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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

| Prepared for | REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY 550 DANA STREET SAN LUIS OBISPO, CA 93401 |
|--|--|
| Prepared by | CALIBER AUDIT & ATTEST, LLP 805 AEROVISTA PLACE, SUITE 103 SAN LUIS OBISPO, CA 93401 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. |

| | ***** THIS IS NOT A FILEABLE COPY ***** | | |
|--|---|---|---|
| | IRS e-file Signature Authorization for an Exempt Organization | | OMB No. 1545-0047 |
| Form 8879-EO | | | |
| | For calendar year 2020, or fiscal year beginning, 2020, and ending | , 20 | 2020 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. | | |
| Name of exempt organization | | Taxpayer id | entification number |
| REAL ESTATE F | OUNDATION OF SAN LUIS | | |
| OBISPO COUNTY | | 80-03 | 83894 |
| Name and title of officer or pe GWEN ERSKINE PRESIDENT Part I Type of I | rson subject to tax Return and Return Information (Whole Dollars Only) | | |
| | | | 16 |
| check the box on line 1a , 2 blank, then leave line 1b , 2 | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, f 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wit b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ent e applicable line below. Do not complete more than one line in Part I. | th this form wa | as |
| 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _ | -44,460. |
| 2a Form 990-EZ check h | · / / / | 2b | |
| 3a Form 1120-POL chec | · / / / / · · · · · · · · · · · · · · · | 3b | |
| 4a Form 990-PF check h | | 4b _ | |
| 5a Form 8868 check here | · · · · · · · · · · · · · · · · · · · | 5b _ | |
| 6a Form 990-T check he | · · · · · · · · · · · · · · · · · · · | 6b | |
| 7a Form 4720 check here | | 7b | |
| | ion and Signature Authorization of Officer or Person Subject to T | | |
| | I declare that 🔀 I am an officer of the above organization or 🗌 I am a person su | - | - |
| (name of organization) | , (EIN), rn and accompanying schedules and statements, and, to the best of my knowledge ar | | |
| a payment, I must contact (settlement) date. I also au confidential information ne | nic funds withdrawal (direct debit) entry to the financial institution account indicated in e federal taxes owed on this return, and the financial institution to debit the entry to thi the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prid thorize the financial institutions involved in the processing of the electronic payment of cessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic fu | or to the payn f taxes to rece a personal | nent eive |
| X Lauthorize CA | LIBER AUDIT & ATTEST, LLP | to enter mv | PIN 99999 |
| | ERO firm name | , | Enter five numbers, but do not enter all zeros |
| a state agency(i PIN on the retur As an officer or p electronically file | on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the aforer n's disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signatu d return. If I have indicated within this return that a copy of the return is being filed with lies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure | nentioned ER are on the tax | O to enter my year 2020 icy(ies) |
| Signature of officer or person subje | tion and Authentication | Date | • |
| ERO's EFIN/PIN. Enter yo | ur six-digit electronic filing identification | | |
| • | your five-digit self-selected PIN. 9512049999 Do not enter all zeros | | |
| - | neric entry is my PIN, which is my signature on the 2020 electronically filed return indic sturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform | ated above. I | |
| ERO's signature 🕨 | Date | | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do | o So | |
| LHA For Paperwork Rec | uction Act Notice, see instructions. | | Form 8879-EO (2020) |
| 023051 11-03-20 | | | |

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | | | | Taxpaye | r identificatio 80-03 | n number (TIN) |
|--|--|--|---|-----------------------------|---|---------------------------------------|
| filing your | File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. illing your 550 DANA STREET | | | | | |
| return. See instructions | City, town or post office, state, and ZIP code. For SAN LUIS OBISPO, CA 9340 | | Iress, see instructions. | | | |
| Enter the | Return Code for the return that this application is fo | r (file a separa | ate application for each return) | | | 01 |
| Applicat | ion | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 99 | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 99 | 0-BL | 02 | Form 1041-A | | | 08 |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 99 | 0-PF | 04 | Form 5227 | | | 10 |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 0-T (trust other than above) HEIDI MCPHERS | 06 | Form 8870 | | | 12 |
| Telep If the If this If this box I I re the 2 If 1 | ooks are in the care of \blacktriangleright 550 DANA STRE hone No. \blacktriangleright (805) 543-2323 organization does not have an office or place of busin is for a Group Return, enter the organization's four d \Box . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until e organization named above. The extension is for the X calendar year 2020 or \Box tax year beginning he tax year entered in line 1 is for less than 12 month Change in accounting period | ness in the Ur igit Group Exe and atta NOVEI organization's , an s, check reas | emption Number (GEN) Ich a list with the names and TINs of MBER 15, 2021 , to fill s return for: d ending on: Initial return | If this is fo f all memb | r the whole g ers the exter npt organizat | group, check this |
| | y nonrefundable credits. See instructions. | 20, 0, 0000, | | 3a | \$ | 0. |
| | his application is for Forms 990-PF, 990-T, 4720, or 6 | 069, enter an | y refundable credits and | | | |
| | timated tax payments made. Include any prior year or | | - | Зb | \$ | 0. |
| | lance due. Subtract line 3b from line 3a. Include you | | | | | |
| us | ing EFTPS (Electronic Federal Tax Payment System). | See instructio | ons. | 3c | \$ | 0. |
| instructi | : If you are going to make an electronic funds withdra ons. For Privacy Act and Paperwork Reduction Act Noti | | | 8453-EO a | | 9-EO for payment 868 (Rev. 1-2020) |

09070429 139933 S04933-31

| | | | EXTENDED TO NOVEMBER 15 | 5, 202 | 21 | |
|--------------------------------|----------------------------|-------------------|---|-------------|---------------------------------|-----------------------------|
| | Λ | 00 | Return of Organization Exempt F | From | Income Tax | OMB No. 1545-0047 |
| Forr | " 9 | 2020 | | | | |
| Dena | Department of the Treasury | | | | | |
| Interr | al Reve | enue Service | Go to www.irs.gov/Form990 for instructions and | I the lates | t information. | Inspection |
| - | | - 1 | | ending | - | |
| B c a | heck if | | | | D Employer identification | tion number |
| _ | ⊐Addre | REAL | ESTATE FOUNDATION OF SAN LUIS | | | |
| - |]chang]Name | | PO COUNTY | | 80-0383894 | 4 |
| | _chang Initial | | usiness as and street (or P.O. box if mail is not delivered to street address) | Room/suite | | ± |
| | _returr Fiṇal | 550 | DANA STREET | nuuni/suite | 805-543-2 | 323 |
| L | ⊥returr termii ated | n– | pwn, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 505,540. |
| | Amen | ded CAN | LUIS OBISPO, CA 93401 | | H(a) Is this a group retu | |
| | Appli tion | | nd address of principal officer: GWEN ERSKINE | | for subordinates? | |
| | pend | | AS C ABOVE | | H(b) Are all subordinates inclu | |
| ΙT | ax-ex | empt status: | X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o | or 527 | - | |
| | | te:►N/A | | | H(c) Group exemption r | |
| | | f organization: | X Corporation Trust Association Other ► | L Year | of formation: 2009 M S | State of legal domicile: CA |
| Pa | rt I | , | | | | |
| e | 1 | Briefly describ | e the organization's mission or most significant activities: TO CC | ONDUC'I | r & SUPPORT A | CTIVITIES |
| ano | | | BENEFIT OF THE COMMUNITY FOUNDAT | | | |
| /err | 2 | | x L if the organization discontinued its operations or dispos | | | ets. 8 |
| ő | 3 | | | | | 7 |
| مە | 4 5 | | ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2020 (Part V, line 2a) | | | |
| Activities & Governance | 6 | | of volunteers (estimate if necessary) | | | 10 |
| ctiv | - | Total unrelated | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| ∢ | | | business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | | Prior Year | Current Year |
| ē | 8 | Contributions | and grants (Part VIII, line 1h) | | 550,000. | 0. |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 0. | 24,746. |
| Sev | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 24,371. | -69,206. |
| - | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,695. | 0. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 576,066. | -44,460. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | ····· | 0. | 0. |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Expenses | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) _ | | 0. | 0. |
| ben | | | undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) | 0. | | •• |
| Ĕ | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,364. | 69,328. |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,364. | 69,328. |
| | 19 | | expenses. Subtract line 18 from line 12 | | 571,702. | -113,788. |
| or Ces | - | | | | eginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (F | Part X, line 16) | | 1,311,759. | 804,563. |
| t As d B | 21 | | (Part X, line 26) | | 350,000. | 350,090. |
| _ | 22 | | fund balances. Subtract line 21 from line 20 | | 961,759. | 454,473. |
| | rt II | Signature | | | | |
| | | | I declare that I have examined this return, including accompanying schedules | | | nowledge and belief, it is |
| true, | corre | ct, and complete. | Declaration of preparer (other than officer) is based on all information of wh | ich prepare | r has any knowledge. | |
| | | | | | | |

| Sign | Signature of officer | | D | ate | | | | |
|------------|---|----------------------|------|---|--|--|--|--|
| Here | GWEN ERSKINE, PRESIDEN | T | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | |
| Paid | KIMBERLYN SPILLER | | | ^{if} self-employed P01491937 | | | | |
| Preparer | Firm's name CALIBER AUDIT & | ATTEST, LLP | Fi | rm's EIN ▶ 26-2350873 | | | | |
| Use Only | Firm's address 💊 805 AEROVISTA PL | ACE, SUITE 103 | | | | | | |
| | SAN LUIS OBISPO, | CA 93401 | Р | hone no. 805 – 888 – 0240 | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| | | | | | | | | |

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

| | REAL ESTATE FOUNDATION OF SAN LUIS rm 990 (2020) OBISPO COUNTY 80-0383 | 894 P |
|----------|--|-----------------|
| Par | art III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | | 0 D T A D A |
| | EARNINGS ARE USED TO SUPPORT THE COMMUNITY FOUNDATION SAN LUIS | OBISPO |
| | COUNTY. | |
| | | |
| | | |
| 2 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | prior Form 990 or 990-EZ? | Yes X |
| | 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 |
| | 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 ex | xpenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp | enses, and |
| | revenue, if any, for each program service reported. | |
| 4a | | 24,74 |
| | EXPENSES ARE INCURRED IN THE PROCESS OF SUPPORTING THE COMMUNITY | |
| | FOUNDATION SAN LUIS OBISPO COUNTY. | |
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| 4b | O (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
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| 4c | C (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| 40 | / Love: / Lovenses # Including grains of # / (nevenue # | |
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| | | |
| 4d | d Other program services (Describe on Schedule O.) | |
| 4d | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4d 4e | (Expenses \$ including grants of \$) (Revenue \$) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | Form 990 |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) | Form 990 |

OBISPO COUNTY

Part IV Checklist of Required Schedules

Form 990 (2020)

| 80-0383894 | Page 3 |
|------------|--------|
|------------|--------|

| | | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | |
| 5 | 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | 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 donor-restricted endowments | | | |
| | or in 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 | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> | 11b | | х |
| 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 | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> | 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? <i>If</i> "Yes," <i>complete Schedule G, Part I</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 | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 0000 | X |
| 032003 | 4 | ⊦orm | 99U (| (2020) |

09070429 139933 S04933-31 2020.03040 REAL ESTATE FOUNDATION OF S S0493301

OBISPO COUNTY

Part IV Checklist of Required Schedules (continued)

Form 990 (2020)

| 80-0383894 _F | Page 4 |
|-------------------------|--------|
|-------------------------|--------|

| | | | Yes | N |
|------|--|------------|-----|---|
| 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? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule J | 23 | X | |
| | 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 | 040 | | X |
| | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| с | Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | X |
| | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 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): | | | |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f "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 | | X |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | x |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | X |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | x | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35b | | |
| | 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 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 | x | |
| Par | | | | |
| | | <u></u> | Yes | N |
| 1- | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a (| 2 | | |
| | | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable | 1c | X | |

| 80-0383894 | Page 5 |
|------------|---------------|
|------------|---------------|

| <u>Form</u> | 990 (2020) OBISPO COUNTY 80-0383 | 894 | P | age 5 |
|-------------|--|----------|----------------|--------------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | 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 was required | _ | - . | |
| | to file Form 8282? | 7c | X | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d 1 | _ | | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f 7g | | |
| g | | | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | - | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | 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 | | | |
| | Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1 | | | |
| D | 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 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12.0 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | 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. | 100 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| D | organization is licensed to issue qualified health plans 13b | | | |
| c | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 170 | | |
| 10 | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | |
| | | _ | 000 | (0000) |

Form **990** (2020)

032005 12-23-20

OBISPO COUNTY

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

Form 990 (2020)

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| Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response | э |
|---------|---|---|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | |
| | Check if Schedule O contains a response or note to any line in this Part VI | Х |

| Sec | tion A. Governing Body and Management | | | | |
|--------|--|--------|---------------|---------|----------|
| | | o | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 8 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| h | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b | 7 | | | |
| ь 2 | Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | -+ | | | |
| 2 | | | 2 | | x |
| 3 | officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision | | ~ | | |
| U | of officers, directors, trustees, or key employees to a management company or other person? | | 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? | r | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | |
| | more members of the governing body? | | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | |
| | persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | 1 |
| | | r | | Yes | No |
| | 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 chapters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | v | <u> </u> |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form | n? | 11a | Х | <u> </u> |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 10 | х | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | 12a | X | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | 12b | -77 | |
| С | | | 12c | х | |
| 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 approval 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 | | X |
| b | Other officers or key employees of the organization | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | taxable entity during the year? | | 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501 | (c)(3) | s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| 40 | X Own website Another's website J Upon request Other (explain on Schedule O) | | -1 <i>6</i> ' | !-! | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic | y, and | u rinar | icial | |
| 20 | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | | | | |
| 20 | HEIDI MCPHERSON - (805) 543-2323 | | | | |
| | 550 DANA STREET, SAN LUIS OBISPO, CA 93401 | | | | |
| 032004 | 3 12-23-20 | | Form | 990 | (2020) |
| 302000 | 7 | | | | () |

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80-0383894 Page 7

| Form 990 (2 | 2020) | OBISPO | COUNTY | | | | 80-0 |
|-------------|---------------|-------------|---------------|-----------|----------------|---------|-------------|
| Part VII | Compensation | of Officers | s, Directors, | Trustees, | Key Employees, | Highest | Compensated |
| | Employees, an | d Independ | dent Contra | ctors | | | |

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

OBISPO COUNTY

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.

