	SECRETA	NRY 0.20	0
TOTAL TO FORM 199, PART II, I	LINE 11		0 .

FORM 199	OTHER EXPENSES		STATEMENT
DESCRIPTION			AMOUNT
PERMITS AND FEES ACCOUNTING FEES OFFICE EXPENSES INSURANCE			10 1,000 274 30
TOTAL TO FORM 199, PART II,	LINE 17		1,314
FORM 199	NET NOTES RECEIVABLE		STATEMENT
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE,	NET	247,099.	243,480
TOTAL TO FORM 199, SCHEDULE	L, LINE 3	247,099.	243,480
FORM 199	OTHER ASSETS		STATEMENT
DESCRIPTION		BEG. OF YEAR	END OF YEAR
REAL PROPERTY HELD FOR SALE		0.	325,500
TOTAL TO FORM 199, SCHEDULE	L, LINE 12	0.	325,500
FORM 199	FUND BALANCES		STATEMENT
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSET	'S	291,430.	43,017 568,980
TOTAL TO FORM 199, SCHEDULE	L, LINE 21	291,430.	611,997

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year - See instructions.

Calendar Year - File and Pay by March 16, 2015.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

439035 12-04-14

2014

_ DETACH HERE _ _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER _ _ _ _ DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corps and **Exempt Orgs e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

3186120 80-0383894 00000000000 REAL

14

FORM 3

01-01-2014 TYB TYE 12-31-2014

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

550 DANA STREET

SAN LUIS OBISPO CA 93401

(805) 543-2323

Total Payment Amt

10.

Date Accepted		

Date Accepted	
TAXABLE YEAR	California e-file
2014	

Return Authorization for Exempt Organizations

. •	
Exempt Organization name	Identifying number
REAL ESTATE FOUNDATION OF SAN LUIS	
OBISPO COUNTY	80-0383894
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	1 340,228.00
2 Total gross income (Form 199, line 8)	2 340,228.00
3 Total expenses and disbursements (Form 199, line 9)	3 1,314.00
Part II Settle Your Account Electronically for Taxable Year 2014	
4 Electronic funds withdrawal 4a Amount 4b Withdrawa	al date (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of account:	: Checking Savings
Part IV Declaration of Officer	
l authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I author on line 4a.	ize an electronic funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization to the FTB by the ERO. Transmitter, or intermediate service provider. If the processing of	ponding lines of the exempt organization's 2014 ' it, and complete. If the exempt organization is filing if the exempt organization's fee liability, the exempt anization return and accompanying schedules and

Sign Here

Signature of Officer	Date	-

delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature		Date	also paid	if self- employe	ed EHO'S PIIN	
Must	Firm's name (or yours if self-employed)	CALIBER AUDIT & ATTEST,	LLP			FEIN 26-2350873	
Sign	and address	265 SOUTH STREET, SUITE	A				
		SAN LUIS OBISPO, CA				ZIP Code 9 3 4 0 1	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge							

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date Check if self-employed	Paid preparer's PTIN P01491937
Must	Firm's name (or yours if self-employed)	CALIBER AUDIT & ATTEST, LLP	EIN 26-2350873
Sign	and address	265 SOUTH STREET, SUITE A	
		SAN LUIS OBISPO, CA	ZIP Code 93401

