|                         |                          |                                 | ** PUBLIC DISCLOSURE COPY *   | *                            |                                 |
|-------------------------|--------------------------|---------------------------------|---|------------------------------|---------------------------------|
|                         | 0                        | 00                              | Return of Organization Exempt From  | Income Tax                   | OMB No. 1545-0047               |
| Forr                    | пY                       | 90                              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (   |                              | s) <b>2020</b>                  |
| _                       |                          |                                 | Do not enter social security numbers on this form as it ma  | y be made public.            | Open to Public                  |
|                         |                          | of the Treasury<br>enue Service | Go to www.irs.gov/Form990 for instructions and the late   |                              | Inspection                      |
| AF                      | or th                    | e 2020 calend                   | ar year, or tax year beginning $JUL 1$ , $2020$ and ending  | <u>JUN 30, 2021</u>          |                                 |
|                         | heck if                  | C Name o                        | i organization  | D Employer identific         | ation number                    |
| a                       | pplicab<br>¬Addre        | THE                             | LAND CONSERVANCY OF SAN LUIS OBISPO   |                              |                                 |
|                         |                          |                                 |   |                              |                                 |
|                         | 94                       |                                 |   |                              |                                 |
|                         | Initial<br>returr        | n Number                        | and street (or P.O. box if mail is not delivered to street address) Room/su   |                              |                                 |
|                         | Final<br>returr<br>termi | n                               | PACIFIC STREET STE. A   | (805)544-                    |                                 |
|                         | ated<br>Amer             | City or t                       | own, state or province, country, and ZIP or foreign postal code   | <b>G</b> Gross receipts \$   | 10,840,945.                     |
|                         | return                   | D SAN                           | LUIS OBISPO, CA 93401   | H(a) Is this a group re      |                                 |
|                         | tion<br>pend             | F Name a                        | nd address of principal officer: KAILA DETTMAN  | for subordinates             |                                 |
|                         | -                        | SAME                            | AS C ABOVE  | H(b) Are all subordinates in |                                 |
|                         |                          | empt status:                    |   |                              | list. See instructions          |
|                         |                          | ite: ▶ LCSL                     |   | H(c) Group exemption         |                                 |
|                         | orm o<br>art l           | Summary                         | X Corporation   | ear of formation: 1984 N     | State of legal domicile: CA     |
| FC                      |                          |                                 |   |                              | EOD                             |
| ø                       | 1                        | Briefly describ                 | e the organization's mission or most significant activities: <u>  TO_CONS</u> ]<br>DS, FARMS, AND_RANCHES, AND_CONNECT_PE | CRVE AND CARE                |                                 |
| ano                     |                          |                                 |   |                              |                                 |
| /ern                    | 2                        |                                 | x      if the organization discontinued its operations or disposed of main and the approximate body (Dart VII line to)    |                              | ets.<br>13                      |
| <u></u>                 | 3                        |                                 | ing members of the governing body (Part VI, line 1a)  |                              | 13                              |
| <u>ەم</u>               | 45                       |                                 | of individuals employed in calendar year 2020 (Part V, line 2a)   | ·····                        | 28                              |
| Activities & Governance | 6                        |                                 | of volunteers (estimate if necessary)   |                              | 150                             |
| ž                       |                          |                                 | 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                    |
|                         | 8                        | Contributions                   | and grants (Part VIII, line 1h)   | 15,245,696.                  | 10,524,566.                     |
| Revenue                 | 9                        |                                 | ce revenue (Part VIII, line 2g)   | 32,076.                      | 68,713.                         |
| eve                     | 10                       | Investment ind                  | come (Part VIII, column (A), lines 3, 4, and 7d)  | 173,859.                     | 101,264.                        |
| č                       | 11                       |                                 | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.                           | 0.                              |
|                         | 12                       |                                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 15,451,631.                  | 10,694,543.                     |
|                         | 13                       | Grants and sir                  | nilar amounts paid (Part IX, column (A), lines 1-3)   | 0.                           | 0.                              |
|                         | 14                       | Benefits paid                   | to or for members (Part IX, column (A), line 4)   | 0.                           | 0.                              |
| ŝ                       | 15                       | Salaries, othe                  | r compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,154,399.                   | 1,316,203.                      |
| nse                     | 16a                      | Professional f                  | undraising fees (Part IX, column (A), line 11e)   | 0.                           | 0.                              |
| Expenses                | b                        |                                 | ng expenses (Part IX, column (D), line 25)  T1,194.   |                              |                                 |
| Ш                       | 17                       |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)  | 3,901,947.                   | 4,159,685.                      |
|                         | 18                       |                                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 5,056,346.                   | 5,475,888.                      |
|                         | 19                       | Revenue less                    | expenses. Subtract line 18 from line 12   | 10,395,285.                  | 5,218,655.                      |
| et Assets or            |                          |                                 |   | Beginning of Current Year    | End of Year                     |
| sset                    | 20                       | Total assets (F                 |   | 35,873,818.                  | 39,801,712.                     |
| Net As                  | 21                       |                                 | (Part X, line 26)   | 2,550,309.                   | 1,262,855.                      |
|                         |                          |                                 | fund balances. Subtract line 21 from line 20  | 33,323,509.                  | 38,538,857.                     |
|                         | art II                   |                                 |   | annanta and ta the base of   | Inconstruction and the Park 201 |
|                         | -                        |                                 | I declare that I have examined this return, including accompanying schedules and stat                                     |                              | KIIOWIEDGE and belief, it is    |
| true,                   | corre                    | ci, and complete                | Declaration of preparer (other than officer) is based on all information of which prepa                                   | arer nas any knowledge.      |                                 |
|                         |                          |                                 |   |                              |                                 |

| Sign       | Signature of officer                                |                           | Date                           |
|------------|---|---------------------------|--------------------------------|
| Here       | KAILA DETTMAN, EXECUT                               | IVE DIRECTOR              |                                |
|            | Type or print name and title                        |                           |                                |
|            | Print/Type preparer's name                          | Preparer's signature Date | e Check PTIN                   |
| Paid       | MICAL W. BOVEE, CPA                                 |                           | self-employed <b>P01023187</b> |
| Preparer   | Firm's name 🕒 GLENN BURDETTE,                       | INC.                      | Firm's EIN ▶ 95-2772601        |
| Use Only   | Firm's address 1150 PALM STREET                     |                           |                                |
|            | SAN LUIS OBISPO,                                    | CA 93401                  | Phone no. (805) 544-1441       |
| May the II | RS discuss this return with the preparer shown abov | ve? See instructions      | X Yes No                       |
|            |   |                           |                                |