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

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

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

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

| (A) | (B) | (C) | | (D) (E) | | (F) | | | | |
|------------------------|----------------------|--------------------------------|-----------------------|-----------------|---------------|---------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | not c | Pos heck | ition more |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe nd a d | rson | is bot | h an | compensation | compensation | amount of |
| | week | | | | | 1/1/1/1/1/1 | | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | ruste | l trus | | /ee | mpen | | (W 2/1000 10100) | | and related |
| | below | d ual 1 | Institutional trustee | L_ | Key employee | est co oyee | - | | | organizations |
| | line) | Indivi | Institu | Officer | Keye | Highest compensated employee | Former | | | 0 |
| (1) HEIDI MCPHERSON | 5.00 | | | | | | | | | |
| DIRECTOR | 50.00 | X | | | | | | 0. | 159,575. | 4,842. |
| (2) GWEN ERSKINE | 1.00 | | | | | | | | | |
| PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (3) STEVE MCCARTY | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (4) BEN MCADAMS | 1.00 | | | | | 7 | | | | |
| DIRECTOR | 4.00 | х | | | | | | 0. | 0. | 0. |
| (5) D. MICHAEL PATRICK | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) TY GREEN | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) KEVIN IROT | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) PAUL READY | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| 032007 12-23-20 | | | | | | | | | | Form 990 (2020) |

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Form **990** (2020)

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|--------|--|--|--------------------------------|-----------------------|----------------------------|------------------------------------|---------------------------------|-----------------------|--|---|----------|--------------------------------|---|
| | 990 (2020) OBISPO CO t VII Section A. Officers, Directors, Trus | | nlov | 1005 | 20 | 4 LI: | aho | c+ (| Componented Employe | 80-03 | 0303 | 94 | Page 8 |
| | (A) Name and title | (B) Average hours per week | (do box | not c | (C Pos heck ss pe | c) ition more rson | | one h an | (D) Reportable | (E) Reportable compensation from related | 1 | Estin amou | F) nated unt of ner |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | ompe from organ and r | nsation in the ization elated zations |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | |
| | Subtotal | | | | | | | | 0. | 159,57 | 5 | 4 | ,842. |
| | Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | _ | | | | | \blacktriangleright | 0. | 159,57 | | 4 | ,842. |
| _ | compensation from the organization | | 1000 | | | | 0, 111 | | | | , | | 0 |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | | | | | | | | | 3 | es No X |
| 4 | For any individual listed on line 1a, is the su | um of reportab | le co | omp | ensa | atior | n and | d ot | her compensation from | the organization | | | x |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or a | accrue compe | nsat | ion f | rom | any | / unr | elat | ted organization or indiv | idual for services | | | |
| Sec | rendered to the organization? If "Yes," corr tion B. Independent Contractors | plete Schedul | eJt | or si | uch | pers | son . | | | | ; | 5 | X |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | censatio | on froi | m |
| | (A) Name and business | , | | ONI | | VILLI | | | (B) Description of s | | Corr | (C) | ation |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | | not li | mite | d to | | se li: 0 | steo | d above) who received r | nore than | | | |
| | | | | | | | | | | | Fo | rm 99 | 0 (2020) |

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| REAL | ES | TATE | FOUNDATION | OF | SAN | LUIS |
|-------|----|-------|------------|----|-----|------|
| OBISE | 20 | COUNT | ſΥ | | | |

| Total Volto Total Addition Total A | Pa | rt V | /111 | | or poto to any lin | o in this Dort \/!!! | | | |
|--|---------------|------|------|---|--------------------|----------------------|---------------------------------------|------------------|------------------------|
| Total rownue Pleite drok de seempt Uurchon rownue Immethat De langes rownue Pleite actuale Uurchon rownue Pleite actuale Uurchon rownue Pleite actuale Uurchon rownue 1 a b 1 | | | | Check if Schedule O contains a response | or note to any lin | | | (C) | |
| generation 1 a Federated campaigne 1 a Endow 500 a sections 512 - 51 b Membership dues 1 b | | | | | | Total revenue | | Unrelated | Revenue excluded |
| generation 2 a ADMIN FEES Business Code 23,250. 23,250. b LOAN SERVICING FEES 561000 1,496. 1,496. c | | | | | | | function revenue | business revenue | sections 512 - 514 |
| generation a ADMIN FEES business code b LOAN SERVICING FEES 561000 23,250. 23,250. c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c <t< th=""><th>ts t</th><td>1</td><td>а</td><td>Federated campaigns 1a</td><td></td><td></td><td></td><td></td><td></td></t<> | ts t | 1 | а | Federated campaigns 1a | | | | | |
| generation a ADMIN FEES business code b LOAN SERVICING FEES 561000 23,250. 23,250. c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c <t< th=""><th>nun</th><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | nun | • | | | | | | | |
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| generation genera | s, 0 | | | | | | | | |
| generation genera | tion r Si | | | | | | | | |
| generation genera | the | | | similar amounts not included above 1f | | | | | |
| generation genera | dot | | g | Noncash contributions included in lines 1a-1f | | | | | |
| generation genera | an Co | | h | Total. Add lines 1a-1f | | | | | |
| 90 0 0 0 1,496. 1,496. 0 1 1,496. 1,496. 1,496. 0 1 1,496. 1,496. 1,496. 0 1 1 1 1 1 0 1 1 1 1 1 1 0 1 1 1 1 1 1 1 0 1 <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | | |
| a Total. Add lines 2a.21 24,746. g Total. Add lines 2a.21 24,746. 3 Investment income (including dividends, interest, and other similar amounts). 15,794. 4 Income from investment of tax exempt bond proceeds 15,794. 5 Royatties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from stees of assets other than inventory 7a 465,000. 7 a Gross amount from stees of assets other than inventory 7a 465,000. 6 a Gross income from fundraising events (not including \$\sum_10\$ (of there is also expenses) 7b 550,000. 7 a Gross income from fundraising events (not including \$\sum_10\$ (of there is also income from fundraising events (not including \$\sum_10\$ (of the is also income from fundraising events (not including \$\sum_10\$ (of there is also income from gaming activities. See \$\sum_10\$ (of the is also income form gaming activities. See \$\sum_10\$ (of the is also income from gaming activities. See \$\sum_10\$ (of the origon asset of inventory, less returns and allowances \$\sum_10\$ (of the also income from gaming activities. See \$\sum_10\$ (of the also income or (loss) from gaming activities. See \$\sum_10\$ (of the origon asset of inventory, less returns and allowances \$\sum_10\$ (of there evenue \$\sum_10\$ (of the origon asset of inventory, less ret | e | 2 | а | | | | | | |
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| d Net rental income or (loss) | | | | | | | | | |
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| b Less: direct expenses Bb C Net income or (loss) from fundraising events Part IV, line 19 9a 9b C Net income or (loss) from gaming activities Part IV, line 19 9a 9b C Net income or (loss) from gaming activities Part IV, line 19 9a 9b C Net income or (loss) from gaming activities Part IV, line 19 Part IV, line 19 Part IV, line 19 9a 9b C Net income or (loss) from gaming activities Part IV, line 19 Part I | | | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b | | | b | | | | | | |
| Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 10a Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d -44,460. | | | | | ► | | | | |
| b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a and allowances 10a and allowances 10a b Less: cost of goods sold tob tob c Net income or (loss) from sales of inventory Business Code 11 a b c c d d dI other revenue e Total revenue. See instructions -44,460. 24,746. | | 9 | а | Gross income from gaming activities. See | | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory s Business Code b Sector c Sector d All other revenue e Total revenue. See instructions -44,460.24,746.0. | | | | Part IV, line 19 9a | | | | | |
| 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Business Code b | | | b | Less: direct expenses 9b | | | | | |
| and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory solution Business Code b | | | с | Net income or (loss) from gaming activities | ► | | | | |
| b Less: cost of goods sold10b ► − 44, 460. 24, 746. 069, 206 | | 10 | а | Gross sales of inventory, less returns | | | | | |
| c Net income or (loss) from sales of inventory ▶ ■ ■ 11 a Business Code ■ ■ b □ □ □ □ c □ □ □ □ c □ □ □ □ d All other revenue □ □ □ e Total Add lines 11a-11d ▶ −44,460.24,746.0.0. −69,206 | | | | | | | | | |
| Business Code Image: Code Image: Code Image: Code 11 a b b b b c c c c c c c d All other revenue c c c e Total. Add lines 11a-11d Image: Code c c 12 Total revenue. See instructions Image: Code c c | | | b | Less: cost of goods sold 10b | | | | | |
| 11 a | | | С | Net income or (loss) from sales of inventory | 🕨 | | | | |
| e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► -44,460.24,746.0.24,746.0.069,206 | sr | | | | Business Code | | | | |
| e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► -44,460.24,746.0.24,746.0.069,206 | leor | 11 | а | | ļ | | | | |
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| 12 Total revenue. See instructions ► -44,460. 24,746. 0. -69,206 | | | | | | | | | |
| | | | | | | _11 160 | 21 716 | 0 | -60 206 |
| | | | | | 🕨 | 44,400. | 440. | | Form 990 (2020) |

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Form 990 (2020)

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| Form 990 (2 | OBISPO | COUNTY | | 80 |
|-------------|------------------------------------|----------------------------------|--|---------|
| Part IX | Statement of Functional | Expenses | | |
| Section 50 | (c)(3) and 501(c)(4) organizations | must complete all columns. All o | ther organizations must complete colum | ın (A). |
| - | | | | |

| Doi | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | (B) Program service | (C) | (D) |
|----------|---|----------------|------------------------|------------------------------------|-------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| • | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | 2,000. | | 2,000. | |
| c | Accounting | 2,000. | | 2,000. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 40 | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 12 | Advertising and promotion | | | | |
| 13 14 | Office expenses | | | | |
| 14 15 | Information technology | | | | |
| 15 16 | Royalties | | | | |
| 16 17 | | | | | |
| 17 18 | Travel | | | | |
| 10 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 10 | Conferences, conventions, and meetings | | | | |
| 19 20 | F | | | | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | COST OF SALES | 59,581. | 59,581. | | |
| b | TAXES, PERMITS AND FEES | 7,717. | | | |
| c | UTILITIES | 30. | 30. | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 69,328. | 67,328. | 2,000. | 0 |
| 26 | Joint costs. Complete this line only if the organization | <u> </u> | | | |
| - | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | v | | | | |

032010 12-23-20

Form **990** (2020)

09070429 139933 S04933-31

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| Form | aan | (2020) |
|-------|-----|--------|
| FOILI | 990 | (2020) |

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

| | 1 990 (i | | | 80- | 0383894 Page 11 |
|-----------------------------|----------|--|---------------------------------|-----|--------------------|
| Ра | rt 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 | 58,988. | 1 | 104,543. |
| | 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 any current or former officer, director, | | - | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | 5 | |
| | | 10000 | | 6 | |
| <i>(</i> 0 | 7 | Notes and loans receivable, net | 702,771. | 7 | 700,000. |
| Assets | | | 550,000. | 8 | 70070001 |
| As | 8 | Inventories for sale or use Prepaid expenses and deferred charges | 550,000. | 9 | 20. |
| | | Land, buildings, and equipment: cost or other | | 9 | 201 |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | h | Less: accumulated depreciation | | 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 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,311,759. | 16 | 804,563. |
| | 17 | Accounts payable and accrued expenses | , - , | 17 | |
| | 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 | |
| ŝ | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| abil | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 350,000. | 25 | 350,090. |
| | 26 | Total liabilities. Add lines 17 through 25 | 350,000. | 26 | 350,090. |
| | | Organizations that follow FASB ASC 958, check here 🕨 🔀 | | | |
| ce | | and complete lines 27, 28, 32, and 33. | | | |
| llan | 27 | Net assets without donor restrictions | 611,759. | 27 | 104,563. |
| l Ba | 28 | Net assets with donor restrictions | 350,000. | 28 | 349,910. |
| pun | | Organizations that do not follow FASB ASC 958, check here 🕨 🗌 | | | |
| ŗ | | and complete lines 29 through 33. | | | |
| s o | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Ne | 32 | Total net assets or fund balances | 961,759. | 32 | 454,473. |
| | 33 | Total liabilities and net assets/fund balances | 1,311,759. | 33 | 804,563. |