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0153216	Check if:							
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY Name of Organization	Change of address Amended report							
550 DANA STREET Address (Number and Street)	Corporate o	or Organization No. 3186120						
SAN LUIS OBISPO, CA 93401 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 80-0383894						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts								
Gross Annual Revenue Fee Gross Annual Revenue	Gross Annual Revenue	Fee	<u>e</u>					
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$1,000,001 and \$50 million Greater than \$50 million								
PART A - ACTIVITIES								
For your most recent full accounting period (beginning $\frac{01/01/201}{340,228}$ Total assets \$		ng <u>12/31/2014</u>) list: 61 <u>2,051 •</u>						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C	OF THIS RE	PORT						
Note: If you answer "yes" to any of the questions below, you must attach a se and details for each "yes" response. Please review RRF-1 instructions to								
		-	Yes	No				
 During this reporting period, were there any contracts, loans, leases or other fir and any officer, director or trustee thereof either directly or with an entity in wh 		<u> </u>		-110				
any financial interest?				Х				
2. During this reporting period, was there any theft, embezzlement, diversion or mor funds?	nisuse of the	e organization's charitable property		Х				
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue	s?		Х				
4. During this reporting period, were any organization funds used to pay any pena with the Internal Revenue Service, attach a copy.	alty, fine or j	judgment? If you filed a Form 4720		Х				
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone numbers.	•			Х				
6. During this reporting period, did the organization receive any governmental funname of the agency, mailing address, contact person, and telephone number.	•	provide an attachment listing the		Х				
7. During this reporting period, did the organization hold a raffle for charitable pur the number of raffles and the date(s) they occurred.	rposes? If "y	es," provide an attachment indicating		Х				
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contract of the contract of the commercial contract of the co				Х				
9. Did your organization have prepared an audited financial statement in accorda principles for this reporting period?	ance with ge	nerally accepted accounting	Х					
Organization's area code and telephone number 805-543-2323								
Organization's e-mail address HEIDI@CFSLOCO.ORG								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.								
HEIDI MCPHERSON		EO						
Signature of authorized officer Printed Name	Titl	e Date						

** PUBLIC DISCLOSURE COPY **

ggn

Department of the Treasury

A For the 2014 calendar year, or tax year beginning

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)

OMB No. 1545-0047 Open to Public

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.

and ending

Inspection

Check if applicable: C Name of organization D Employer identification number REAL ESTATE FOUNDATION OF SAN LUIS Address change OBISPO COUNTY Name change 80-0383894 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 805-543-2323 550 DANA STREET termin-ated 340,228. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN LUIS OBISPO, CA 93401 H(a) Is this a group return Applica-F Name and address of principal officer: STEVE MCCARTY for subordinates? L Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 」501(c) (If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2009 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO CONDUCT & SUPPORT ACTIVITIES Activities & Governance FOR THE BENEFIT OF THE SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION Check this box I 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) 2 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 0. 325,500. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 14,938. 14,728. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,938. 340,228. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 45. Expenses **b** Total fundraising expenses (Part IX, column (D), line 25) 1,314. 1,613. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,613. 1,314. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,325. 338,914. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 291,430. 612.051. Total assets (Part X, line 16) 54. 0. 21 Total liabilities (Part X, line 26) 430. 997. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign HEIDI MCPHERSON, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature KIMBERLYN SPILLER P01491937 Paid Firm's name CALIBER AUDIT & ATTEST, LLP 26-2350873 Preparer Firm's EIN Firm's address > 265 SOUTH STREET, SUITE A Use Only Phone no. 805 - 888 - 0240 SAN LUIS OBISPO, CA 93401 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	EARNINGS ARE USED TO SUPPORT THE SAN LUIS OBISPO COUNTY COMMUNI	
	FOUNDATION D.B.A. THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUN	1TY
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization for the section for the section 501(c)(4) organization for the section 501(c)(4) organization for the section 501(c)(4) organization for the section for the section 501(c)(4) organization for the section 501(c)(4) organization for the section for th	
	revenue, if any, for each program service reported.	porioco, arra
4a	(Code:) (Expenses \$ 182 • including grants of \$) (Revenue \$	
₹a	EXPENSES ARE INCURRED IN THE PROCESS OF SUPPORTING THE SAN LUIS	OBISPO '
	COUNTY COMMUNITY FOUNDATION D.B.A. THE COMMUNITY FOUNDATION SAN	
	OBISPO COUNTY.	1 1010
	OBIBIO COOMII:	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
	Other program conjuge (Deceribe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 182.	<u>)</u>
<u>4e</u>	Total program service expenses ► 182.	Form 990 (2014)
		rorm 330 (2014)

80-0383894

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
h	Schedule D, Parts XI and XII Was the experience included in consolidated independent sudited financial attempts for the tay year?	12a		
Б	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		_ -
-	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		х
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	<u> </u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		Х
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

80-0383894

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			3,7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		X	
05-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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		
26		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31	 	
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1101017 W. 1 01111 000 HIGH GIO TOGARIOA TO COMPLETE CONTINUAL COMPLETE CONTINUAL COMPLETE CONTINUAL CONTI	1 00		