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

Form **990** (2020)

| rar | t III Statement of Program Service Accomplishments   |
|-----|--|
|     | Check if Schedule O contains a response or note to any line in this Part III   |
| 1   | Briefly describe the organization's mission:<br>WE CONSERVE AND CARE FOR THE DIVERSE WILDLANDS, FARMS, AND RANCHES OF  |
|     | THE CENTRAL COAST. WE CONNECT PEOPLE TO THE LAND AND TO EACH OTHER.  |
|     | THE CENTRAL COAST. WE CONNECT PEOPLE TO THE LAND AND TO EACH OTHER.  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the   |
|     | prior Form 990 or 990-EZ?  |
| ~   | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program services?                             |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a  | (Code:) (Expenses \$3, 164, 065 . including grants of \$) (Revenue \$68, 713 .   |
| ta  | THE LAND CONSERVATION PROGRAM ESTABLISHES VOLUNTARY LAND PROTECTION  |
|     | AGREEMENTS (CONSERVATION EASEMENTS) WITH FAMILY FARMERS, RANCHERS, AND   |
|     | LANDOWNERS. THE LAND CONSERVANCY ALSO BUYS PROPERTIES IN FEE TITLE AND   |
|     | RECEIVES GIFTS/DONATIONS OF LAND. THE PROGRAM FOCUSES ON IDENTIFYING   |
|     | AND PROTECTING SAN LUIS OBISPO COUNTY LANDS WITH IMPORTANT SCENIC,   |
|     | AGRICULTURAL, HABITAT AND CULTURAL VALUES. THE LAND CONSERVANCY STAFF  |
|     | PREPARE GRANT APPLICATIONS AND PROPOSALS, DRAFT AGREEMENTS, IDENTIFY   |
|     | LAND MANAGEMENT GOALS AND OBJECTIVES, AND CONDUCT MONITORING OF EACH   |
|     | PROPERTY ON AN ANNUAL BASIS. THE CONSERVANCY HAS PROTECTED 27,553 ACRES  |
|     | TO-DATE.   |
|     |  |
| 4b  | (Code:) (Expenses \$780,295. including grants of \$) (Revenue \$)  |
|     | THE OUTREACH AND VOLUNTEER SUPPORT PROGRAM FOCUSES ON ENGAGING   |
|     | COMMUNITY MEMBERS IN THE MISSION OF THE ORGANIZATION AND EDUCATING THE   |
|     | PUBLIC ABOUT LAND RESOURCES IN SAN LUIS OBISPO COUNTY. THE PROGRAM   |
|     | WORKS TO BUILD SUPPORT FOR THE ORGANIZATION THROUGH COLLABORATIVE  |
|     | PARTNERSHIPS, VOLUNTEER ACTIVITIES, EDUCATIONAL EVENTS, AND OUTREACH   |
|     | OPPORTUNITIES THROUGHOUT THE COUNTY. CURRENTLY THE ORGANIZATION HAS<br>1,300 INDIVIDUAL/HOUSEHOLD MEMBERS (NON-VOTING) AND 140 BUSINESS  |
|     | MEMBERS (NON-VOTING). THE ORGANIZATION NEWSLETTER AND E-NEWSLETTER   |
|     | REACH 4,300, AND THE ANNUAL REPORT GOES OUT TO APPROXIMATELY 1,600   |
|     | PEOPLE.  |
|     |  |
| 4c  | (Code:) (Expenses \$759,923. including grants of \$) (Revenue \$)  |
|     | THE STEWARDSHIP AND RESTORATION PROGRAM IMPLEMENTS PROJECTS THAT FOCUS   |
|     | ON SUPPORTING HEALTHY WILDLIFE HABITAT, IMPROVING WATER QUALITY,   |
| łc  | SUSTAINING OUR LOCAL WATER SUPPLY, AND PROTECTING MAN-MADE   |
|     | INFRASTRUCTURE AND FARM FIELDS. THE PROGRAM FOCUSES ON STREAMS,  |
|     | WETLANDS, COASTAL DUNES, AND HISTORIC LANDMARKS. RESTORATION AND   |
|     | STEWARDSHIP CARE PROGRAM STAFF DEVELOP GRANT PROPOSALS, PREPARE PERMIT   |
|     | APPLICATIONS AND RESTORATION PLANS, IMPLEMENT RESTORATION ACTIVITIES,  |
|     | AND MONITOR PROJECT RESULTS.   |
|     |  |
| 4 4 | Other program services (Describe on Schedule O.)   |
| 40  | (Expenses \$ 114,036 · including grants of \$ ) (Revenue \$ )  |
|     |  |
|     | Total program service expenses ► 4,818,319.  |

COUNTY

Part IV Checklist of Required Schedules

Form 990 (2020)

|        |  |            | 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? If "Yes," complete Schedule C, Part I   | 3          |     | X          |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |            |     |            |
|        | during the tax year? If "Yes," complete Schedule C, Part II  | 4          | Х   |            |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |            |     |            |
|        | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5          |     | X          |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |            |     |            |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6          |     | X          |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |            |     |            |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7          | Х   |            |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |            |     |            |
|        | Schedule D, Part III   | 8          |     | X          |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |            |     |            |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |            |     |            |
|        | 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, VII, IX, or X  |            |     |            |
|        | as applicable.   |            |     |            |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.      |            |     |            |
|        | Part VI  | 11a        | х   |            |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total     |            |     |            |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | x          |
| с      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total      |            |     |            |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |     | x          |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in    |            |     |            |
|        | 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   |            |
|        | 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        |     | x          |
| 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        |     | x          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13         |     | X          |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a        |     | X          |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |            |     |            |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |            |     |            |
|        | or more? 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? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | x          |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |            |     |            |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | x          |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |            |     |            |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         |     | x          |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     | <u> </u>   |     | <u> </u>   |
|        | 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,"           |            |     | <b>_</b> _ |
|        |  | 19         |     | x          |
| 20a    | complete Schedule G, Part III<br>Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H     | 20a        |     | X          |
|        |  | 20a<br>20b |     | _ <u></u>  |
| 21     | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 200        |     | <u> </u>   |
| ~ '    | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>                  | 21         |     | x          |
| 032003 |  |            | 990 | (2020)     |
|        |  |            |     | ()         |