Form **990** (2020)

032011 12-23-20

12

09070429 139933 s04933-31

| REAL | ESTATE | FOUNDATION | OF | \mathbf{SAN} | LUIS |
|------|--------|--------------|-----|----------------|------|
| | | TOOLDITTTOIL | OT. | DITT | TOTO |

| Form | 0990 (2020) OBISPO COUNTY 8 | 0-0383894 | Pag | ge 12 |
|------|--|-----------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | X |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | 60. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) 2 | | | 28. |
| 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 32, column (A)) 4 | 963 | 1,7 | 59. |
| 5 | Net unrealized gains (losses) on investments 5 | | | |
| 6 | Donated services and use of facilities6 | | | |
| 7 | Investment expenses7 | | | |
| 8 | Prior period adjustments 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | -393 | 3,4 | 98. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | |
| | column (B)) | 454 | 4,4 | 73. |
| 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? | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on | a 🛛 | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba | sis, | | |
| | 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 au | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedu | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | | | |
| | Act and OMB Circular A-133? | | | 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 on Schedule O and describe any steps taken to undergo such audits | | | |
| | | Eorm | aan | (2020) |

Form **990** (2020)

032012 12-23-20

09070429 139933 S04933-31

| (FORM 990 OF 990-EZ) | Public Charity Status and Public Support | | | | | | OMB No. 1545-0047 | |
|--|--|--|---------------------------------------|----------------------|-----------------|----------------|------------------------------|--|
| C | | ization is a section 50 ⁻ 17(a)(1) nonexempt cha | | | or a section | | 2020 | |
| Department of the Treasury Internal Revenue Service | • | Attach to Form 990 or F //Form990 for instruction | | | formation | | Open to Public Inspection | |
| Name of the organization REAL | STATE FO | UNDATION OF | | | normation. | | identification number | |
| Part I Reason for Public | SPO COUNTY Charity Status | All organizations must c | omplete th | nis nart) Se | e instruction | | 0-0383894 | |
| The organization is not a private found | | | | | | 13. | | |
| 1 A church, convention of ch | | | - | - |)(A)(i). | | | |
| 2 A school described in sec | | | | | NN-7- | | | |
| 3 A hospital or a cooperative | | | | |). | | | |
| 4 A medical research organiz | zation operated in co | njunction with a hospita | l describec | l in sectio r | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| city, and state: | | | | | | | | |
| 5 An organization operated f | | llege or university owned | d or operat | ed by a go | overnmental | unit describ | ed in | |
| section 170(b)(1)(A)(iv). (| | | | | | | | |
| 6 A federal, state, or local go 7 An organization that normal | - | | | | - | ha gaparal | nublic deceribed in | |
| 7 An organization that norma section 170(b)(1)(A)(vi). (0 | | That part of its support i | ion a gov | ennentai | | ine general | public described in | |
| 8 A community trust describ | | 1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 An agricultural research or | | | | ed in conju | nction with a | land-grant | college | |
| or university or a non-land- | | | | | | | | |
| university: | | | | | | | | |
| 10 An organization that norma | | | | | | | | |
| activities related to its exer | | | | | | | | |
| income and unrelated busi | | (less section 511 tax) fr | om busine | sses acqui | red by the o | rganization | after June 30, 1975. | |
| See section 509(a)(2). (Co 11 An organization organized | | ively to test for public sa | fety See | section 50 | 9(a)(4). | | | |
| 12 X An organization organized | - | | | | | arry out the | purposes of one or | |
| more publicly supported o | | | | | | | | |
| lines 12a through 12d that | describes the type c | f supporting organizatio | n and com | plete lines | 12e, 12f, an | d 12g. | | |
| a X Type I. A supporting org | anization operated, s | upervised, or controlled | by its sup | ported org | anization(s), | typically by | giving | |
| the supported organizati | | | a majority o | of the direc | tors or truste | ees of the s | upporting | |
| organization. You must | - | | 1: | | el everenimeti | | | |
| b Type II. A supporting or control or management of | | | | | - | | - | |
| organization(s). You mus | | | ame perso | nis triat co | | age the sup | poned | |
| c Type III functionally inte | | | in connect | tion with, a | nd functiona | Illy integrate | ed with, | |
| its supported organizatio | on(s) (see instructions | s). You must complete I | Part IV, Se | ctions A, I | D, and E. | , , | | |
| d 🗌 Type III non-functionall | y integrated. A supp | orting organization oper | ated in co | nnection w | ith its suppo | rted organi | zation(s) | |
| that is not functionally in | | | - | | - | d an attenti | veness | |
| requirement (see instruc e X Check this box if the org | | | | | | | | |
| 5 | | | | | Type I, Type | e II, Type III | | |
| functionally integrated, c f Enter the number of supported | | | | | | | 1 | |
| g Provide the following informatio | | | | | | | | |
| (i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the organ in your governin | ng document? | (v) Amount o | - | (vi) Amount of other | |
| | | above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) | |
| THE COMMUNITY | | 7 | 37 | | 207 | | | |
| FOUNDATION SAN LUIS | 3/7-0496500 | 7 | X | | 395 | 3,498. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | 303 | 3,498. | 0. | |
| Total LHA For Paperwork Reduction Act I | Notice see the Instr | uctions for Form 990 o | r 99∩_⊏7 | 032021 01 0 | | | m 990 or 990-EZ) 2020 | |
| | | 1 | | JOLOL 01-2 | | | | |

REAL ESTATE FOUNDATION OF SAN LUIS Schedule A (Form 990 or 990 EZ) 2020 OBISPO COUNTY

80-0383894 Page 2

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.)

| See | ction A. Public Support | | | | | | |
|------|--|-------------------------|---------------------|----------------------|--------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ſ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ſ | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | ſ | | | | | |
| | the organization without charge \dots | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | ſ | | | | | |
| | dividends, payments received on | ſ | | | | | |
| | securities loans, rents, royalties, | ſ | | | | | |
| | and income from similar sources \dots | | | | | | |
| 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 | | | | | | |
| 12 | Gross receipts from related activities, | , etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop | | | | | | |
| See | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2020 (| | | | | 14 | % |
| | Public support percentage from 2019 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2020. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | ox and |
| | stop here. The organization qualifies | | • | | | | ▶∟ |
| b | 33 1/3% support test - 2019. If the c | | | | | | nis box |
| | and stop here. The organization qual | | | | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | | | - | - | VI how the organiz | ation |
| | meets the facts-and-circumstances te | • | | , | • | | |
| b | 10% -facts-and-circumstances tes | | | | | | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circ | | | - | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | | | |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2020 |

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 OBISPO COUNTY

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

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

| | ndar year (or fiscal year beginning in) 🕨 🔤 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (| e) 2020 | (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 | | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | - | | | | |
| | 3 received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | | |
| ~ | Add lines 7a and 7b | | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| e c | tion B. Total Support | | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | | e) 2020 | (f) Total | |
| | Amounts from line 6 | (a) 2010 | (6) 2011 | (0) 2010 | (u) 2013 | <u> </u> | ej 2020 | (1) 10121 | |
| | 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 | | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | | |
| 3 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | organization's fi | rst, second, third, | fourth, or fifth tax | year as a section § | 501(c) | (3) organizati | on, | |
| | check this box and stop here | | | | | | | > L | |
| Sec | tion C. Computation of Public | : Support Pe | rcentage | | | | | | |
| 5 | Public support percentage for 2020 (lin | e 8, column (f), c | livided by line 13, | column (f)) | | 15 | | | % |
| 16 | Public support percentage from 2019 S | Schedule A, Part | III, line 15 | | | 16 | | | % |
| Sec | ction D. Computation of Invest | tment Incom | e Percentage | | | | | | |
| 17 | Investment income percentage for 202 | 0 (line 10c, colur | nn (f), divided by I | ine 13, column (f)) | | 17 | | | % |
| 8 | Investment income percentage from 20 | | | | | 18 | | | % |
| | 33 1/3% support tests - 2020. If the o | | | | | | %, and line 1 | 7 is not | |
| | more than 33 1/3%, check this box and | | | | | | , , | ▶ | |
| b | 33 1/3% support tests - 2019. If the o line 18 is not more than 33 1/3%, chec | rganization did r | ot check a box or | n line 14 or line 19a | , and line 16 is mo | ore tha | - | | |
| 20 | Private foundation. If the organization | | | • | . , | | 0 | ····· | |
| | 23 01-25-21 | | , | · · · · · · · · | | | | or 990-EZ) 2 | 020 |
| | | | | 16 | | | , | ·/ = | |
| 70 | 429 139933 504933-33 | 1 202 | 20.03040 | | E FOUNDA | гтот | N OF S | S049330 | 11 |

Schedule A (Form 990 or 990 EZ) 2020 OBISPO COUNTY Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

10b



Yes

Х

1

2

3a

3b

3c

4a

4b

No

х

Х

Х

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17

| 80-0383894 Pa | age 5 |
|---------------|-------|
|---------------|-------|

| Sche | edule A (Form 990 or 990-EZ) 2020 OBISPO COUNTY | 80-038389 | 4 Pa | age 5 |
|------|---|----------------------------------|------|--------------|
| Par | rt IV Supporting Organizations (continued) | | | <u> </u> |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | Х |
| b | A family member of a person described in line 11a above? | 11b | | Х |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | X |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 's officers, (s) supported | X | |
| 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 | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t | ax | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | 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 yeafsee i | nstructions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | L The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental | entity (see instructio | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

3b

Schedule A (Form 990 or 990 EZ) 2020 OBISPO COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

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| Sche | dule A (Form 990 or 990-EZ) 2020 OBISPO COUNTY | | | 8 | 0-0383894 Page 7 |
|-------|---|---------------------------------------|--------------------------------|---|------------------|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _{(continu} | ied) | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 9 | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (ii) Underdistribution Pre-2020 | าร | (iii) Distributable Amount for 2020 | |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| с | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