Form **990** (2014)

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 1						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			37				
_	(gambling) winnings to prize winners?		1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0						
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b					
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		2-		х			
3a	-		3a 3b					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30					
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x			
h	If "Yes," enter the name of the foreign country:	account)?	44					
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?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X			
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		- 50					
ou	any contributions that were not tax deductible as charitable contributions?		6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?	_	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
b								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
			8					
9	Sponsoring organizations maintaining donor advised funds.							
a			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	40-						
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: Gross income from members or shareholders	11a						
a	Gross income from other sources (Do not net amounts due or paid to other sources against	i ia						
b	amounts due or received from them.)	11b						
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU	-					
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
u	Note. See the instructions for additional information the organization must report on Schedule O.		.54					
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						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b					
	, , , , , , , , , , , , , , , , , , , ,			990	(2014			

Form 990 (2014)

80-0383894

Page 6

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
		1 1	<u> </u>	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3						
	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	2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a		Х				
b	Other officers or key employees of the organization		15b		Х				
	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 arrange	ement with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:							
	DONNA JONES - (805) 543-2323								
	550 DANA STREET, SAN LUIS OBISPO, CA 93401								

Form 990 (2014)

OBISPO COUNTY

80-0383894

Page 7

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

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

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

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

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

Check this box if neither the organization		orga	aniza			npe	nsat		director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than o		one	Reportable	Reportable	Estimated		
	hours per	box	box, unless per		person is both an a director/trustee)		h an	compensation	compensation	amount of
	week	\vdash	l a	1000	1	17 11 00	100)	from	from related	other
	(list any	irectc						the	organizations	compensation from the
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	trus		e e	nben		(88-2/1099-181130)		and related
	below	dualt	tiona	١.	nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			0.ga <u>_</u> a
(1) STEVE MCCARTY	0.40									
PRESIDENT	2.00	Х		Х				0.	0.	0.
(2) HEIDI MCPHERSON	1.00									
VICE PRESIDENT&TREASURER	45.00	X		Х				0.	82,981.	0.
(3) BILL BROADBENT	0.20	ļ		l						•
FORMER SECRETARY	2.00	X		Х				0.	0.	0.
(4) MIKE PATRICK	0.20 2.00	↓		x				0.	0.	0.
SECRETARY	2.00	^		^				0.	0.	0.
		1								
		-								
		1								
-										
		-								
		-								
		$\left\{ \right.$								
		<u> </u>								
		-								

Form **990** (2014)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A)	(B)	(C) Position					(D)	(E)		_	(F)		
Name and title	Average hours per		(do not check more than one			Reportable compensation	Reportable compensation			stimate			
	week			x, unless person is both an ficer and a director/trustee)				from	from relate			nount other	OI
	(list any	ctor						the	organization			pensa	ıtion
	hours for	or dire	au au			rted		organization	(W-2/1099-MI	SC)		om th	
	related organizations	nstee (truste		a)	beusa		(W-2/1099-MISC)				anizat	
	below	lual tri	tional		ploye	st com	L					d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				o, g.	ai iiLati	0110
		-											
		-											
		1											
		-											
		-											
1b Sub-total				<u> </u>	l	<u> </u>	—	0.	82,9	81.			0.
c Total from continuation sheets to Part V								0.	•	0.			0.
d Total (add lines 1b and 1c)								0.	82,9	81.			0.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportab	ole			
compensation from the organization													0
										ı		Yes	No
3 Did the organization list any former officer	, ,		,	,	•	,	,	•	' '				v
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•							•	the organization		4		Х
5 Did any person listed on line 1a receive or									idual for services	 3	_		
rendered to the organization? If "Yes," con	•				•			•			5		Х
Section B. Independent Contractors	•				•								
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation 1	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and business	addross	NT/	\\TT	,				(B) Description of s	onvices	_	(C	C) nsatio	n
ivalle and business	address	1//	INC	<u> </u>			\dashv	Description of s	ervices		ompe	IISalio	
							\dashv						
2 Total number of independent contractors	including but n	ot li	mite	d to	tho	جو ان	sted	d ahove) who received m	nore than				
\$100,000 of compensation from the organ		.J. 11		J 10		0	٥٠٠٠	. abovo, who received it	.oro triair				
. ,													-