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| Form    | <u>990 (2020)</u> COUNTY 77-003  | <u>9294</u>       | P   | <sub>age</sub> 4 |
|---------|--|-------------------|-----|------------------|
| Par     | t IV Checklist of Required Schedules (continued)   |                   | -   |                  |
|         |  |                   | Yes | No               |
| 22      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |                   |     |                  |
|         | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22                |     | X                |
| 23      | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |                   |     |                  |
|         | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |                   |     |                  |
|         | Schedule J   | 23                |     | X                |
| 24a     | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |                   |     |                  |
|         | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |                   |     |                  |
|         | Schedule K. If "No," go to line 25a  | 24a               |     | X                |
|         | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b               |     | <b> </b>         |
| с       | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |                   |     |                  |
|         | any tax-exempt bonds?  | 24c               |     | <u> </u>         |
|         | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d               |     | <u> </u>         |
| 25a     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |                   |     | 37               |
|         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a               |     | X                |
| b       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |                   |     |                  |
|         | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |                   |     | x                |
|         | Schedule L, Part I   | 25b               |     | <u> </u>         |
| 26      | 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%  |                   | х   |                  |
| 07      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26                | Λ   | <u> </u>         |
| 27      | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |                   |     |                  |
|         | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27                |     | x                |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 21                |     |                  |
| 20      | instructions, for applicable filing thresholds, conditions, and exceptions):   |                   |     |                  |
| а       | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |                   |     |                  |
| u       | "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               |     | X                |
|         | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  |                   |     |                  |
| •       | "Yes," complete Schedule L, Part IV  | 28c               |     | x                |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |                   | Х   |                  |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |                   |     |                  |
|         | contributions? If "Yes," complete Schedule M   | 30                |     | x                |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31                |     | X                |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |                   |     |                  |
|         | Schedule N, Part II  | 32                |     | X                |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |                   |     |                  |
|         | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33                |     | X                |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |                   |     |                  |
|         | Part V, line 1   | 34                |     | X                |
| 35a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a               |     | X                |
| b       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |                   |     |                  |
|         | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b               |     | <u> </u>         |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |                   |     |                  |
|         | If "Yes," complete Schedule R, Part V, line 2  | 36                |     | X                |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |                   |     |                  |
|         | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37                |     | X                |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |                   | v   |                  |
| Par     | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance  | 38                | Х   | <u> </u>         |
| 1 01    |  |                   |     |                  |
|         | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>           | V   |                  |
| 4       | Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable  | 4                 | Yes | No               |
| ıa<br>b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b   | <del>-</del><br>0 |     |                  |
| 0       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | Ť                 |     |                  |
| U       | (gambling) winnings to prize winners?  | 1c                | х   |                  |
| 032004  | 4 12-23-20   |                   |     | (2020)           |
|         | 1  |                   |     | (                |

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| THE | LAND | CONSERVANCY | OF | SAN | LUIS | OBISPO |
|-----|------|-------------|----|-----|------|--------|
|     |      |             |    |     |      |        |

| Form | <u>990 (2020)</u> COUNTY 77-0039   | 294 | Р   | age <b>5</b> |  |  |  |  |  |
|------|--|-----|-----|--------------|--|--|--|--|--|
| Par  | 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 28  |     |     |              |  |  |  |  |  |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Х   |              |  |  |  |  |  |
|      | 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  |     | X            |  |  |  |  |  |
| 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   | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |     |     |              |  |  |  |  |  |
| b    | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     |     |              |  |  |  |  |  |
| с    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |              |  |  |  |  |  |
| 6a   | a 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?  |     |     |              |  |  |  |  |  |
| b    | 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            |  |  |  |  |  |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |              |  |  |  |  |  |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |     |     | x            |  |  |  |  |  |
|      | to file Form 8282?   |     |     |              |  |  |  |  |  |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |     |     |              |  |  |  |  |  |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | X            |  |  |  |  |  |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | X            |  |  |  |  |  |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                             | 7g  |     |              |  |  |  |  |  |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                           | 7h  |     |              |  |  |  |  |  |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     |              |  |  |  |  |  |
|      | sponsoring organization have excess business holdings at any time during the year?   | 8   |     |              |  |  |  |  |  |
| 9    | Sponsoring organizations maintaining donor advised funds.  |     |     |              |  |  |  |  |  |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |              |  |  |  |  |  |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |              |  |  |  |  |  |
| 10   | Section 501(c)(7) organizations. Enter:  |     |     |              |  |  |  |  |  |
| а    | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |              |  |  |  |  |  |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |     |     |              |  |  |  |  |  |
| 11   | Section 501(c)(12) organizations. Enter:   |     |     |              |  |  |  |  |  |
| а    | Gross income from members or shareholders 11a  |     |     |              |  |  |  |  |  |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against   |     |     |              |  |  |  |  |  |
|      | amounts due or received from them.)  |     |     |              |  |  |  |  |  |
|      | 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  |     |     |              |  |  |  |  |  |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 40  |     |              |  |  |  |  |  |
| а    | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |              |  |  |  |  |  |
|      | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |     |     |              |  |  |  |  |  |
| b    | <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the  |     |     |              |  |  |  |  |  |
| -    | organization is licensed to issue qualified health plans 13b   |     |     |              |  |  |  |  |  |
|      |  |     |     |              |  |  |  |  |  |
| 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? <i>If "No," provide an explanation on Schedule O</i>   | 14b |     |              |  |  |  |  |  |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 45  |     | x            |  |  |  |  |  |
|      | excess parachute payment(s) during the year?   | 15  |     |              |  |  |  |  |  |
| 16   | If "Yes," see instructions and file Form 4720, Schedule N.   | 16  |     | x            |  |  |  |  |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O. | 16  |     | - 23         |  |  |  |  |  |
|      |  |     |     |              |  |  |  |  |  |

Form **990** (2020)

032005 12-23-20

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2020)