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|---|--|--|--|--|--|
| Schedule A (Form 990 or 9 Part VI Supplement | 90-EZ) 2020 UBISPU | | | | 80-0383894 Pag |
| Part IV, Section line 1; Part IV, Section D, line | Section D, lines 2 and 3; I es 5, 6, and 8; and 8; and Part V, | 4c, 5a, 6, 9a, 9b, 9c, Part IV, Section E, line | 11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3 | art IV, Section B, lines ` 3b; Part V, line 1; Part ` | 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, |
| (See instructio | ons.) | | | | |
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| Form 990) | ► Com | plemental Fin pplete if the organization ine 6, 7, 8, 9, 10, 11a, 11 | n answered " b, 11c, 11d, 1 | Yes" on Form 990, | | | 20 |
|--|---|---|--|--|--|--|----------|
| epartment of the Treasury ternal Revenue Service | ►Go to www | ► Attach te v.irs.gov/Form990 for ins | o Form 990. structions an | d the latest informa | tion. | Inspec | |
| ame of the organizati | on REAL ESTAT OBISPO COU | E FOUNDATION NTY | OF SAN | LUIS | Emp | oloyer identificat 80-0383 | |
| | ations Maintaining D | | ds or Othe | r Similar Funds | or Accou | Ints.Complete if | the |
| organizatio | n answered "Yes" on Form | | (a) Donor advi | | (b) [| ids and other acc | ounto |
| 1 Total number at or | ad of yoor | | a Donor auvi | | (b) Full | | Junis |
| | nd of year f contributions to (during y | | | | | | |
| | f grants from (during year) | | | | | | |
| 55 5 | t end of year | | | | | | |
| | on inform all donors and do | | hat the assets | held in donor advise | d funds | | |
| - | on's property, subject to th | | | | | Yes | |
| | on inform all grantees, don | | | | | | |
| for charitable purp | oses and not for the bene | fit of the donor or donor a | advisor, or for | any other purpose of | onferring | | |
| impermissible priv | | | | | | Yes | <u> </u> |
| | ation Easements. Co | | | | art IV, line 7 | • | |
| | servation easements held l | , , | · · - | <u></u> | | | |
| | n of land for public use (for | example, recreation or e | ducation) L | | | important land ar | rea |
| | f natural habitat | | L | Preservation of a | certified his | storic structure | |
| | n of open space | | | dhudian in the fame | | | |
| | through 2d if the organiza | ation neid a qualified cons | servation cont | ribution in the form o | r a conserva | Held at the End of | |
| day of the tax year a Total number of co | n. onservation easements | | | | 2a | TICIU AL LIC LIU OI | |
| | ricted by conservation eas | | | | | | |
| | vation easements on a cer | | | | | | |
| | vation easements included | | | | | | |
| | nal Register | | | | | | |
| | vation easements modified | | | | | n during the tax | |
| year 🕨 | | | | | | | |
| 4 Number of states | where property subject to | conservation easement i | s located > | | | | |
| 5 Does the organiza | tion have a written policy r | regarding the periodic mo | onitoring, insp | ection, handling of | | | |
| | | | | | | Yes | - r |
| | orcement of the conservat | | | | | | |
| | orcement of the conservater for hours devoted to monito | | | | | | |
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| 6 Staff and voluntee 7 Amount of expense | | pring, inspecting, handling | g of violations | and enforcing conse | ervation eas | sements during th | e year |
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| 6 Staff and voluntee ▶ 7 Amount of expens ▶ \$ 8 Does each conser and section 170(h) | er hours devoted to monito | oring, inspecting, handling inspecting, handling of vi on line 2(d) above satisfy | g of violations, iolations, and / the requirem | and enforcing conse enforcing conservati ents of section 170(h | ervation eas on easemer i)(4)(B)(i) | nts during the yea | e year |
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| 6 Staff and voluntee 7 Amount of expense \$ | er hours devoted to monito ses incurred in monitoring, vation easement reported)(4)(B)(ii)? be how the organization re d include, if applicable, the ounting for conservation e ations Maintaining C f the organization answere elected, as permitted und easures, or other similar ass Part XIII the text of the for elected, as permitted und sures, or other similar asses ing amounts relating to the ded on Form 990, Part VIII | oring, inspecting, handling inspecting, handling of vi- on line 2(d) above satisfy ports conservation easer text of the footnote to the easements. Collections of Art, F ad "Yes" on Form 990, Pa ler FASB ASC 958, not to ssets held for public exhibi- otnote to its financial stat ler FASB ASC 958, to rep ets held for public exhibition ese items: | g of violations, iolations, and y the requirem ments in its re he organizatio Historical 1 art IV, line 8. preport in its r poition, educati tements that of port in its revea on, education | and enforcing conservati enforcing conservati ents of section 170(r venue and expenses n's financial stateme reasures, or Ot evenue statement ar on, or research in fur describes these items nue statement and b , or research in furthe | ervation easement on easement of easement of balance sheet of balance sheet of put and the sheet of put and the sh | Arrive sements during the year ints during the year ints during the year ints during the year into t | e year |
| 6 Staff and voluntee ▶ 7 Amount of expense ▶ \$ 8 Does each conser and section 170(h) 9 In Part XIII, descrit balance sheet, and organization's acc Part III Organizat Complete if 1a If the organization of art, historical treas provide the followi (i) Revenue includ (ii) Assets included | er hours devoted to monito ses incurred in monitoring, vation easement reported)(4)(B)(ii)? be how the organization re d include, if applicable, the ounting for conservation e ations Maintaining C f the organization answere elected, as permitted und easures, or other similar ass Part XIII the text of the for elected, as permitted und sures, or other similar asses ing amounts relating to the ded on Form 990, Part VIII | oring, inspecting, handling inspecting, handling of vi- on line 2(d) above satisfy eports conservation easer e text of the footnote to the easements. Collections of Art, F ad "Yes" on Form 990, Pa ler FASB ASC 958, not to essets held for public exhib- totnote to its financial stat ler FASB ASC 958, to rep ets held for public exhibition esse items: I, line 1 | g of violations, iolations, and y the requirem ments in its re he organizatio Historical T int IV, line 8. p report in its r poition, educati tements that o port in its revel on, education | and enforcing conservati enforcing conservati ents of section 170(h venue and expense s n's financial stateme reasures, or Ot evenue statement ar on, or research in fur describes these items nue statement and b , or research in furthe | ervation easement on easement on easement of (4)(B)(i) estatement a net sthat des net Simil d balance s therance of put erance of put | sements during the yea | e year |
| 6 Staff and voluntee 7 Amount of expense 8 Does each conser and section 170(h) 9 In Part XIII, descrit balance sheet, and organization's acc Part III Organization of art, historical trees service, provide in of art, historical trees provide the followin (i) Revenue inclue 2 If the organization the following amountee | er hours devoted to monito ses incurred in monitoring, vation easement reported)(4)(B)(ii)? be how the organization re d include, if applicable, the ounting for conservation e ations Maintaining C f the organization answere elected, as permitted und easures, or other similar asse ng amounts relating to the ded on Form 990, Part X received or held works of unts required to be reported vations in conservation in the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft and the soft a | oring, inspecting, handling inspecting, handling of vi- on line 2(d) above satisfy ports conservation easer text of the footnote to the easements. Collections of Art, H and "Yes" on Form 990, Pa fer FASB ASC 958, not to ssets held for public exhibition the FASB ASC 958, to reput the for public exhibition ease items: I, line 1 | g of violations, iolations, and / the requirem ments in its re he organizatio Historical T int IV, line 8. preport in its re- port in its rever on, education or other simila relating to the | and enforcing conservati enforcing conservati ents of section 170(h venue and expenses n's financial stateme Treasures, or Ot evenue statement ar on, or research in fur describes these items nue statement and b , or research in further nue statement and b , or research in further se items: | ervation ease on easement a)(4)(B)(i) statement a nets that des ner Simil d balance s therance of alance sheet erance of pu pain, provid | sements during the yea | e year |
| 6 Staff and voluntee 7 Amount of expense 8 Does each conser and section 170(h) 9 In Part XIII, descrit balance sheet, and organization's acc Part III Organization of art, historical trees service, provide in b If the organization art, historical trees provide the followin (i) Revenue included 2 If the organization the following amound Revenue included | er hours devoted to monito ses incurred in monitoring, vation easement reported)(4)(B)(ii)? be how the organization re d include, if applicable, the ounting for conservation e ations Maintaining C f the organization answere elected, as permitted und easures, or other similar asse ng amounts relating to the ded on Form 990, Part X received or held works of unts required to be reported on Form 990, Part VIII, Inc. | oring, inspecting, handling inspecting, handling of vi- on line 2(d) above satisfy ports conservation easer te text of the footnote to the easements. Collections of Art, F ad "Yes" on Form 990, Pa der FASB ASC 958, not to ssets held for public exhibi- totnote to its financial stat ler FASB ASC 958, to rep its held for public exhibi- tes items: I, line 1 art, historical treasures, c ed under FASB ASC 958 | g of violations, iolations, and y the requirem ments in its re he organizatio Historical T int IV, line 8. Dereport in its re poition, educati tements that of port in its rever on, education or other simila relating to the | and enforcing conservati enforcing conservati ents of section 170(h venue and expenses n's financial stateme Treasures, or Ot evenue statement ar on, or research in fur describes these items nue statement and b , or research in further r assets for financial ese items: | ervation ease on easement a)(4)(B)(i) statement a nets that des ner Simil d balance s therance of pu alance sheet erance of pu b gain, provid | sements during the yea | e year |
| 6 Staff and voluntee 7 Amount of expense 8 Does each conser and section 170(h) 9 In Part XIII, descrit balance sheet, and organization's acc Part III Organization of ant, historical trees service, provide in b If the organization art, historical trees provide the followii (i) Revenue included 2 If the organization the following amound a Revenue included in | er hours devoted to monito ses incurred in monitoring, vation easement reported)(4)(B)(ii)? be how the organization re d include, if applicable, the ounting for conservation e ations Maintaining C f the organization answere elected, as permitted und easures, or other similar ass Part XIII the text of the for elected, as permitted und sures, or other similar asse ing amounts relating to the ded on Form 990, Part X received or held works of unts required to be reported on Form 990, Part X | oring, inspecting, handling inspecting, handling of vi- on line 2(d) above satisfy ports conservation easer text of the footnote to the easements. Collections of Art, F ad "Yes" on Form 990, Pa der FASB ASC 958, not to sets held for public exhibition sets held for public exhibition ease items: I, line 1 art, historical treasures, co ed under FASB ASC 958 | g of violations, iolations, and y the requirem ments in its re he organizatio Historical T int IV, line 8. preport in its r bition, education tements that of oort in its revelon, education or other simila relating to the | and enforcing conservati enforcing conservati ents of section 170(h venue and expenses n's financial stateme Treasures, or Ot evenue statement ar on, or research in fur describes these items nue statement and b , or research in further r assets for financial ese items: | ervation easement on easement on easement of balance sheet of balance sheet erance of put gain, provid | sements during the yea | e year |
| 6 Staff and voluntee 7 Amount of expense 8 Does each conser and section 170(h) 9 In Part XIII, descrit balance sheet, and organization's acc Part III Organization of ant, historical trees service, provide in b If the organization art, historical trees provide the followii (i) Revenue included 2 If the organization the following amound a Revenue included in | er hours devoted to monito ses incurred in monitoring, vation easement reported)(4)(B)(ii)? be how the organization re d include, if applicable, the ounting for conservation e ations Maintaining C f the organization answere elected, as permitted und easures, or other similar asse ng amounts relating to the ded on Form 990, Part X received or held works of unts required to be reported on Form 990, Part VIII, Inc. | oring, inspecting, handling inspecting, handling of vi- on line 2(d) above satisfy ports conservation easer text of the footnote to the easements. Collections of Art, F ad "Yes" on Form 990, Pa der FASB ASC 958, not to sets held for public exhibition sets held for public exhibition ease items: I, line 1 art, historical treasures, co ed under FASB ASC 958 | g of violations, iolations, and y the requirem ments in its re he organizatio Historical T int IV, line 8. preport in its r bition, education tements that of oort in its revelon, education or other simila relating to the | and enforcing conservati enforcing conservati ents of section 170(h venue and expenses n's financial stateme Treasures, or Ot evenue statement ar on, or research in fur describes these items nue statement and b , or research in further r assets for financial ese items: | ervation easement on easement on easement of balance sheet of balance sheet erance of put gain, provid | sements during the yea | e year |

| | | ESTATE FOUND | ATION | OF S | AN LUI | [S | | | | _ | |
|---------|--|-----------------------------------|----------------|-------------|---------------------|--------------|---|------------|------------|---------|--------------|
| | | PO COUNTY | | | | | | | 83894 | | age 2 |
| Par | rt III Organizations Maintaini | - | | | | | | | | ued) | |
| 3 | Using the organization's acquisition, ac | cession, and other recor | ds, check a | ny of the | following th | nat make sig | gnificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | (| | | hange prog | | | | | | |
| b | , | | e 🗌 Ot | her | | | | | | | |
| С | Preservation for future generation | | | | | | | | | | |
| 4 | Provide a description of the organizatio | - | - | | - | | | ose in Par | t XIII. | | |
| 5 | During the year, did the organization so | | , | | , | | | | ٦ | | 1 |
| Do | to be sold to raise funds rather than to | | Q | | | | | | Yes | | No |
| Fai | rt IV Escrow and Custodial A reported an amount on Form 99 | | lete if the oi | ganizatio | n answered | 1 "Yes" on I | -orm 990 | , Part IV, | line 9, or | | |
| 10 | Is the organization an agent, trustee, cu | | dian (for oo | ntribution | o or other (| acoto pot i | adudad | | | | |
| Id | | | | | | | | | Yes | | No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Par | t XIII and complete the f | ollowing tak | | | | | L | | | |
| D | | t All and complete the to | Jilowing tac | JE. | | | | | Amount | | |
| ~ | Reginning balance | | | | | | 1c | | Amount | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| f | Distributions during the year Ending balance | | | | | | | | | | |
| ' 2a | Did the organization include an amount | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Par | | | | | | • | | | | 1 |
| | rt V Endowment Funds. Comp | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | (a) Current year | 1 | r year | | ars back (| | ears back | (e) Four | years I | back |
| 1a | Beginning of year balance | | | | | | , | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and los | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of th | e current year end balan | ce (line 1g, | column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | c should equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the organiz | zation that a | are held a | nd adminis | tered for th | e organiz | ation | - | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related org | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses | <u> </u> | owment fur | nds. | | | | | | | |
| Par | rt VI Land, Buildings, and Equ | - | | | | | | | | | |
| | Complete if the organization ans | | | | | 1 | | . | | | |
| | Description of property | (a) Cost or obasis (invest | | • • | or other (other) | . , | cumulate reciation | d | (d) Book | value | 3 |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | | | | | | | | |
| Total | I. Add lines 1a through 1e. (Column (d) m | nust equal Form 990, Par | t X, column | (B), line 1 | 0c.) | | | | | | 0. |

Schedule D (Form 990) 2020

032052 12-01-20

| REAL | ESI | PATE | FOUNDATION | OF | SAN | LUIS |
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| Schedule D (Form 990) 2020 OBISPO COUNT | ĽÝ | 80- | -0383894 Page 3 |
|---|--|---|-----------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" c (a) Description of security or category (including name of security) | on Form 990, Part IV, line (b) Book value | 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end | of year market value |
| | (b) BOOK value | (c) Method of Valuation. Cost of end | -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" of | on Form 990. Part IV. line | 11c. See Form 990. Part X. line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | ▶ | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) PAYABLE TO SANTA BARBARA | | | |
| (3) FOUNDATION | | | 350,090. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | > | 350,090. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | | hat reports the |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check h | ere if the text of the footnote has been pr | ovided in Part XIII X |

Schedule D (Form 990) 2020

032053 12-01-20

| REAL | ESTATE | FOUNDATION | OF | SAN | LUIS |
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| Sche | dule D (Form 990) 2020 OBISPO COUNTY | | 80-0383894 _{Page} | - 4 |
|-------|---|----------------------------|--|------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stat | ements With Reve | nue per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | |
| 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 | 2b | | |
| с | Recoveries of prior year grants | | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | tements With Expe | enses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| с | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | .) | | |
| Pa | rt XIII Supplemental Information. | | | |
| Prov | de 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 an | y additional information. | | |
| | | | | |
| | | | | |

PART X, LINE 2:

032054 12-01-20

FROM AUDITED FINANCIAL STATEMENTS FOOTNOTE:

THE FOUNDATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE

FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO

PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE.