432008 11-07-14 Form **990** (2014)

Page **9**

Pa	rt V	Ш	Check if Schedule O cont		e or note to any lir	ne in this Part VIII			
			Chisak ii Consadie G Sont	anio a reopenio	o or mote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
3ra Ioui		b	Membership dues	1b					
ts, (An		С	Fundraising events	1c					
Gif		d	Related organizations	1d					
ns, Sim			Government grants (contribut	, 					
utio er S		f	All other contributions, gifts, gran	· I I	205 500				
ğ			similar amounts not included abo	ve 1f	325,500.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines		325,500.	225 500			
<u>a</u> C		h	Total. Add lines 1a-1f			325,500.			
•	_				Business Code				
/ice	2								
Program Service Revenue		b			-				
m Ver		c							
gra		d							
Pro		e •	All other program service reve	2010					
			Total. Add lines 2a-2f						
	3	9	Investment income (including						
	Ū		other similar amounts)	•	•	14,728.	14,728.		
	4		Income from investment of ta			,			
	5		Royalties						
			,	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities					
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)		<u></u>				
ē	8	а	Gross income from fundraising	•					
Other Revenue			including \$						
Rev			contributions reported on line	=					
ē			Part IV, line 18		a				
O H			Less: direct expenses		b				
			Net income or (loss) from fund						
	9	а	Gross income from gaming ac						
		_	Part IV, line 19						
			Less: direct expenses		b				
	40		Net income or (loss) from gam						
	10	а	Gross sales of inventory, less						
		L	and allowances Less: cost of goods sold		ab				
		U	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	<u>а</u>	Wilderhalleddd Fleverid		Business Code				
	••	b							
		c							
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			340,228.	14,728.	0.	0.
43200 11-07	9								Form 990 (2014)

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 (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): а Management Legal 1,000. 1,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 274. 142. 87. 45. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 30. 30. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) '..... 10. 10. PERMITS AND FEES b С е All other expenses 1,314. 182. 1,087. 45. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2014)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	44,331.	1	43,071
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ر س	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 4	Notes and loans receivable, net	247,099.	7	243,480
8 As	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
1	Land, buildings, and equipment: cost or other		9	
108	basis. Complete Part VI of Schedule D 10a			
.			10c	
l l			11	
11	Investments - publicly traded securities		 	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	0.	14	325,500
15	Other assets. See Part IV, line 11	291,430.	15	612,051
16	Total assets. Add lines 1 through 15 (must equal line 34)	431,430.	16	54
17	Accounts payable and accrued expenses		17	54
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>s</u> 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.			
Liabilities 23	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		25	
26	Total liabilities. Add lines 17 through 25	0.	26	54
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se	complete lines 27 through 29, and lines 33 and 34.	004 400		40.045
E 27	Unrestricted net assets	291,430.	27	43,017
<u>E</u> 28	Temporarily restricted net assets		28	568,980
둳 29	Permanently restricted net assets		29	
ឨ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
<u>ნ</u>	and complete lines 30 through 34.			
र्हे 30	Capital stock or trust principal, or current funds		30	
န္နီ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	291,430.	33	611,997
34	Total liabilities and net assets/fund balances	291,430.	34	612,051

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3		<u> 228.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			314. 914.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
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	-	18,	347.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	6	11,	997.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	s No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2) X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,						
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2	2 X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
За	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?								
b	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		3	o					