77-0039294 Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

|            |  |            | I.            | 1 2        |           | Yes    | No   |
|------------|--|------------|---------------|------------|-----------|--------|------|
| 1a         | Enter the number of voting members of the governing body at the end of the tax year  | <b>1</b> a |               | 13         |           |        |      |
|            | If there are material differences in voting rights among members of the governing body, or if the governing                                    |            |               |            |           |        |      |
| _          | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  |            |               | 1 2        |           |        |      |
|            | Enter the number of voting members included on line 1a, above, who are independent   | _1b        |               | 13         |           |        |      |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                                      |            |               |            | -         |        | 77   |
|            | officer, director, trustee, or key employee?   |            |               |            | 2         |        | X    |
| 3          | Did the organization delegate control over management duties customarily performed by or under the   |            |               |            |           |        |      |
| _          | 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 9  |            |               |            | 4         |        | X    |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's ass   |            |               |            | 5         |        | X    |
| 6          | Did the organization have members or stockholders?   |            |               |            | 6         |        |      |
| <i>1</i> a | Did the organization have members, stockholders, or other persons who had the power to elect or ap   |            |               |            | _         |        |      |
|            | more members of the governing body?  |            |               |            | 7a        |        | X    |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, st   |            |               |            |           |        |      |
|            | persons other than the governing body?   |            |               |            | 7b        |        | X    |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                                |            | •             |            | -         | v      |      |
|            | The governing body?  |            |               |            | <u>8a</u> | X<br>X |      |
|            | Each committee with authority to act on behalf of the governing body?  |            |               |            | 8b        | A      |      |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                                     |            |               |            |           |        |      |
|            | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |            |               |            | 9         |        | X    |
| bec        | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | venue      | <u>Code.)</u> |            |           |        |      |
|            |  |            |               | 1          |           | Yes    |      |
|            | 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 ch  | •          |               |            |           |        |      |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?  |            |               |            | 10b       | 37     |      |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing body  | y befor    | re filing the | form?      | 11a       | Х      |      |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |               |            |           | 37     |      |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  |            |               |            | 12a       | X      |      |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                          |            |               |            | 12b       | Х      |      |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y  | ′es," d    | escribe       |            |           |        |      |
|            | in Schedule O how this was done  |            |               |            | 12c       | X      |      |
| 13         | Did the organization have a written whistleblower policy?  |            |               |            | 13        | X      |      |
| 14         | Did the organization have a written document retention and destruction policy?   |            |               |            | 14        | Х      |      |
| 15         | Did the process for determining compensation of the following persons include a review and approva   |            | dependent     |            |           |        |      |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |               |            |           |        |      |
|            | The organization's CEO, Executive Director, or top management official   |            |               |            | 15a       | Х      |      |
| 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 arrangen                                    | nent w     | rith a        |            |           |        |      |
|            | taxable entity during the year?  |            |               |            | 16a       |        | X    |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                                      | -          | -             |            |           |        |      |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ  | izatior    | ı's           |            |           |        |      |
|            | exempt status with respect to such arrangements?   |            | <u></u>       |            | 16b       |        |      |
| Sec        | tion C. Disclosure   |            |               |            |           |        |      |
| 17         | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$  |            |               |            |           |        |      |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and   | nd 990     | -T (Section   | 501(c)(3)s | only)     | availa | ble  |
|            | for public inspection. Indicate how you made these available. Check all that apply.  |            |               |            |           |        |      |
|            | X Own website Another's website X Upon request Other (explain  |            |               |            |           |        |      |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co  | nflict o   | of interest p | olicy, and | financ    | cial   |      |
|            | statements available to the public during the tax year.  |            |               |            |           |        |      |
| 20         | State the name, address, and telephone number of the person who possesses the organization's book KAILA ADRIANE DETTMAN HOOKER - (805)544-9096 |            |               | ►          |           |        |      |
|            | 1137 PACIFIC STREET STE. A, SAN LUIS OBISPO, CA 93   | 3401       |               |            |           |        |      |
| 32006      | ) 12-23-20   |            |               |            | Form      | 990    | (202 |
|            | б  |            |               |            |           |        |      |

| $\mathbf{THE}$ | LAND | CONSERVANCY | OF | SAN            | LUIS | OBISPO |
|----------------|------|-------------|----|----------------|------|--------|
| $\mathbf{THE}$ | LAND | CONSERVANCY | OF | $\mathbf{SAN}$ | LUIS | OBISPO |

Form Part

| 990   | (202) | D) COUNTY              |                       |                | 77-00               | 39294 |
|-------|-------|------------------------|-----------------------|----------------|---------------------|-------|
| : VII | Co    | ompensation of Officer | , Directors, Trustees | Key Employees, | Highest Compensated |       |
|       | Ē     | nployees, and Indepen  | lent Contractors      |                |                     |       |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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 Т

| (A)<br>Name and title            | (B)<br>Average   |                  | not c | Pos<br>heck | more   | than o   |      | <b>(D)</b><br>Reportable<br>compensation       | <b>(E)</b><br>Reportable<br>compensation         | <b>(F)</b><br>Estimated<br>amount of  |
|----------------------------------|--|------------------|-------|-------------|--------|--|------|--|--|---|
|                                  | hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below | stee or director |       |             | irecto | Highest compensated stord stord stord stord stord store stor | tee) | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) JIM PATTERSON                | line)  | Inc              | su    | 15          | Ke     | E, H   | Foi  |  |  |   |
| PRESIDENT                        |  | х                |       | x           |        |  |      | 0.   | 0.   | 0.  |
| (2) ANN ROBINSON                 | 6.00   |                  |       |             |        |  |      |  |  |   |
| VICE PRESIDENT                   |  | Х                |       | Х           |        |  |      | 0.   | 0.   | 0.  |
| (3) PAT MULLEN                   | 6.00   |                  |       |             |        |  |      |  |  |   |
| TREASURER                        |  | Х                |       | Х           |        |  |      | 0.   | 0.   | 0.  |
| (4) KAILA ADRIANE DETTMAN HOOKER | 45.00  |                  |       |             |        |  |      |  |  |   |
| SECRETARY/EXECUTIVE SECRETARY    |  | Х                |       | Х           |        |  |      | 100,678.                                       | 0.   | 6,597.  |
| (5) JAMES BRABECK                | 2.00   |                  |       |             |        |  |      |  |  | _   |
| TRUSTEE                          |  | Х                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (6) ROGER BRIGGS                 | 2.00   |                  |       |             |        |  |      |  |  |   |
| TRUSTEE                          |  | х                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (7) JOY FITZHUGH                 | 2.00   |                  |       |             |        |  |      |  |  | 0   |
| TRUSTEE                          |  | Х                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (8) JAMES GRANT                  | 2.00   | 77               |       |             |        |  |      |  | 0  | 0   |
| TRUSTEE                          | 2 00   | Х                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (9) DAVID JUHNKE                 | 2.00   | v                |       |             |        |  |      | 0  | 0  | 0   |
| TRUSTEE<br>(10) CARRISA PEREIRA  | 2.00   | Х                |       |             |        |  |      | 0.   | 0.   | 0.  |
| TRUSTEE                          | 2.00   | x                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (11) JOEL SHEETS                 | 2.00   | Δ                |       |             |        |  |      | 0.   | 0.   | 0.  |
| TRUSTEE                          | 2.00   | x                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (12) JOHN WALLACE                | 2.00   |                  |       |             |        |  |      |  |  |   |
| TRUSTEE                          |  | x                |       |             |        |  |      | 0.   | 0.   | 0.  |
| (13) RON YUKELSON                | 2.00   |                  |       |             |        |  |      |  |  |   |
| TRUSTEE                          |  | х                |       |             |        |  |      | 0.   | 0.   | 0.  |
|                                  |  |                  |       |             |        |  |      |  |  |   |
|                                  |  |                  |       |             |        |  |      |  |  |   |
|                                  |  |                  |       |             |        |  |      |  |  |   |
|                                  |  |                  |       |             |        |  |      |  |  |   |
|                                  |  | -                |       |             |        |  |      |  |  |   |
|                                  |  |                  |       |             |        |  |      |  |  |   |
|                                  |  |                  |       |             |        |  |      |  |  |   |
| 032007 12-23-20                  | 1  |                  |       |             |        |  |      | I  | 1  | Form <b>990</b> (2020)  |