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, MANAGEMENT OF THE

FOUNDATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE

ACCOUNTED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE

PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

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09070429 139933 s04933-31 2020.03040 REAL ESTATE FOUNDATION OF S S0493301

Schedule D (Form 990) 2020

| REAL ESTATE FOUNDATION OF SAN LUIS Schedule D (Form 990) 2020 OBISPO COUNTY 80-0383894 Page 5 |
|---|
| 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. |
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Schedule D (Form 990) 2020

032055 12-01-20

09070429 139933 S04933-31

| (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Composed if the organization answered 'Yee' on Form 90, Part IV, line 23. | SCHEDULE J | Compensation Information | с | MB No. | 1545-00 | 47 | |
|--|------------------------------|--|-----------|--------|---------|------|--|
| Complete If the organization insevered "Yes" on Form 990, Part IV, line 23. Dent to Public Inspection Mane of the organization Dest LE STATE FOUNDATION OF SAN LUIS Dest LESTATE Dest LESTATE FOUNDATION OF SAN LUIS Dest LESTATE DESTED LE | (Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 2020 | | | |
| Department Attach to Form 990. Department Department <thdepartment< th=""> <thdepartment< th=""> <thd< td=""><td colspan="4"></td><td>ΖU</td><td>)</td></thd<></thdepartment<></thdepartment<> | | | | | ΖU |) | |
| Internet Horizantia Image of the organization Image of the organization Image of the organization Name of the organization REAL ESTATE FOUNDATION OF SAN LUIS Employer identification number 80–0383894 Part II Questions Regarding Compensation 80–0383894 ************************************ | Department of the Treasury | | C | | | | |
| OBTSPC COUNTY 80-0383894 Part I Questions Regarding Compensation Image: Compensation of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these terms. Yes No Part UI Section A, line 1a, complete Part III to provide any relevant information regarding these terms. Part VII, Section A, line 1a, did the organization follow a written policy regarding payment or reindursement or provision of all of the expension section 53 40984 (2002) Image: Compensation of all of the expension of all of the expension section 54 00000000000000000000000000000000000 | Internal Revenue Service | ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | - | | |
| Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Instant to the second complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Instant to require basic to personal conductors of personal conductors. Image: Complete Part III to explain and provide of personal conductors of personal | Name of the organizatio | | | | | mber | |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization repuire social residence of personal residence of | Davit L Overation | | 80-038 | 3389 | 4 | | |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-list as or charter travel Housing allowance or residence for personal use First-list as or charter travel Housing allowance or residence for personal use First-list as or charter travel Housing allowance or residence for personal use First-list as or charter travel Description and gross-up payments First-list or construction Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization requires ubstantiation prior to reimbursing or allowing exponese incurred by all directors, Ito 2 Indicate which, if any, of the following the organization used to establish the compensation of the CO/Executive Director, but explain in Part III. Componation committee Organization requires the explanation complaints 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X | Part I Question | s Regarding Compensation | | | | | |
| Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison | | | | | Yes | No | |
| Image: Second | | | 1990, | | | | |
| Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for companions Travel for companions Image: Travel for companions Travel for companions Image: Travel for companions Travel for companions Image: Travel for the object of the expense described above? If "No," complete Part III to explain Travel for companions Image: Travel for the object of the explanation to residuation to restart of the organization to restart apply. Do not check any boxes for methods used by a related organization to establish compensation anomalities Participate in or receive payment from an equity-based compensation anomalement? Image: Travel for the organization Participate in or receive payment from an equity-based compensation anomagement? Image: Travel for the organizat | | | | | | | |
| Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study 4a Participate in or receive payment from an equity-based compensation arrangement? 4a X 4 Participate in or receive payment from an equity-based compensation arrangement? 4a X 4 Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the area explain Part III. 5a X 6 Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the resterments of: 5a X 7 Tree's to any of lines 4a c | | | | | | | |
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| If "Yes" on line 5a or 5b, describe in Part III. Image: Section 1 and the section 2 and the | a The organization? | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | | | 5b | | X | |
| contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | | | | | | |
| a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | • | | on | | | | |
| b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | - | - | | | | v | |
| If "Yes" on line 6a or 6b, describe in Part III. 7 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | | | | | | |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, d | | | | 60 | | ^ | |
| not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 | | | - | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | | - | | y | |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 | | | | | | ~ | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 | | | | • | | x | |
| Regulations section 53.4958-6(c)? | | | | ð | | Λ | |
| | | | | | | | |
| | | | | - | n 000 | 2020 | |

032111 12-07-20

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Schedule J (Form 990) 2020

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

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

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

| | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | SC compensation | (C) Retirement and | (D) Nontaxable | | | |
|---------------------|-------------|--|---|---|--------------------------------|----------------|------------|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 | |
| (1) HEIDI MCPHERSON | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| DIRECTOR | (ii) | 159,575. | 0. | 0. | 4,842. | 0. | 164,417. | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (i) (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Page 2

80-0383894

| REAL | ΕS | TATE | FOUNDATION | OF | SAN | LUIS |
|-------|----|-------|------------|----|-----|------|
| OBISE | 20 | COUNT | Y | | | |

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Schedule J (Form 990) 2020 |
|----------------------------|

| Department of the Treasury Attach to Form 990 or 990-EZ. | ublic |
|--|------------------|
| Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. | |
| Name of the organizationREAL ESTATE FOUNDATION OF SAN LUISEmployer identification n 80-03838940BISPO COUNTY80-0383894 | umber |
| Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if add space is needed. | itional |
| 1(a) Description of asset(s) distributed or transaction expenses paid(b) Date of distribution(c) Fair market value of asset(s) distributed or anset(s) distributed or expenses(d) Method of determining FMV for asset(s) distributed or transaction expenses(f) Name and address of recipient(g) IRC sect recipient(tax-exempt) of entity |) (if or type |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Ye | s No |
| 2 Did or will any officer, director, trustee, or key employee of the organization: | |
| a Become a director or trustee of a successor or transferee organization? 2a b Become an employee of, or independent contractor for, a successor or transferee organization? 2b | |

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

c Become a direct or indirect owner of a successor or transferee organization?

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

Schedule N (Form 990 or 990-EZ) 2020

2c

2d

| REAL | ESTATE | FOUNDATION | OF | SAN | LUIS |
|-------|---------|------------|----|-----|------|
| OBISE | O COUNT | Ϋ́Υ | | | |

80-0383894

| Part | I Liquidation, Termination, or Dissolution (continued) | | | |
|------|--|----|-----|----|
| | Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0 | | Yes | No |
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | 3 | | |
| 4a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 4a | | |
| b | If "Yes," did the organization provide such notice? | 4b | | |
| 5 | Did the organization discharge or pay all of its liabilities in accordance with state laws? | 5 | | |
| 6a | Did the organization have any tax-exempt bonds outstanding during the year? | 6a | | |
| b | If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? | 6b | | |

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

| 1 (a) Description of asset(s) | (b) Date of | (c) Fair market value of | (d) Method of | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of |
|--------------------------------|--------------|-----------------------------------|--|----------------------|-----------------------------------|----------------------------------|
| distributed or transaction | distribution | asset(s) distributed or | determining FMV for | | | recipient(s) (if |
| expenses paid | distribution | amount of transaction expenses | asset(s) distributed or transaction expenses | | | tax-exempt) or type of entity |
| | | | | | ARMANDO F RAMIREZ AND LISELL A | |
| 62507 LOCKWOOD SAN LUCAS ROAD, | | | SALE PRICE THROUGH | | 1867 SAN MIGUEL CANYON ROAD | |
| | 10/29/20 | 550,000. | | 1 | | |
| LOCKWOOD, CA 93932 | 10/29/20 | 550,000. | ESCROW | | SALINAS, CA 93907 | |
| | | | | | | |
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| 2 | Did or will any officer, director, trustee, or key employee of the organization: | | | | | |
|---|---|----|--|---|--|--|
| а | Become a director or trustee of a successor or transferee organization? | 2a | | Х | | |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | 2b | | Х | | |
| с | Become a direct or indirect owner of a successor or transferee organization? | 2c | | Х | | |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | 2d | | Х | | |
| ~ | If the examination answered "Vee" to any of the questions on lines 22 through 2d, provide the name of the person involved and evolution in Part III | | | | | |

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Schedule N (Form 990 or 990-EZ) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. REAL ESTATE FOUNDATION OF SAN LUIS



Employer identification number 80 - 0383894

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

OBISPO COUNTY

FORM 990 REVIEW PROCESS

FOUNDATION'S DIRECTOR OF FINANCE & ADMINSTRATION 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

COUNTY

-393,498.

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

Schedule O (Form 990 or 990-EZ) 2020

| SCHEDULE R | 1 | Related Organizations and Unrelated Partnerships | | | | | OMB No. 154 | 45-0047 | |
|---|---|--|--|-------------------------------|---|---------------------------------------|--------------------------------------|-------------|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. | | | | | | 2020 Open to Public Inspection | | |
| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization REAL ESTATE FOUNDATION OF SAN LUIS | | | | | | | | | |
| Name of the organiza | | Employer identification number 80-0383894 | | | | | | | |
| Part I Identifica | ation of Disregarded Entities. Compl | ete if the organization answered "Yes | s" on Form 990, Part IV, line 3 | 3. | | | | | |
| | (a) | (b) | (c) | (d) | (d) (e) | | (f) | controlling | |
| Name, address, and EIN (if applicable) of disregarded entity | | Primary activity | Legal domicile (state o foreign country) | or Total inco | me End-of-year | assets D | Direct controllin entity | | |
| | | | | | | | | | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | ation of Related Tax-Exempt Organi ions during the tax year. | zations. Complete if the organization | answered "Yes" on Form 990 | 0, Part IV, line 34, I | pecause it had one | or more related | tax-exempt | | |
| | (a) ame, address, and EIN f related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct contro entity | Direct controlling Section 5 | | |
| | | | | | 501(c)(3)) | | Yes | No | |
| THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 77-0496500, 550 DANA STREET, SAN | | TO BUILD AN ENDOWMENT & USE EARNINGS TO MAKE | | | | THE COMMUNITY FOUNDATION SA | AN . | | |
| LUIS OBISPO, CA | 93401 | GRANTS TO NON-PROFITS | CALIFORNIA | 501(C)(3) | LINE 7 | LUIS OBISPO | X | | |
| | | - | | | | | | | |
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| For Paperwork Red | luction Act Notice, see the Instruction | ons for Form 990. | | | | Scheo | lule R (Form 9 | 90) 2020 | |

SEE PART VII FOR CONTINUATIONS

т FORME FOUNDARTON OF CAN LUTC

Page **2**

| REAL | ESTATE FOU | NDA.I. T | ON OF SAN | LUIS | | | | | | | | | |
|--|--|---|------------------------------|---|-----------------------|-----------------------------------|-------------------|---------------------|---|-----------------|--------|-----------------------|--|
| Schedule R (Form 990) 2020 OBIS | Schedule R (Form 990) 2020 OBISPO COUNTY 80-0383894 Page 2 | | | | | | | | | | | | |
| Part III Identification of Related Or organizations treated as a part | Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. | | | | | | | | | | | | |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (j) | | (k) | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disprop alloca | ortionate tions? | Code V-UBI amount in box 20 of Schedule | manag partne | er? OV | ercentage wnership | |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | ١o | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | 1 | 1 | | 1 1 | 1 | | |

| Part IV | Identification of Related Organizations Taxable as a Corporation or | or Trust. Complete if the organization answered "" | Yes" on Form 990, Part IV, line 34, because it had one or more related |
|---------|--|--|--|
| Failly | 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 | (i Sec 512(t contr ent | i) tion b)(13) rolled ity? |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------------|--|
| | | country) | | 0, 1,000 | | 400010 | | | No |
| | | | | | | | | | |
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REAL ESTATE FOUNDATION OF SAN LUIS