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

 $Employer\ identification\ number \\ 80-0383894$

Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.				
The	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in sect				٠, ٨	<i>x x y</i>				
3	\Box	A hospital or a cooperative		•	action 170	YhV1VAVii	i)				
4	\Box	A medical research organiz					-	the heepital's name			
-	ш	city, and state:	ation operated in col	njunction with a nospita	i described	ı iii secilo	ii iro(b)(i)(A)(iii). Linter	ine nospital s name,			
_		-			-l	ta al lacción		and to			
5	ш	An organization operated for		liege or university owner	d or opera	ted by a go	overnmental unit describ	ea in			
		section 170(b)(1)(A)(iv). (C									
6	\square	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(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). (C	omplete Part II.)								
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
10		An organization organized		ively to test for public sa	afety. See s	section 50	9(a)(4).				
11	X	An organization organized	and operated exclusi	vely for the benefit of, to	o perform t	the functio	ons of, or to carry out the	purposes of one or			
		more publicly supported or	•	•	-		•				
		lines 11a through 11d that	~								
а	X	Type I. A supporting orga						aivina			
_		the supported organization									
		organization. You must o			a majomy v	51 ti 10 dii 0		apporting			
b		Type II. A supporting org			tion with it	e sunnort	ed organization(s), by ha	vina			
		control or management of	•				- · · · ·	-			
		-			arrie perse	nis triat cc	mittor or manage the sup	ported			
_		organization(s). You mus	-		in connec	tion with	and functionally integrate	ad with			
C		☐ Type III functionally inte					• •	ea with,			
		its supported organizatio		•							
a		☐ Type III non-functionally					• • • •				
		that is not functionally int	-	• •	•			veness			
	77	requirement (see instruct	· ·								
е	X	· ·					Type I, Type II, Type III				
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		1			
f		er the number of supported of	-					T			
g		vide the following information			Viv. No. Alon o			()))			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see			
		Organization		above or IRC section	governing o	document?	Instructions)	Instructions)			
				(see instructions))	Yes	No	motraotiono)				
		UIS OBISPO		_							
CO	UNT	Y COMMUNITY FO	77-0496500	7	X		18,347.				
F.4.		18 347									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		`,	, ,	<u> </u>	` ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	_
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	_
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
	a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2013. 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	'a 10% -facts-and-circumstances test - 2014. 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"			=	•	~	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-	•			s
						dula A /Earm 000	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		` ,	<u> </u>	, ,	1 ,	\
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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						
	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, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						>
Sec	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
•		
2		X
3a		Х
- Gu		
3b		
3с		
4-		Х
4a		21
4b		
4c		
5a		X
5b		
5c		
6		X
_		v
7		X
8		X
0-		Х
9a		22
9b		X
9с		X
		77
10a		X
10b		
 90 or 99	0-E7\	2014
 	~)	

432024 09-17-14 Schedule A (Form 990 or 990-EZ) 2014

Pa	rt IV Supporting Organizations (continued)			<u></u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		Х
b	A family member of a person described in (a) above?	11b		X
	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		X
	tion B. Type I Supporting Organizations		l	
	71 11 3 3		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	Х	
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		Х
Sec	tion 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		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruotion-	1	
c		ructions		No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	has the second that the second that a second a second			
	those supported organizations and explain now 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	<u> </u>		
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 OBISPO COUNTY

80-0383894 Page 6

Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.			
0	to A Advanta d Not become		(A) Dulay Value	(B) Current Year		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
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				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4						
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)					
7	Check here if the current year is the organization's first as a non-functionally	/-integr	ated Type III supporting org	anization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2014

Pai	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
	F			
	Excess from 2013 Excess from 2014			
_	EXCASE MODELAND			

Schedule A (Form 990 or 990-EZ) 2014

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule A	(Form 990 or 990-EZ) 2014 OBISPO COUNTY	80-0383894 Page 8
Part VI	(Form 990 or 990-EZ) 2014 OBISPO COUNTY Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	ne 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	,
	The complete the parties and additional mornance (coordinates).	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number

80-0383894

Organization type (check one):						
Filers of	:	Section:				
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, ,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\ \					

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number

80-0383894

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$ 325,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
REAL ESTATE FOUNDATION OF SAN LUIS
OBISPO COUNTY

Employer identification number

80-0383894

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	LAND	_	
1		—	
		<u> </u>	12/19/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
3453 11-05	- 44	Schedule R /Form 9	990, 990-EZ, or 990-PF) (20