032007 12-23-20

Form 990 (2020)

Page 7

## 19190218 756668 015802

|   |   | CONSERV  | AN                             | ICY                    | 0                              | F                                    | SA                              | Ν         | LUIS OBISPO                                    | ^   |         |                     |                           | •                |
|---|---|--|--------------------------------|------------------------|--------------------------------|--------------------------------------|---------------------------------|-----------|--|---|---------|---------------------|---------------------------|------------------|
| Form 990 (2020)                             | COUNTY  |  |                                |                        |                                |                                      |                                 |           |  | 77-00   | )392    | 294                 | Pa                        | age <b>8</b>     |
| <u>Section A.</u> (/                        | Officers, Directors, Trus<br>A)<br>and title                | (B)<br>(B)<br>Average<br>hours per<br>week                           | (do<br>box                     | not c                  | (C<br>Posi<br>heck i<br>ss per | <b>C)</b><br>ition<br>more<br>rson i |                                 | one<br>an | (D)<br>Reportable<br>compensation              | <b>(E)</b><br>Reportable<br>compensatio       | on      | Esti<br>amo         | (F)<br>mate<br>ount o     |                  |
|   |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer                        | Key employee                         | Highest compensated<br>employee | Former    | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organization<br>(W-2/1099-MIS | s       | comp<br>fro<br>orga | m the<br>nizati<br>relate | e<br>on<br>ed    |
|   |   |  | -                              |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
|   |   |  | -                              |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
|   |   |  | -                              |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
|   |   |  | -                              |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
| 1b Subtotal                                 |   |  |                                |                        |                                |                                      |                                 |           | 100,678.                                       |   | 0.      | 6                   | , 59                      | 97.              |
| c Total from contin<br>d Total (add lines 1 | uation sheets to Part VI                                    | I, Section A   |                                |                        |                                |                                      |                                 |           | 0. 100,678.                                    |   | 0.      | 6                   | , 59                      | <u>0.</u><br>97. |
| 2 Total number of in                        | dividuals (including but n<br>n the organization 🕨          |  |                                |                        |                                |                                      |                                 | o re      |  | 000 of reportable                             |         |                     | <u>,</u>                  | 1                |
| <b>3</b> Did the organization               | on list any <b>former</b> officer,                          | director, trust  | ee, k                          | ey e                   | empl                           | oye                                  | e, or                           | hig       | phest compensated emp                          | loyee on                                      | ſ       |                     | Yes                       | No               |
| 4 For any individual                        | omplete Schedule J for s<br>listed on line 1a, is the su    | um of reportabl  | e co                           | mpe                    | ensa                           | tion                                 | and                             | oth       | ner compensation from t                        | he organization                               |         | 3                   |                           | X                |
| 5 Did any person list                       | zations greater than \$150<br>ed on line 1a receive or a    | accrue comper  | nsati                          | on fr                  | om                             | any                                  | unre                            | elate     | ed organization or indivi                      | dual for services                             |         | 4                   |                           | x<br>x           |
| Section B. Independer                       | ganization? <i>If</i> "Y <u>es," corr</u><br>nt Contractors | plete Schedule   | e J fe                         | or si                  | ich r                          | oers                                 | on .                            |           |  |   | <u></u> | 5                   |                           |                  |
|   | e for your five highest co<br>Report compensation for       |  |                                |                        |                                |                                      |                                 |           |  |   | pensat  | ion fror            | n                         |                  |
|   | (A)<br>Name and business                                    | address  | NC                             | ONE                    | 2                              |                                      |                                 |           | (B)<br>Description of s                        | services                                      | C       | (C)<br>ompen:       |                           | 1                |
|   |   |  |                                |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
|   |   |  |                                |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
|   |   |  |                                |                        |                                |                                      |                                 |           |  |   |         |                     |                           |                  |
|   | dependent contractors (i<br>ensation from the organi:       | •  | ot lin                         | nitec                  | d to t                         | thos<br>(                            |                                 | ted       | above) who received m                          | ore than                                      |         |                     |                           |                  |
|   |   |  |                                |                        |                                |                                      |                                 |           |  |   |         | Form 9              | <b>90</b> (2              | 2020)            |