Schedule R (Form 990) 2020 OBISPO COUNTY

| Par | t V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
|-----|--|----|-----|----|
| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | | 1b | Х | |
| с | | 1c | | Х |
| | | 1d | | Х |
| | | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | | 1g | | Х |
| | | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | Х |
| j | | 1j | | Х |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | Х |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х |
| | | 1m | Х | |
| n | | 1n | Х | |
| | | 10 | Х | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| | | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х |
| | | 1s | Х | |
| | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |
| | (a) (b) (c) (d) | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|-------------------------------|--|
| THE COMMUNITY FOUNDATION OF SAN LUIS (1) OBISPO COUNTY | В | 393,495. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | 25 | | |

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule R (Form 990) 2020 OBISPO COUNTY

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners s 501(c)(3 orgs.? Yes N | (f) Share of total o income | (g) Share of end-of-year assets | (h) Dispropo tionate allocation Yes N | s? of Schedule K-1 | (j) General of managing partner? Yes NO | (k) Percentage ownership |
|--|--------------------------------|-----|---|---|--------------------------------------|---|---|--------------------|---|---------------------------------------|
| | | | | | | | | | | |
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Schedule R (Form 990) 2020

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Schedule R (Form 990) 2020 OBIS
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

| 032165 10-28-20 | Schedule R (Form 990) 2 |
|-------------------------|---|
|)70429 139933 s04933-31 | 37 2020.03040 REAL ESTATE FOUNDATION OF S S04933 |

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2020

| Prepared for | REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY 550 DANA STREET SAN LUIS OBISPO, CA 93401 |
|--|---|
| Prepared by | CALIBER AUDIT & ATTEST, LLP 805 AEROVISTA PLACE, SUITE 103 SAN LUIS OBISPO, CA 93401 |
| To be signed and dated by | NOT APPLICABLE |
| Amount of tax | Total tax\$0.00Less: payments and credits\$0.00Plus: other amount\$0.00Plus: interest and penalties\$0.00NOPMTREQUIRED \$ |
| Overpayment | Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00 |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE CONTACT OUR OFFICE TO CONFIRM THAT THE RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB. |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | |

| TAXABLE | YEAR | California Exempt Organization | | | 028941 12-22-20 FORM |
|------------------|-----------------------|---|---------------|---------------------------|--|
| 202 | 20 | Annual Information Return | | | 199 |
| | | | ng (mm/dd/y | | |
| Corporation/Or | - | name FE FOUNDATION OF SAN LUIS | Ca | lifornia corporation | number |
| OBISPO | | | | 3186120 |) |
| Additional infor | mation. Se | ee instructions. | F | EIN | |
| Street address | (suite or ro | 2000) | | 80-0383 PMB no. | 3894 |
| 550 DA | • | | | | |
| City | | - | State | ZIP code | |
| SAN LU | | | CA | 93401 | |
| Foreign country | name | Foreign province/state/county | | Foreign postal co | ode |
| A First retu | ırn | Yes X No I Did the organization h | nave any cha | nges to its guide | lines |
| B Amende | | • Yes X No not reported to the FT | | | • Yes X No |
| | | 7(a)(1) trust Yes X No J If exempt under R&T(| C Section 23 | 701d, has the or | ganization |
| D Final info | | 5 5 1 | | | ● Yes X No 3701g? ● Yes X No |
| Enter date | Dissolved | | | | |
| | | g method: (1) Cash (2) X Accrual (3) Other L Is the organization a l | - | | |
| | | ed? (1) • \bigcirc 990T (2) • \bigcirc 990PF (3) • \bigcirc Sch H (990) M Did the organization f | | | |
| | | 90 series report taxable income | | | • Yes X No |
| | | ing? See instructions • Yes X No N Is the organization un on in a group exemption Yes X No IRS audited in a prior | - | | |
| | | he parent's name? | | | |
| | | Date filed with IRS | | | |
| Part I | Complet | e Part I unless not required to file this form. See General Information B and C. | | | |
| Faili | - | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | | • 1 | 505,540 00 |
| | | Gross dues and assessments from members and affiliates | | | 00 |
| | 3 0 | Gross contributions, gifts, grants, and similar amounts received | | • 3 | 00 |
| Receipts | | Total gross receipts for filing requirement test. Add line 1 through line 3. | | | |
| and | | This line must be completed. If the result is less than \$50,000, see General Information Cost of goods sold • 5 | В | ● 4 00 | 505,540 ₀₀ |
| Revenues | | Cost or other basis, and sales expenses of assets sold 6 | 550,0 | | |
| | | Total costs. Add line 5 and line 6 | | | 550,000 ₀₀ |
| | | Total gross income. Subtract line 7 from line 4 | | | -44,460 ₀₀ |
| Expenses | | Total expenses and disbursements. From Side 2, Part II, line 18 | | | 69,328 ₀₀ -113,788 ₀₀ |
| | - | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 Fotal payments | | | 00 |
| | | Jse tax. See General Information K | | | 00 |
| | 13 F | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | | • 13 | 00 |
| Filing Fee | | Jse tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | | | 00 |
| | | Penalties and Interest. See General Information J Balance due. Add line 12 and line 15. Then subtract line 11 from the result | | | 00 |
| | Under p | penalties of perjury. I declare that I have examined this return, including accompanying schedules and st , correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | atements, and | | nowledge and belief, |
| Sign Here | | Title | Date | any monoager | • Telephone |
| | Signatur of office | r ^{re} ► PRESIDENT | | | 805-239-9566 |
| | Prepare signatur | | Chec | k if employed b | P01491937 |
| Paid | signatur Firm's n | • | 361-6 | | ● Firm's FEIN |
| Preparer's | (or yours | | | | 26-2350873 |
| Use Only | employe and add | | | | Telephone |
| | | SAN LUIS OBISPO, CA 93401 | | - v | 805-888-0240 |
| | I May th | e FTB discuss this return with the preparer shown above? See instructions | | • 🔼 Yes | No |

| 022 | 3651204 |
|-----|---------|
| | |

L

028941 12-22-20

| REAL | ES | TATE | FOUNDATION | OF | SAN | LUIS |
|-------|----|-------|------------|----|-----|------|
| OBISE | 0 | COUNT | Ϋ́Υ | | | |

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.