Name of organization

Employer identification number

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

80-0383894

III	completing Part III, enter the total of exclusively relig	ious, charitable, etc., contributions of \$1,000	ed in section 501(c)(7), (8), or (10) that total more than \$1 lowing line entry. For organizations or less for the year. (Enter this info. once.)	,,,,,,	
	Use duplicate copies of Part III if addition	onal space is needed.			
0. 1 I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d 	
- -	Transferee's name, address,	(e) Transfer of gi	gift Relationship of transferor to transferee		
- -					
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d	
	(e) Transfer of gift				
 - -	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
-	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d	
	Transferee's name, address,	(e) Transfer of gi	Relationship of transferor to transferee		
-					
· -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d	
. _		(a) Transfer of the	.:44		
	(e) Transf Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number 80-0383894

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		<u> </u>
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	-
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2014

	t III Organizations Maintaining C		rt. His	torical Ti	reasures, or O	ther		ar Asse			age z
3	Using the organization's acquisition, accession										
•	(check all that apply):	ori, aria otrior rocore	30, 01100	it diriy or tire	ronoving that are	a oigii	mount	400 01 110	001100110		
а	Public exhibition	c	, 🗀	Loan or exc	change programs						
b	Scholarly research	e			orialigo programo						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	llections and explai	in how tl	nev further t	the organization's	evemr	nt nurn	nse in Par	+ XIII		
5	During the year, did the organization solicit or							JJC IIII ai	C XIII.		
J	to be sold to raise funds rather than to be ma								Yes		□No
Pai	rt IV Escrow and Custodial Arrang										<u> 140</u>
	reported an amount on Form 990, Part		oto ii tiit	, organizatio	on answered Tes	1010	1111 550	, 1 (1111), 1	ii iC 3, 0i		
12	Is the organization an agent, trustee, custodia		diany for	contributio	ne or other assets	not in	cluded			-	-
Iu									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ 1C3		_ I40
b	ii res, explain the arrangement in Fart Alli a	and complete the ic	hiowing	labi c .					Amoun		
_	Deginning belongs						10		Amoun	<u> </u>	
	Beginning balance						1c 1d				
	Additions during the year						\vdash				
	Distributions during the year						1e 1f				
	Ending balance Did the organization include an amount on Fo						-		Yes	$\neg \vdash$	No
	_					-	٠		_ 1es		
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if										
· u	Endownient i ands. Complete ii	(a) Current year			(c) Two years bad		Three	ears back	(e) Four	r voare	hack
4.	Paginning of year balance	,	(0) F	rior year	(C) TWO years bac	,	Tillee	rears back	(e) i oui	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses					_					
	Grants or scholarships					_					
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
	End of year balance		<u> </u>	. ,							
	Provide the estimated percentage of the curre	ent year end baland	•	g, column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	and administered f	or the	organiz	zation	1		
	by:									Yes	No
	(i) unrelated organizations									 	
	(ii) related organizations								3a(ii)	 	
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered			ı	i i						
	Description of property	(a) Cost or o				•	ımulate		(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	depre	ciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Takal	Add lines to through to (Column (d) must ex		V!	(D) !:	10-1						Λ

Schedule D (Form 990) 2014 OBISPO COUL	Schedule D (Form 990) 2014 OBISPO COUNTY				
Part VII Investments - Other Securities.	Part VII Investments - Other Securities.				
Complete if the organization answered "Yes					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total (Col. (h) must equal Form 000, Port V col. (P) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	•				
	" to Form 000 Port IV line	11a Cas Farm 000 Part V line t	12		
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		ost or end-of-year market value		
	(b) Book value	(c) Wether of Valuation. Co	ost of one of your market value		
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes	" to Form 990, Part IV, line	11d. See Form 990, Part X, line	15.		
) Description		(b) Book value		
(1) REAL PROPERTY HELD FOR SZ	ALE		325,500		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	4=1		325,500		
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		525,500		
	" to Form 000 Port IV line	110 or 11f Con Form 000 Dort	/ line OF		
Complete if the organization answered "Yes 1. (a) Description of liability		(b) Book value	X, III le 25.		
		(b) Book value			
(1) Federal income taxes					
(2)					
<u>(3)</u> (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total (Column (b) must equal Form 990, Part X, col. (B) li	ne 25)				