|  |            |          | 2020) COUNTY   |                     |                             |                   | 77-0039 | 294 Page 9  |
|--|------------|----------|--|---------------------|-----------------------------|-------------------|---------|---|
| Pa   | rt V       | /111     |  |                     |                             |                   |         |   |
|  |            |          | Check if Schedule O contains a response                                  | or note to any line |                             | (B)               | (C)     |   |
|  |            |          |  |                     | <b>(A)</b><br>Total revenue | Related or exempt |         | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| s, s   | 1          | а        | Federated campaigns 1a   |                     |                             |                   |         |   |
| Contributions, Gifts, Grants and Other Similar Amounts | •          |          | Membership dues 1b   |                     |                             |                   |         |   |
| n Gr   |            |          | Fundraising events 1c  |                     |                             |                   |         |   |
| ifts<br>ar A   |            |          | Related organizations 1d   |                     |                             |                   |         |   |
| s, G<br>mila   |            |          | Government grants (contributions) <b>1e</b>                              | 8,061,285.          |                             |                   |         |   |
| ions   |            |          | All other contributions, gifts, grants, and                              |                     |                             |                   |         |   |
| but  |            |          | similar amounts not included above 1f                                    | 2,463,281.          |                             |                   |         |   |
| d Or   |            | g        | Noncash contributions included in lines 1a-1f                            | 73,314.             |                             |                   |         |   |
| Co<br>an   |            | h        | Total. Add lines 1a-1f   | ►                   | 10,524,566.                 |                   |         |   |
|  |            |          |  | Business Code       |                             |                   |         |   |
| e  | 2          | а        | LAND CONSERV-AG LEASES   | 531190              | 68,713.                     | 68,713.           |         |   |
| Program Service<br>Revenue                             |            | b        |  |                     |                             |                   |         |   |
| n Se<br>enu  |            | С        |  |                     |                             |                   |         |   |
| ran<br>Sev   |            | d        |  |                     |                             |                   |         |   |
| rog  |            | е        |  |                     |                             |                   |         |   |
| Ъ  |            |          | All other program service revenue  |                     | 60 512                      |                   |         |   |
|  |            |          | Total. Add lines 2a-2f   |                     | 68,713.                     |                   |         |   |
|  | 3          |          | Investment income (including dividends, intere                           |                     | 21,668.                     |                   |         | 21,668.   |
|  | 4          |          | other similar amounts)<br>Income from investment of tax-exempt bond p    |                     | 21,000.                     |                   |         |   |
|  | 5          |          | Royalties  |                     |                             |                   |         |   |
|  | Ŭ          |          | (i) Real   | (ii) Personal       |                             |                   |         |   |
|  | 6          | а        | Gross rents 6a   |                     |                             |                   |         |   |
|  | -          |          | Less: rental expenses 6b   |                     |                             |                   |         |   |
|  |            |          | Rental income or (loss) 6c   |                     |                             |                   |         |   |
|  |            | d        | Net rental income or (loss)  | ►                   |                             |                   |         |   |
|  | 7          | а        | Gross amount from sales of (i) Securities                                | (ii) Other          |                             |                   |         |   |
|  |            |          | assets other than inventory <b>7a</b> 225,998.                           |                     |                             |                   |         |   |
|  |            | b        | Less: cost or other basis  |                     |                             |                   |         |   |
| anı  |            |          | and sales expenses   |                     |                             |                   |         |   |
| evenue   |            | С        | Gain or (loss)   |                     |                             |                   |         |   |
| Ě  |            |          | Net gain or (loss)   | ····· ►             | 79,596.                     |                   |         | 79,596.   |
| Other  | 8          | а        | Gross income from fundraising events (not                                |                     |                             |                   |         |   |
| ò  |            |          | including \$ of  |                     |                             |                   |         |   |
|  |            |          | contributions reported on line 1c). See                                  |                     |                             |                   |         |   |
|  |            | <b>h</b> | Part IV, line 18 8a<br>Less: direct expenses 8b                          |                     |                             |                   |         |   |
|  |            |          | Less: direct expenses 8b<br>Net income or (loss) from fundraising events |                     |                             |                   |         |   |
|  | ٥          |          | Gross income from gaming activities. See                                 |                     |                             |                   |         |   |
|  | J          | a        | Part IV, line 19   |                     |                             |                   |         |   |
|  |            | b        | Less: direct expenses 9b   |                     |                             |                   |         |   |
|  |            |          | Net income or (loss) from gaming activities                              |                     |                             |                   |         |   |
|  | 10         |          | Gross sales of inventory, less returns                                   |                     |                             |                   |         |   |
|  |            |          | and allowances 10a   | a                   |                             |                   |         |   |
|  |            | b        | Less: cost of goods sold 10k   | )                   |                             |                   |         |   |
|  |            |          | Net income or (loss) from sales of inventory                             | ►                   |                             |                   |         |   |
| Ś  |            |          |  | Business Code       |                             |                   |         |   |
| Miscellaneous<br>Revenue                               | 11         |          |  |                     |                             |                   |         |   |
| lan  |            | b        |  |                     |                             |                   |         |   |
| scel   |            | c        |  |                     |                             |                   |         |   |
| Mis  |            |          | All other revenue  |                     |                             |                   |         |   |
|  | 40         |          | Total Add lines 11a-11d  |                     | 10,694,543.                 | 68,713.           | 0.      | 101,264.  |
| 03200  | 12<br>9 12 |          | Total revenue. See instructions  | ····· 🔽             |                             | 1 00,710.         |         | Form <b>990</b> (2020)  |
|  |            |          |  |                     |                             |                   |         | (2020)  |

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9

Form 990 (2020)