028951 12-22-20

| 1 Gross Sales or receipts from all business activities. • 1 1 0 2 Interest. • 1 1 0 0 3 Dividends • 3 0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<> | | | | | | | | |
|---|----------------|-----------|---|--------------------------------|-------------------------------|---|------------|----------------------|
| 3 Dividends | | 1 | Gross sales or receipts from all t | business activities. See instr | uctions | • | | |
| Receipts 4 Gross roots 4 display 0 Series 5 Gross roysbits 7 Dther income 5 Gross roysbits 7 247,745 Gross 6 Gross roysbits 7 247,745 Gross 7 200,755,540 Org 7 20,755,540 Org 7 20,755,540 Org 7 214,745 Gross 7 21,755 Gross Gross 7 214,745 Gross | | 2 | | | | | | 15,794 ₀₀ |
| tom 5 Gloss rogalities 6 Gloss rogalities 5 Gloss rogalities 6 Gloss rogalities 6 Gloss rogalities 7 Z 24, 7 46 Gloss 2 Z 2 Z 2 Z 2 Z 2 Z 2 Z | | 3 | | | | | - | 00 |
| Other 6 Grass amount received from sale of assets (See Instructions) STATEMENT 1 6 4 655,000 0 0 the income 7 0 the income 7 24,746 7 0 0 0 bitsmements to or members 9 0 24,746 7 0 0 0 bitsmements to or members 9 0 <t< td=""><td>Receipts</td><td>4</td><td>Gross rents</td><td></td><td></td><td>•</td><td></td><td>00</td></t<> | Receipts | 4 | Gross rents | | | • | | 00 |
| Sources 7 0 ther income SEE STATEMENT 2. 7 2 42, 7 45 [not sources] 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 1, line 1 8 505, 540 [not sources] 10 | from | 5 | Gross royalties | | | • | | |
| 8 Total gross sales or receipts from other sources, Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 5 US, 5 40 (0) 0 | Other | 6 | Gross amount received from sal | e of assets (See Instructions |) 51 | ATEMENT 1 • | - | |
| 8 Total gross sales or receipts from other sources, Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 5 US, 5 40 (0) 0 | Sources | 7 | Other income | | SEE SI | $\mathbf{PATEMENT} \ 2 \bullet$ | | |
| 10 Disburgenents to or for members 10 00 11 Other salaries and vages 11 0 00 12 Other salaries and vages 11 0 00 13 Interest 13 00 0 14 Tases 14 00 15 00 16 Depreciation and depletion (See instructions) 16 0 00 0 16 0 0 0 16 0 0 0 16 0 0 16 0 0 0 16 0 0 0 16 0 <td></td> <td>8</td> <td>Total gross sales or receipts from</td> <td>m other sources. Add line 1</td> <td>through line 7. Enter here ar</td> <td>nd on Side 1, Part I, line 1</td> <td></td> <td></td> | | 8 | Total gross sales or receipts from | m other sources. Add line 1 | through line 7. Enter here ar | nd on Side 1, Part I, line 1 | | |
| 11 Compensation of offices, directors, and trustees SEE STATEMENT 3 • 11 0 0 12 Other salaries and wages • 13 00 13 Interest • 14 00 14 Taxes • 14 00 14 Taxes • 14 00 14 Taxes • 14 00 10 Deprociation and depletion (See instructions) • 15 00 10 Total expenses and disbursements. Add line 9 through line 17, Ether here and on Side 1, Part 1, line 9 End of taxable year Asets (a) (b) (c) (d) (d) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | |
| 12 Other statises and wages isl | | 10 | Disbursements to or for member | rs | | • | | |
| Expenses 13 Interest 13 00 and 14 Taxes 14 00 15 Rents 16 Depreciation and depletion (See instructions) 16 16 00 16 Depreciation and depletion (See instructions) 5EE STATEMENT 17 69, 328 00 18 Total expenses and disbursements SEE STATEMENT 4 17 69, 328 00 10 Assis 69, 328 00 104, 543 69, 328 104, 543 2 Net notes receivable 5700, 000 5 550, 000 5 5 700, 000 4 Investments STMT 5 702, 771 700, 000 5 5 Federal and state government obligations 5 5 0 | | 11 | Compensation of officers, direct | ors, and trustees | SEE SI | $\mathbf{ATEMENT} 3 \mathbf{\bullet}$ | | • 00 |
| and 14 Taxes 14 00 15 Rents 16 00 16 Deprocision and depletion (See instructions) 16 00 17 Other expenses and disbursements SEE STATEMENT 4 17 69, 3228 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 69, 3228 00 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 104, 543 Net accounts receivable STMT, 5 702, 771 700, 000 550, 000 10 Investments in other bords - - - - 11 Investments in stock - - - - - 10 Deprecision assets - <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | _ | | | | | | | |
| Diaburse- ments 15 Rents 0 17 Displayments SEE STATEMENT 4 15 18 Total expenses and disbursements SEE STATEMENT 4 16 18 Total expenses and disbursements SEE STATEMENT 4 18 69, 328 00 Schedule L Balance Sheet Beginning of taxable year End of taxable year 60 64 64 69, 328 00 3 Net notes receivable STMT 5 702, 771 700, 000 6 | | | | | | | | |
| ments 16 Depreciation and depletion (See instructions) • 18 10 00 19 Total expenses and disbursements SEE STATEMENT 4 • 17 69,328 00 Schedule L Balance Sheet Beginning of taxable year End of taxable year End of taxable year Assets (a) (b) (c) (d) 104,7543 1 (as a) 58,988 • 104,7543 • 00 3 Net notes receivable 550,000 • • • • 1 (investments in stock 550,000 • | | | | | | | | |
| 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 69 9, 32 8] oo Asets (a) (b) (c) (d) Asets (a) (b) (c) (d) Asets (a) (b) (c) (d) Cash 58 , 988 104 , 543 Net notes receivable STMT 5 702, 771 700, 000 Investments 550 , 000 • • • Federal and state povernment obligations • • • • 9 Other investments • • • • 11 Land • • • • • 9 Other investments • • • • • 12 It and • • • • • • 9 Other investments • • • • • • 11 Land • • | | - 15 | Rents | | | • | | |
| 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 69 9, 32 8] oo Asets (a) (b) (c) (d) Asets (a) (b) (c) (d) Asets (a) (b) (c) (d) Cash 58 , 988 104 , 543 Net notes receivable STMT 5 702, 771 700, 000 Investments 550 , 000 • • • Federal and state povernment obligations • • • • 9 Other investments • • • • 11 Land • • • • • 9 Other investments • • • • • 12 It and • • • • • • 9 Other investments • • • • • • 11 Land • • | ments | 16 | Depreciation and depletion (See | instructions) | | | | |
| Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 1 Cash 58,988 104,543 2 Net accounts receivable STMT 5 702,771 700,000 3 Net notes receivable STMT 5 702,771 700,000 4 Investments 0 0 0 5 Federal and state government obligations 0 0 0 6 Investments in other bonds 0 0 0 0 1 Investments in stock 0 0 0 0 0 9 Other investments 0 0 0 0 0 0 10 a Depreciable assets 0 | | 17 | Other expenses and disburseme | ents | SEE SI | ATEMENT 4 \bullet | | |
| Assets (a) (b) (c) (d) 1 Cash 58,988 104,543 2 Net accounts receivable STMT 5 702,771 700,000 3 Net notes receivable 550,000 • • 6 Investments in other bonds • • • 7 Investments in stock • • • 8 Mortgage leans • • • • 9 Other investments • • • • 11 and • • • • • 12 other assets STMT 6 • • • • 14 accounts payable • • • • • • 14 accounts payable • <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | | | | | | |
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| 2 Net accounts receivable STMT 5 702,771 700,000 3 Net notes receivable STMT 5 702,771 700,000 4 Investifies 550,000 • • 5 Federal and state government obligations • • • 6 Investifients in other bonds • • • • 7 Investments in other bonds • • • • 9 Other investments • • • • • 10 a Depreciable assets • • • • • • 11 Land • • • • • 20 12 Other assets STMT 6 • • 20 • 20 14 Accounts gayable • • • • • 10 • 10 • 10 • 10 • • 10 • • • 10 • • 10 • 10 • 10 • 10 • 10 • 10 • 10 • 10 1 | | | | (a) | | | | |
| 3 Net notes receivable STMT. 5 702,771 • 700,000 4 Inventories 550,000 • 5 Federal and state government obligations • • 6 Investments in other bonds • • 7 Investments in stock • • 8 Mortgage loans • • 9 Other investments • • 10 a Depreciable assets • • 2 Other assets STMT. 6 • 11 Land • • 2 Other assets STMT. 75 • 12 Other assets STMT. 6 • 13 Total assets 1, 311, 759 804, 563 12 Other assets • • 12 Other investments • • 12 Other inve | | | | | 58,98 | 88 | • | 104,543 |
| 4 Inventories 550,000 • 5 Federal and state government obligations • • 6 Investments in other bonds • • 1 Investments in stock • • 8 Mortgage loans • • 9 Other investments • • 0 a Depreciable assets • • 1 Land • • 2 Other assets STMT 6 • 1 Total assets 1,311,759 804,563 Liabilities and net worth • • 14 Accounts payable • • 15 Contributions, gifts, or grants payable • • 16 Bonds and notes payable • • 10 digital stock or principal fund • • 20 Paid- in or capilal surplus, Attach reconciliation • • 21 Total asset 1,311,759 • • 22 Total liabilities and net worth • • • 16 Other liabilities or income fund 961,759 • • 21 Retained earnings or income fund 961,759 • • 22 Total | 2 Net a | account | s receivable | | | 7.4 | • | |
| 5 Federal and state government obligations • 6 Investments in other bonds • 7 Investments in stock • 8 Mortgage loans • 9 Other investments • 10 A Depreciable assets • 9 Other investments • 11 Labs • 12 Other assets STMT 6 12 Other assets STMT 6 14 Accounts payable • 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other labilities STMT 7 19 Gaptal stock or principal fund • 20 Paid-in or capital supuke. Attach reconciliation • 21 Tatal liabilities and net worth 1 311, 759 21 Retained aernings or income fund 961, 759 • 22 Tatal liabilities and net worth 1, 311, 759 804, 563 Scheclule M-1 Reconciliation of income per b | | | | | | | • | 700,000 |
| 6 Investments in other bonds • 7 Investments in stock • 8 Mortgage loans • • 9 Other investments • • 10 a Depreciable assets • • 11 Land • • 12 Other investments • • 20 13 Total assets STMT 6 • 20 14 Accounts payable • • • 10 16 Bonds and notes payable • • • • 10 16 Gatplat surplus. Attach reconciliation • • • 10 • 10 10 10 • 10 10 10 10 10 10 10 | | | | | 550,00 | 0 | • | |
| 7 Investments in stock 8 Mortgage loans 9 Other investments 0 a Depreciable assets b Less accumulated depreciation 11 Land 12 Other assets 13 Total assets 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgage spayabe 18 Other liabilities 20 STMT 7 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 350,000 10 11 11 12 13 14 15 16 16 17 350,000 350,000 350,000 350,000 10 11 11 12 13 14 15 16 17 18 19 10 10 11 11 12 13 14 15 15 16 < | | | | | | | • | |
| 8 Mortgage loans • 9 Other investments • 10 a Depreciable assets • b Less accumulated depreciation () 11 Land • 20 Other assets STMT 6 • 12 Other assets STMT 6 • 20 13 Total assets 1,311,759 804,563 Labilities and net worth • • • 14 Accounts payable • • • 15 Contributions, gifts, or grants payable • • • 16 Bonds and notes payable • • • • 16 Bonds and notes payable • • • • 17 Mortgages payable • • • • • • 18 Other liabilities and net worth • <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> | | | | | | | • | |
| 9 Other investments • 10 a Depreciable assets • b Less accumulated depreciation (11 Land • 20 Other assets • 21 Other assets STMT 6 12 Other assets • 14 Accounts payable • 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 7 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconcilation • 21 Retained earnings or income fund 961, 759 20 Paid-in or capital surplus. Attach reconcilation • 21 Net income per books with income per return • 21 Net income per books with income per return • 21 Net income per books this year not • 3 Excess of capital losses over capital gains • • • • • • • • • • • • • • • • • | | | | | | | • | |
| 10 a Depreciable assets b Less accumulated depreciation 11 Land 20 12 Other assets STMT 6 12 Other assets 14 Accounts payable 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities STMT 7 350,000 10 Net income per books • • 11 Net income per books • • 10 Net income per kooks this year not • • • • • • • • • • • • </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> | | | | | | | • | |
| b Less accumulated depreciation () () 11 Land • • 20 12 Other assets STMT 6 • 20 13 Total assets • • 20 14 Accounts payable • • 20 14 Accounts payable • • • 15 Contributions, gifts, or grants payable • • • 16 Bonds and notes payable • • • • 17 Mortgages payable • • • • • 18 Other liabilities STMT 7 350,000 350,090 350,090 1350,090 19 Capital stock or principal fund • • • • • • 20 Paid-in or capital surplus. Attach reconciliation • | 9 Othe | r invest | ments | | | | • | |
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| 12 Other assets STMT 6 • 20 13 Total assets 1,311,759 804,563 Liabilities and net worth • • 14 Accounts payable • • 15 Contributions, gifts, or grants payable • • 16 Bonds and notes payable • • 17 Mortgages payable • • 18 Other liabilities STMT 7 350,000 350,090 19 Capital stock or principal fund • • • 20 Paid-in or capital surplus. Attach reconciliation • • • 21 Retained earnings or income fund 961,759 • 454,473 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. • • 1 Net income per books • • • • 2 Excess of capital losses over capital gains • • • • 3 Excess of capital losses over capital gains • • • • 3 Excess of capital losses over capi | b Le | ess accu | umulated depreciation | |) | (|) | |
| 13 Total assets 1,311,759 804,563 Liabilities and net worth • • 14 Accounts payable • • 15 Contributions, gifts, or grants payable • • 16 Bonds and notes payable • • 17 Mortgages payable • • 18 Other liabilities STMT 7 350,000 350,090 19 Capital stock or principal fund • • • 20 Paid-in or capital surplus. Attach reconciliation • • • 21 Retained earnings or income fund 961,759 • 454,473 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 1 Net income per books • -113,788 7 Income recorded on books this year 3 Excess of capital losses over capital gains • 8 Deductions in this return • 4 Income not recorded on books this year • • • • • • 5 Expenses recorded on books this year not deducted in t | | 1 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | • | |
| Liabilities and net worth • 14 Accounts payable • 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 7 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 • 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return 0 not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • -113,788 2 Federal income tax • • 3 Excess of capital losses over capital gains • • 4 Income not recorded on books this year • • • 5 Expenses recorded on books this year not deducted in this return • • • 0 Net income per return. • • • • | 12 Othe | r assets | STMT 6 | | | | • | |
| 14 Accounts payable • 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 7 18 Other liabilities STMT 7 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 22 Total liabilities and net worth 1,311,759 20 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 2 Federal income tax • 3 Excess of capital losses over capital gains • 4 Income not recorded on books this year not deducted in this return • 5 Expenses recorded on books this year not deducted in this return • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per turn. • | 13 Tota | l asset | S | | 1,311,75 | 59 | | 804,563 |
| 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 7 18 Other liabilities STMT 7 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 • 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 1 Net income per books • -113,788 2 Federal income tax • • not included in this return 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. | | | | | | | | |
| 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 7 18 Other liabilities STMT 7 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 • 21 Retained earnings or income fund 961,759 • 454,473 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 1 Net income per books • -113,788 7 Income recorded on books this year 2 Federal income tax • • 8 Deductions in this return • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not • 9 Total. Add line 7 and line 8 • </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> | | | | | | | • | |
| 17 Mortgages payable • 18 Other liabilities STMT 7 18 Other liabilities STMT 7 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 22 Total liabilities and net worth 1,311,759 23 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 2 Federal income tax • 3 Excess of capital losses over capital gains • 4 Income not recorded on books this year • 5 Expenses recorded on books this year not deducted in this return • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • | | | | | | | • | |
| 18 Other liabilities STMT 7 350,000 350,090 19 Capital stock or principal fund • • 20 Paid-in or capital surplus. Attach reconciliation • • 21 Retained earnings or income fund 961,759 • 454,473 22 Total liabilities and net worth 1,311,759 • 454,473 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • -113,788 2 Federal income tax • 8 Deductions in this return • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. • | | | | | | | • | |
| 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 22 Total liabilities and net worth 1,311,759 22 Total liabilities and net worth 1,311,759 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 2 Federal income tax • 3 Excess of capital losses over capital gains • 4 Income not recorded on books this year • 5 Expenses recorded on books this year not deducted in this return • 9 Total. Add line 7 and line 8 • 10 Net income per return. • | | | payable | | | | • | |
| 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 961,759 • 454,473 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. • • 1 Net income per books • -113,788 7 Income recorded on books this year not included in this return • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. | | | | | 350,00 | 0 | | 350,090 |
| 21 Retained earnings or income fund 961,759 • 454,473 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 804,563 1 Net income per books • -113,788 7 Income recorded on books this year not included in this return • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. • | 19 Capi | tal stocl | k or principal fund | | | | • |) |
| 22 Total liabilities and net worth 1,311,759 804,563 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 1 Net income per books • -113,788 7 Income recorded on books this year not included in this return • 2 Federal income tax • -113,788 7 Income recorded on books this year not included in this return • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. | | | | | | | • |) |
| Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books -113,788 7 Income recorded on books this year not included in this return 8 Deductions in this return not charged against book income this year 5 Expenses recorded on books this year not deducted in this return 9 Total. Add line 7 and line 8 10 Net income per taux | | | | | 961,75 | 9 | • | 454,473 |
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • -113,788 2 Federal income tax • -113,788 3 Excess of capital losses over capital gains • -113,788 4 Income not recorded on books this year • -113,788 5 Expenses recorded on books this year not deducted in this return • -113,788 10 Net income per return. • -113,788 | 22 Tota | l liabili | ties and net worth | | 1,311,75 | 9 | | 804,563 |
| 1 Net income per books • -113,788 7 Income recorded on books this year not included in this return 2 Federal income tax • - 10 Net income recorded on books this year 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year 4 Income not recorded on books this year • 9 Total. Add line 7 and line 8 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. | Sched | lule N | | • • | | less than \$50,000. | | |
| 2 Federal income tax • not included in this return • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year • 4 Income not recorded on books this year • 9 Total. Add line 7 and line 8 • 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return. • | 1 Neti | ncome | | | | | | |
| 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged 4 Income not recorded on books this year • • 5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8 • 10 Net income per return. | | | | | | • | | • |
| 4 Income not recorded on books this year against book income this year gainst book income this year Total. Add line 7 and line 8 Net income per return. Methods Net income per return. Net income per return. Income per return. Methods Methods Methods | | | | | | | ····· | |
| 5 Expenses recorded on books this year not deducted in this return 9 Total. Add line 7 and line 8 10 Net income per return. | | | | | | • | E. | • |
| deducted in this return • 10 Net income per return. | | | | | | 7 1.11 0 | | - |
| 6 Total Add line 1 through line 5 -113.788 Subtract line 9 from line 6 -113.788 | | | | • | | | ····· | |
| | | | | | | | ŀ | -113.788 |

Side 2 Form 199 2020

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3652204

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| CA 199 | GROS | S AM | OUNT FI | ROM SAL | E OF | ASSETS | S | TATEMENT | 1 |
|-----------------------------------|---------|------|---------|---------------|------|------------|---------------|--------------------|-----|
| DESCRIPTION | | | | DA ACQU | | DAT SOL | | THOD UIRED | |
| | | | | | | | PUR | CHASED | |
| | | | | F OR BASIS | DEF | PREC. | PENSE SALE | GROSS SALES PRI | ICE |
| | | | 55 | 0,000. | | 0. | 0. | 465,00 | 00. |
| TOTAL TO FORM 199, PAGE | 2, LI | N 6 | 55 | 0,000. | | 0. | 0. | 465,00 | 00. |
| CA 199 | | | OTHE | R INCOM | Е | | S | TATEMENT | 2 |
| DESCRIPTION | | | | | | | | AMOUNT | |
| ADMIN FEES LOAN SERVICING FEES | | | | | | | | 23,25 1,49 | |
| TOTAL TO FORM 199, PART | ' II, 1 | LINE | 7 | | | | | 24,74 | 46. |
| | | | 5 | | | | | | |

| CA 199 COMPENSATION OF | OFFICERS, | DIRECTORS AND TRUSTEES | STATEMENT |
|--|-----------|------------------------------------|--------------------------------|
| NAME AND ADDRESS | | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATIO |
| HEIDI MCPHERSON 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | DIRECTOR 5.00 | 0 |
| GWEN ERSKINE 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | PRESIDENT 1.00 | 0 |
| STEVE MCCARTY 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | VICE PRESIDENT 1.00 | 0 |
| BEN MCADAMS 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | DIRECTOR 1.00 | 0 |
| D. MICHAEL PATRICK 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | DIRECTOR 1.00 | 0 |
| TY GREEN 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | DIRECTOR 1.00 | 0 |
| KEVIN IROT 550 DANA STREET SAN LUIS OBISPO, CA 93401 | \sim | DIRECTOR 1.00 | 0 |
| PAUL READY 550 DANA STREET SAN LUIS OBISPO, CA 93401 | | DIRECTOR 1.00 | 0 |
| TOTAL TO FORM 199, PART II, L | INE 11 | | 0 |
| CA 199 | OTHER | EXPENSES | STATEMENT |
| DESCRIPTION | | | AMOUNT |
| COST OF SALES TAXES, PERMITS AND FEES UTILITIES ACCOUNTING FEES | | | 59,581 7,717 30 2,000 |

TOTAL TO FORM 199, PART II, LINE 17

69,328.