^{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 X

Complete the cognization answered "Yes" to form 980, Part IV, line 12:		O COUNTY				383894 _{Page}
1 340,943 2 2 3 340,943 2 2 2 3 340,943 2 2 2 2 3 340, 243 3 2 2 3 340, 228 340, 340, 340, 340, 340, 340, 340, 340,	Part XI Reconciliation of Revenue	e per Audited Financial Sta	atements With Rever	nue per Re	turn.	
2 A Notures included on line 1 but not on Form 990, Part VIII, line 12: a Not unrealized gains (losses) on investments b Consection of Part VIII) c Recoveries of prior year grains d Other (Recoveries of prior year grains) d Other (Recoveries of prior year grains) 2 A Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses and use of facilities c Add lines 4a and 4b 5 Total expenses and lioses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12: 1 Total expenses and lioses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12: 1 Total expenses and lioses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12: 1 Total expenses and lioses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12: 1 Total expenses and lioses of facilities 2 Amounts included on line 1 to this of the mission of the prior year and glushments c Other (Describe in Part XIII) c Add lines 2 through 2d 3 Subtract line 26 from line 1 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Del Total expenses and lines 4a and 4b 5 Total expenses and lines 3 and 4c. (This must equal Form 990, Part IV, line 18) For Total expenses and lines 3 and 4c. (This must equal Form 990, Part IV, line 18) For Total expenses and lines 3 and 4c. (This must equal Form 990, Part IV, line 18) For Total expenses and lines 3 and 4c. (This must equal Form 990, Part IV, line 18) For Total expenses and lines 3 and 4c. (This must equal Form 990, Part IV, line 18) For The FOUNDATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE.	Complete if the organization answ	ered "Yes" to Form 990, Part IV, lir	ne 12a.			
2 Announts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Rescribe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3 440, 2228 4 Announts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 70 b Other (Rescribe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4e. (This must agous Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Onpete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Onpete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Other losses C O	1 Total revenue, gains, and other support	per audited financial statements			1	340,943
a Not unrealized gains (cosses) on investments b Donated services and use of facilities 2b Donated services and use of facilities 2b Donated services of prior year grains 2c Recoverees of prior year grains 2d Donated Services of prior year grains 2d Donated Services of Part XIII. 2d						
b Donated services and use of facilities			2a			
c Recoveries of prior year grants 2c 2d 3 40 115 2d 2d 2d 2d 3 340 , 228 340 , 228				715.		
d Other (Describe in Part XIII)						
e Add lines 2a through 2d 3 3 407, 228 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 7D 4a 4b 4b 4c 0 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 340, 228 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Compites if the organization answered "Ves" to Form 990, Part II, line 12. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b 2b 71.5. b Prior year adjustments 2b 2b 71.5. c Other losses 2c 2c 2d						
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3 340, 228 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete lif the organization answered "Yes" to Form 990, Part I, line 12. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments 2 Other losses 3 Other (Describe in Part XIII) 2 Add lines 2a through 2d 2 Amounts included on Form 990, Part IX, line 25. b Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 7b 4 Other (Describe in Part XIII) 4 DO Other (Describe in Part XIII) 4 DO Other (Describe in Part XIII) 5 Other (Describe in Part XIII) 4 DO Other (Describe in Part XIII) 5 Other (Describe in Part XIII) 6 Other (De					2e	715
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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 340, 228 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2 2c d Other losses 2 2c d Other losses 2 2c d Other losses 3 3 Subtract line 2e from line 1 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 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 4 Amounts included on Form 990, Part IX, line 12: b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: FROM AUDITED FINANCIAL STATEMENTS FOOTNOTE: THE FOUNDATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX EXPENSE.	•				-	340,228
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 b Prior year adjustments 2 c Total revenue of Part XIII. 2 c Other (Describe in Part XIII.) 2 d d dilea 2a through 2d 3 Subtract line 2e from line 1 3 1, 314 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 4 da lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: FROM AUDITED FINANCIAL STATEMENTS FOOTNOTE: THE FOUNDATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE.						-
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ACCOUNTED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE	ACCOUNTED FOR IN THE CO	NSOLIDATED FINANCI	IAL STATEMENTS	UNDER	THE	

PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

Part XIII Supplemental Information (continued)
BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). THE FOUNDATION
RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX
BENEFITS IN INTEREST EXPENSE.
ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE
AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF
UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY
UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. WITH FEW
EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX
EXAMINATIONS FOR YEARS BEFORE 2011 OR STATE INCOME TAX EXAMINATIONS FOR
YEARS BEFORE 2010.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number 80-0383894

Par	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	_	to
		арріісаріє		Form 990, Part VIII, line 1g	Tioricasii contribe	ition amoun	
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						
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	37	1	225 500	EMIZ ADDDA	TONT	
17	Real estate - Other	Х		325,500.	FMV - APPRA	ISAL	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24 25	Archeological artifacts Other ()						
25 26	·						
20 27	`						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	zation durin	n the tax vear for c	contributions	1		
	for which the organization completed Form 828						
	Tel Willer the organization completed from 52.	56, r art 11,	Donoo / totalowiod	<u> 20 </u>		Yes	No
30a	During the year, did the organization receive by	v contributio	on anv property rep	oorted in Part I. lines 1 throu	igh 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	·		30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-standard contrib	outions?	31	Х
32a	Does the organization hire or use third parties						
	contributions?		-	•		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is c	necked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule M	1 (Form 990) (2014) OBISPO COUNTY	80-0383894	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb	and whether the organizati	on
	this part for any additional information.		

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 80-0383894

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: D.B.A. THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY FORM 990, PART VI, SECTION B, LINE 11: FORM 990 REVIEW PROCESS FOUNDATION'S DIRECTOR OF FINANCE AND BOARD OF DIRECTORS REVIEW TAX RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY. APPLICABLE INDIVIDUALS COMPLETE AND SIGN A WRITTEN CONFLICT OF INTEREST DISCLOSURE DOCUMENT ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS AND POLICIES ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE CONSOLIDATED WITH A RELATED ORGANIZATION. THOSE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE RELATED ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: DISTRIBUTION TO THE COMMUNITY FOUNDATION SAN LUIS OBISPO -18,347. COUNTY FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS AND REPORTING:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

THE OVERSIGHT PROCESS BY THE BOARD OF DIRECTORS DID NOT CHANGE THIS

Schedule O (Form 990 or 990-EZ) (2014)

YEAR.

Schedule O (Form 990 or			Page 2
Name of the organization	REAL ESTATE FOUNDATION OF STORY	AN LUIS	Employer identification number 80-0383894

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. REAL ESTATE FOUNDATION OF SAN LUIS

(c)

(d)

(e)

Open to Public Inspection Employer identification number

80-0383894

OMB No. 1545-0047

of disregarded entity	Primary activity	foreign country)	or Total inco	ome End-or-yea		ntity	3
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one	or more related tax-exer	mpt	
(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	contr ent	g) 512(b)(13) rolled rity?
	TO BUILD AN ENDOWMENT & USE EARNINGS TO MAKE GRANTS TO NON-PROFITS	CALIFORNIA	501(C)(3)	LINE 7	SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION	SPO	

OBISPO COUNTY

(a)

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

Page 2

	Identification of Polated Ownerinations Toyable as a Posts available filtre oversignation appropriate an Engage COO. Doubly line CA because it had one as many values
Dart 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
Partill	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)						share of total Share of		ortionate tions?	Code V-UBI amount in box 20 of Schedule		
		country)		00000110 0 12 0 1 1)			res	NO	101 (10111111005)	resin)		
-													
	1												
											 		
-	1												
	1												
	1												

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
-									
									<u> </u>
								<u> </u>	<u> </u>
									\bot

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		_X_
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
- 1	Performance of services or membership or fundraising solicitations for related organization	n(s)			11		X
m	n Performance of services or membership or fundraising solicitations by related organization	n(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		_X_
r	Other transfer of cash or property to related organization(s)				1r		_X_
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	st complete th	nis line, including covered	relationships and transaction thresholds.			
	Name of related organization Trans	(b) Insaction (pe (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule F	R (Form 990) 2014 OBISPO CO Supplemental Information	YTNUC	80-0383894 Page 5
Part VII			
	Provide additional information for responses	to questions on Schedule R (see instructions).	