Part IX Statement of Functional Expenses

| <u> </u>         | Check if Schedule O contains a respons   | e or note to any line in t<br>(A) |   | (C)                                |                                       |
|------------------|--|-----------------------------------|---|------------------------------------|---------------------------------------|
|                  | clude amounts reported on lines 6b,<br>o, and 10b of Part VIII.  | Total expenses                    | <b>(B)</b><br>Program service<br>expenses | Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1 Grant          | s and other assistance to domestic organizations   |                                   |   |                                    |                                       |
| and d            | lomestic governments. See Part IV, line 21   |                                   |   |                                    |                                       |
| 2 Gran           | ts and other assistance to domestic  |                                   |   |                                    |                                       |
| indivi           | iduals. See Part IV, line 22   |                                   |   |                                    |                                       |
| 3 Gran           | ts and other assistance to foreign   |                                   |   |                                    |                                       |
|                  | nizations, foreign governments, and foreign  |                                   |   |                                    |                                       |
|                  | iduals. See Part IV, lines 15 and 16   |                                   |   |                                    |                                       |
|                  | efits paid to or for members   |                                   |   |                                    |                                       |
|                  | pensation of current officers, directors,  | 100 100                           | 48 180                                    |                                    | 00 017                                |
|                  | ees, and key employees   | 129,139.                          | 47,172.                                   | 52,050.                            | 29,917                                |
| -                | pensation not included above to disqualified   |                                   |   |                                    |                                       |
| -                | ons (as defined under section 4958(f)(1)) and  |                                   |   |                                    |                                       |
| -                | ons described in section 4958(c)(3)(B)   | 1 000 404                         | 701 000                                   |                                    | 10 470                                |
|                  | r salaries and wages   | 1,009,404.                        | 701,226.                                  | 295,699.                           | 12,479                                |
|                  | ion plan accruals and contributions (include   |                                   |   |                                    |                                       |
|                  | on 401(k) and 403(b) employer contributions)   | 06 171                            | 58,927.                                   | 25 715                             | 1 0 2 2                               |
|                  | er employee benefits   | 86,474.<br>91,186.                | <u> </u>                                  | <u>25,715.</u><br>27,799.          | <u>1,832</u><br>3,292                 |
|                  | oll taxes  | 91,100.                           | 00,095.                                   |                                    | 5,292                                 |
|                  | for services (nonemployees):   |                                   |   |                                    |                                       |
|                  |  |                                   |   |                                    |                                       |
|                  | ll   | 25,000.                           |   | 25,000.                            |                                       |
|                  |  | 12,000.                           | 12,000.                                   | 23,000.                            |                                       |
|                  | bying  | 12,000.                           | 12,000.                                   |                                    |                                       |
|                  | ssional fundraising services. See Part IV, line 17   | 1,923.                            |   | 1,923.                             |                                       |
|                  | er. (If line 11g amount exceeds 10% of line 25,  | 1,525.                            |   | 1,525.                             |                                       |
| -                | nn (A) amount, list line 11g expenses on Sch O.)   | 323 548.                          | 318,492.                                  | 2 495                              | 2 561                                 |
|                  | ertising and promotion   | 323,548.<br>59,345.               | 32,604.                                   | 2,495.<br>21,101.                  | <u>2,561</u><br>5,640                 |
|                  | e expenses   | 3,368.                            | 562.                                      | 2,806.                             | 57010                                 |
|                  | mation technology  | 5,5001                            | 5020                                      |                                    |                                       |
|                  | alties   |                                   |   |                                    |                                       |
|                  |  | 175,156.                          | 128,157.                                  | 42,053.                            | 4,946                                 |
| <b>7</b> Trave   |  | 22,641.                           | 22,203.                                   | 375.                               | 63                                    |
|                  | nents of travel or entertainment expenses  |                                   |   |                                    |                                       |
|                  | ny federal, state, or local public officials   |                                   |   |                                    |                                       |
|                  | erences, conventions, and meetings   |                                   |   |                                    |                                       |
| 0 Intere         |  | 41,444.                           | 33,171.                                   | 6,907.                             | 1,366                                 |
|                  | nents to affiliates  |                                   |   |                                    | ,                                     |
|                  | reciation, depletion, and amortization   | 440,359.                          | 433,812.                                  | 6,547.                             |                                       |
| -                | rance  | 84,823.                           | 55,901.                                   | 25,860.                            | 3,062                                 |
| above<br>line 24 | expenses. Itemize expenses not covered<br>e (List miscellaneous expenses on line 24e. If<br>4e amount exceeds 10% of line 25, column (A) |                                   |   |                                    |                                       |
| סתת              | Int, list line 24e expenses on Schedule 0.)  | 2 250 000                         | 2 250 000                                 |                                    |                                       |
|                  | OPERTY AND EASEMENT E  | 2,359,999.                        | 2,359,999.                                |                                    |                                       |
|                  | LLER PROJECT COSTS   | 375,000.                          | 375,000.                                  | 1 1 1 2                            |                                       |
|                  | JIPMENT  | 88,095.                           | 83,683.<br>19,547.                        | 4,412.<br>35,132.                  | 1 0.05                                |
|                  |  | 59,604.                           |   |                                    | 4,925                                 |
|                  | ther expenses  | 87,380.<br>5,475,888.             | 75,768.<br>4,818,319.                     | <u>10,501.</u><br>586,375.         | 1,111                                 |
|                  | functional expenses. Add lines 1 through 24e   | 5,4/5,000.                        | 4,010,319.                                | 500,575.                           | 71,194                                |
|                  | <b>costs</b> . Complete this line only if the organization   |                                   |   |                                    |                                       |
| -                | ted in column (B) joint costs from a combined  |                                   |   |                                    |                                       |
| eauca            | ational campaign and fundraising solicitation.   |                                   |   |                                    |                                       |

032010 12-23-20

10 2020.05070 THE LAND CONSERVANCY OF S 015802\_1

Form 990 (2020)