REAL ESTATE FOUNDATION OF SAN LUIS OBISP

80-0383894

| CA 199 NET NOTES RECEIVABL | ε | STATEMENT 5 |
|---|----------------------|----------------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| NOTES AND LOANS RECEIVABLE, NET | 702,771. | 700,000. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 3 | 702,771. | 700,000. |
| CA 199 OTHER ASSETS | | STATEMENT 6 |
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHARGES | 0. | 20. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 0. | 20. |
| | | |
| CA 199 OTHER LIABILITIES | 1 | STATEMENT 7 |
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| PAYABLE TO SANTA BARBARA FOUNDATION | 350,000. | 350,090. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 350,000. | 350,090. |
| | | |
| CA 199 FUND BALANCES | | STATEMENT 8 |
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS | 611,759. 350,000. | 104,563. 349,910. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 961,759. | 454,473. |

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| TAXABLE 1 2020 | | | FORM 8453-EO |
|---|--|--|--|
| Exempt Organi | zation name | | Identifying number |
| | ESTATE FOUNDATION OF SAN LUIS O COUNTY | | 80-0383894 |
| | Electronic Return Information (whole dollars only) | | |
| | gross receipts (Form 199, line 4) | | 1 505,540 |
| 2 Total | aross income (Form 199, line 8) | | 2 -44,460 |
| 3 Total | expenses and disbursements (Form 199, line 9) | | 3 69,328 |
| Part II S | Settle Your Account Electronically for Taxable Year 2020 | | |
| | Electronic funds withdrawal 4a Amount 4b Withdrawal date (n | nm/dd/yy | /уу) |
| - | Banking Information (Have you verified the exempt organization's banking information?) | | |
| 5 Routing | | | |
| | | hecking | Savings |
| - | Declaration of Officer | tura mia firm | |
| on line 4a. | he exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an elec | stromic turi | ids withdrawal for the amount listed |
| California ele a balance du organization statements b | or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lin ectronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and com e return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exem will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization r be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exem uthorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. | nplete. If th pt organiz return and | he exempt organization is filing ation's fee liability, the exempt accompanying schedules and |
| Sign | PRESIDENT | | |
| Here | Signature of officer Date Title | | |
| Part V D | Declaration of Electronic Return Originator (ERO) and Paid Preparer. | | |
| am only an in accurately re provided the 1345, 2020 the exempt of I declare that | t I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete ntermediate service provider, I understand that I am not responsible for reviewing the exempt organization's reture offects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before tra- organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all ot Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date or organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am als I have examined the above exempt organization's return and accompanying schedules and statements, and to the and complete. I make this declaration based on all information of which I have knowledge. | rn. I decla ansmitting her requir f the retur o the paid | re, however, that form FTB 8453-EO 9 this return to the FTB; I have ements described in FTB Pub. n or four years from the date preparer, under penalties of perjury |
| | O's- inature Date Check if also paid preparer | Check if self- employe | ed ERO'S PTIN |
| Must Fir | m's name (or yours CALIBER AUDIT & ATTEST, LLP | | Firm's FEIN |
| | d address 805 AEROVISTA PLACE, SUITE 103 | | |
| | SAN LUIS OBISPO, CA | | ZIP code 93401 |
| | ties of perjury, I declare that I have examined the above organization's return and accompanying schedules and s Iey are true, correct, and complete. I make this declaration based on all information of which I have knowledge. | tatements | s, and to the best of my knowledge |
| Paid | Paid Date Check if self- | | Paid preparer's PTIN P01491937 |
| Prepare Must | Firm's name (or yours CALIBER AUDIT & ATTEST, LLP | yea [] | P01491937 Firm's FEIN 26-2350873 |
| Sign | | | |
| Sigii | and address F 805 AEROVISTA PLACE, SUITE 103 SAN LUIS OBISPO, CA | | ZIP code 93401 |
| For Privac | y Notice, get FTB 1131 ENG/SP. | | FTB 8453-EO 2020 |

029021 11-19-20

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2020

| Prepared for | REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY 550 DANA STREET SAN LUIS OBISPO, CA 93401 |
|--|--|
| Prepared by | CALIBER AUDIT & ATTEST, LLP 805 AEROVISTA PLACE, SUITE 103 SAN LUIS OBISPO, CA 93401 |
| Amount due or refund | NO PAYMENT REQUIRED |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470 |
| Return must be mailed on or before | MAY 17, 2021 |
| Special Instructions | THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. |

| STATE OF CALIFORNIA RRF-1 | I | | | 1 | DEPARTME | | |
|---|--|---|--|--|---|--------------------------------|--|
| (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: | T | JAL REGISTRATION RENEW O ATTORNEY GENERAL OF Sections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306, 3 | Government (| RNIA Code | For Registry Use Only) | | |
| 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities | organization's minimum tax of | mit this report annually no later than four months s accounting period may result in the loss of tax f \$800, plus interest, and/or fines or filing penaltic | exemption and t es. Revenue & T | he assessment of a axation Code section | | | |
| www.oag.ca.gov/channes | 23 | 703; Government Code section 12586.1. IRS ext | ensions will be | nonored. | | | |
| REAL ESTATE FOU OBISPO COUNTY Name of Organization | NDATION | OF SAN LUIS | | ange of address ended report | | | |
| List all DBAs and names the organization | n uses or has used | | | | | | |
| 550 DANA STREET | | | State Cha | rity Registration Numbe | er ст 0153216 | | |
| Address (Number and Street) SAN LUIS OBISPO City or Town, State, and ZIP Code | , CA 93 | 401 | Corporatio | on or Organization No. | 3186120 | | |
| 805-543-2323 Telephone Number | | CFSLOCO.ORG | Federal E | mployer ID No. $80-0$ | 0383894 | | |
| ANNUAL RE | GISTRATION R | ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr | | | 11, and 312) | | |
| Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,0 | <u>Fee</u> 0 00 \$25 | Gross Annual Revenue Between \$100,001 and \$250,000 Between \$250,001 and \$1 million | | Gross Annual Rever Between \$1,000,001 Between \$10,000,00 Greater than \$50 mi | 1 and \$10 million 01 and \$50 million | <u>Fe</u> \$1 \$2 \$3 | |
| PART A - ACTIVITIES | | | | | | | |
| For your most recent fu | ull accounting p | period (beginning $01/01/20$ | 20 end | 12/31/202 | 20_) list: | | |
| Gross Annual Revenue\$ | -44 4 | | | • | | | . c . |
| | | 60 Noncash Contributions\$ | Total Expe | 0 Total Assets (| | 4,5 | 63 |
| Program Expen | ises \$ | 67,328 | Total Expe | enses \$ | \$ <u>80</u> 69,328 | 4,5 | 653 |
| Program Expen PART B - STATEMENTS REG | ases \$ ARDING ORGA | 67,328 ANIZATION DURING THE PERIOD | OF THIS RE | enses \$ | 69,328 | 4,5 | 663 |
| Program Expen PART B - STATEMENTS REG Note: All questions must be | ases \$ ARDING ORGA | 67,328 | OF THIS RE | enses \$ PORT w, you must attach a s | 69,328 | 4,5 Yes | No |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explana 1. During this reporting period and any officer, director of | ARDING ORGA CARDING ORGA e answered. If y tion and details od, were there a | 67,328 ANIZATION DURING THE PERIOD rou answer "yes" to any of the que | OF THIS RE stions belov eview RRF- | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o | 69,328 separate page rmation required. organization | | No |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting perior and any officer, director of any financial interest? 2. During this reporting perior | ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo | 67,328 ANIZATION DURING THE PERIOD rou answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f | OF THIS RE stions belov eview RRF- inancial trar which any su | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr | 69,328 separate page rmation required. organization rustee had | | No |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? | ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there ar | 67,328 ANIZATION DURING THE PERIOD you answer "yes" to any of the que to for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w | OF THIS RE stions belov eview RRF- inancial trar which any su misuse of th | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita | 69,328 separate page rmation required. organization rustee had | | No |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting perior and any officer, director of any financial interest? 2. During this reporting perior or funds? 3. During this reporting perior | ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser | 67,328 ANIZATION DURING THE PERIOD you answer "yes" to any of the que to for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or | OF THIS RE stions belov eview RRF- financial tran which any su misuse of the nalty, fine or | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita judgment? | 69,328 separate page rmation required. organization rustee had able property | | No X X |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds? 4. During this reporting period commercial coventurer use | ARDING ORGA a answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? | 67,328 ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w hy theft, embezzlement, diversion or ganization funds used to pay any per | OF THIS RE stions belov eview RRF- financial tran which any su misuse of the nalty, fine or ndraising con | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita judgment? | 69,328 separate page rmation required. organization rustee had able property | | No X X X |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanate 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds? 4. During this reporting period commercial coventurer us 5. During this reporting period commercial coventurer us | ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? | 67,328 ANIZATION DURING THE PERIOD rou answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur | OF THIS RE stions below eview RRF- financial tran which any su misuse of the nalty, fine or ndraising count nding? | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita judgment? | 69,328 separate page rmation required. organization rustee had able property | | No X X X X |
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| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanate 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds? 4. During this reporting period commercial coventurer us 5. During this reporting period commercial coventurer us 6. During this reporting period coventure period covent | ARDING ORGA answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? od, did the organ od, did the organ od, did the organ | 67,328 ANIZATION DURING THE PERIOD rou answer "yes" to any of the que of or each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finan | OF THIS RE stions belov eview RRF- financial trar which any su misuse of the nalty, fine or ndraising cou nding? | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita judgment? unsel for charitable purp | 69,328 separate page rmation required. organization ustee had able property poses, or | | No X X X X X X X |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanate 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds? 4. During this reporting period commercial coventurer us 5. During this reporting period commercial coventurer us 6. During this reporting period commercial coventurer us 7. Does the organization contagenerally accepted account | ARDING ORGA a answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were any org od, were the ser sed? od, did the organ od, did the organ od, did the organ od, did the organ | 67,328 ANIZATION DURING THE PERIOD rou answer "yes" to any of the que of or each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finan | OF THIS RE stions belov eview RRF- financial trar which any su misuse of the nalty, fine or ndraising cou nding? urposes? | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita judgment? unsel for charitable purp ents in accordance with | 69,328 separate page rmation required. organization ustee had able property poses, or | Yes | No X X X X X X X |
| Program Expen PART B - STATEMENTS REG Note: All questions must be providing an explanar 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds? 3. During this reporting period or funds? 5. During this reporting period commercial coventurer us 5. During this reporting period commercial coventurer us 6. During this reporting period commercial coventurer us 7. Does the organization condition generally accepted accound generally accepted accound generally accepted accound generally accepted accound set the end of this reporting the set the set of the set | ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, was there ar od, were any org od, were any org od, were the ser sed? od, did the organ nduct a vehicle of duct an independ unting principles or period, did the rjury that I have | 67,328 ANIZATION DURING THE PERIOD rou answer "yes" to any of the que of or each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finant for this reporting period? | OF THIS RE stions below eview RRF- financial tran which any su misuse of the nalty, fine or ndraising con nding? urposes? cial statements sets, while re ccompanyi | enses \$ PORT w, you must attach a s 1 instructions for info isactions between the o ch officer, director or tr e organization's charita judgment? unsel for charitable purp ents in accordance with eporting negative unres | 69,328 separate page rmation required. organization ustee had able property poses, or | Yes | No X X X X X X X X X X |
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