| Form<br>Pa                  | <u>n 990 (</u><br><b>rt X</b> | 2020) COUNTY<br>Balance Sheet  |                                  | 77- | 0039294 Page 11                   |
|-----------------------------|-------------------------------|--|----------------------------------|-----|-----------------------------------|
|                             |                               | Check if Schedule O contains a response or note to any line in this Part X                   |                                  |     |                                   |
|                             |                               |  | <b>(A)</b><br>Beginning of year  |     | <b>(B)</b><br>End of year         |
|                             | 1                             | Cash - non-interest-bearing  | 212,766.                         | 1   | 348,981.                          |
|                             | 2                             | Savings and temporary cash investments   | 1,448,163.                       | 2   | 4,258,327.                        |
|                             | 3                             | Pledges and grants receivable, net   | 73,255.                          | 3   | 122,317.                          |
|                             | 4                             | Accounts receivable, net   | 174,632.                         | 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                      |                                  |     |                                   |
|                             |                               | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                    |                                  | 6   |                                   |
| s                           | 7                             | Notes and loans receivable, net  |                                  | 7   |                                   |
| Assets                      | 8                             | Inventories for sale or use  |                                  | 8   |                                   |
| As                          | 9                             | Prepaid expenses and deferred charges  | 2,175.                           | 9   | 2,175.                            |
|                             | 10a                           | Land, buildings, and equipment: cost or other  |                                  |     |                                   |
|                             |                               |  |                                  |     |                                   |
|                             | b                             | basis. Complete Part VI of Schedule D10a34,951,618.Less: accumulated depreciation10b868,570. | 33,017,397.                      | 10c | 34,083,048.                       |
|                             | 11                            | Investments - publicly traded securities   | 466,185.                         | 11  | 524,350.                          |
|                             | 12                            | Investments - other securities. See Part IV, line 11   | 40,838.                          | 12  | 48,242.                           |
|                             | 13                            | Investments - program-related. See Part IV, line 11  | 263,960.                         | 13  | 241,637.                          |
|                             | 14                            | Intangible assets  |                                  | 14  |                                   |
|                             | 15                            | Other assets. See Part IV, line 11   | 174,447.                         | 15  | 172,635.                          |
|                             | 16                            | Total assets. Add lines 1 through 15 (must equal line 33)                                    | 35,873,818.                      | 16  | 39,801,712.                       |
|                             | 17                            | Accounts payable and accrued expenses  | 339,746.                         | 17  | 318,566.                          |
|                             | 18                            | Grants payable   |                                  | 18  |                                   |
|                             | 19                            | Deferred revenue   | 31,362.                          | 19  | 60,349.                           |
|                             | 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,                         |                                  |     |                                   |
| litie                       |                               | trustee, key employee, creator or founder, substantial contributor, or 35%                   |                                  |     |                                   |
| Liabilities                 |                               | controlled entity or family member of any of these persons                                   | 100,000.                         | 22  | 100,000.                          |
|                             | 23                            | Secured mortgages and notes payable to unrelated third parties                               | 6,600.                           | 23  |                                   |
|                             | 24                            | Unsecured notes and loans payable to unrelated third parties                                 | 1,823,774.                       | 24  | 415,103.                          |
|                             | 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  | 248,827.                         | 25  | 368,837.                          |
|                             | 26                            | Total liabilities. Add lines 17 through 25   | 2,550,309.                       | 26  | 1,262,855.                        |
| ú                           |                               | Organizations that follow FASB ASC 958, check here 🕨 🔟                                       |                                  |     |                                   |
| Ce                          |                               | and complete lines 27, 28, 32, and 33.   |                                  |     | 24 110 100                        |
| alar                        | 27                            | Net assets without donor restrictions  | <u>31,546,072.</u><br>1,777,437. | 27  | 34,110,186.                       |
| ä                           | 28                            | Net assets with donor restrictions   | 1,///,43/.                       | 28  | 4,428,671.                        |
| ŭ                           |                               | Organizations that do not follow FASB ASC 958, check here                                    |                                  |     |                                   |
| Net Assets or Fund Balances |                               | and complete lines 29 through 33.  |                                  |     |                                   |
| ŝţ                          | 29                            | Capital stock or trust principal, or current funds   |                                  | 29  |                                   |
| SSe                         | 30                            | Paid-in or capital surplus, or land, building, or equipment fund                             |                                  | 30  |                                   |
| ∍t A                        | 31                            | Retained earnings, endowment, accumulated income, or other funds                             | 33,323,509.                      | 31  | 38 538 857                        |
| ž                           | 32                            | Total net assets or fund balances  | 35,873,818.                      | 32  | <u>38,538,857.</u><br>39,801,712. |
|                             | 33                            | Total liabilities and net assets/fund balances   | .010,010                         | 33  | <u> </u>                          |

Form 990 (2020)

032011 12-23-20

| THE | LAND | CONSERVANCY | OF | SAN | LUIS | OBISPO |
|-----|------|-------------|----|-----|------|--------|
| THE | LAND | CONSERVANCY | OF | SAN | LUIS | OBISP  |

| Form | 1 990 (2020) COUNTY   | 77-(      | 039294    | Pa         | ige <b>12</b> |
|------|---|-----------|-----------|------------|---------------|
| Pa   | rt XI Reconciliation of Net Assets  |           |           |            |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |           |            |               |
|      |   |           |           |            |               |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 10,69     |            |               |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 5,47      |            |               |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 5,21      |            |               |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 33,32     |            |               |
| 5    | Net unrealized gains (losses) on investments  | 5         | -         | <u>3,3</u> | 07.           |
| 6    | Donated services and use of facilities  | 6         |           |            |               |
| 7    | Investment expenses   | 7         |           |            |               |
| 8    | Prior period adjustments  | 8         |           |            |               |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9         |           |            | 0.            |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |           |           |            |               |
|      | column (B))   | 10        | 38,53     | 8,8        | 57.           |
| Pa   | rt XII Financial Statements and Reporting   |           |           |            |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           |           |            |               |
|      |   |           |           | Yes        | No            |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           | _         |            |               |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Э.        |           |            |               |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a        |            | X             |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |           |            |               |
|      | separate basis, consolidated basis, or both:  |           |           |            |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |           |            |               |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b        | X          |               |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |           |            |               |
|      | consolidated basis, or both:  |           |           |            |               |
|      | X Separate basis 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    | audit,    |           |            |               |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c        | X          |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O.  |           |            |               |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |           |            |               |
|      | Act and OMB Circular A-133?   |           | <u>3a</u> |            | X             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit  |           |            |               |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | 3b        |            |               |

Form **990** (2020)

032012 12-23-20

| SCHEDU            | LEA                        | Dublic Che                | vity Status as   |                                    |                                   |                   |               | OMB No. 1545-0047          |  |
|-------------------|----------------------------|---------------------------|--|------------------------------------|-----------------------------------|-------------------|---------------|----------------------------|--|
| (Form 990 o       | or 990-EZ)                 |                           | rity Status an   |                                    |                                   |                   | 2020          |                            |  |
|                   |                            | • •                       | nization is a section 501<br>47(a)(1) nonexempt cha          |                                    |                                   | or a section      |               | 2020                       |  |
| Department of the |                            |                           | Attach to Form 990 or Form 990-EZ.                           |                                    |                                   |                   |               | Open to Public             |  |
| Internal Revenue  |                            |                           | v/Form990 for instruction                                    |                                    |                                   |                   |               | Inspection                 |  |
| Name of the       |                            |                           | RVANCY OF SAI  | N LUIS                             | S OBIS                            | SPO               |               | identification number      |  |
| Part I            |                            | JNTY<br>c Charity Status  | (All organizations must c                                    |                                    | aia mant \ O                      | :                 |               | 7-0039294                  |  |
|                   |                            |                           |  |                                    |                                   | ee instruction    | IS.           |                            |  |
| Ē                 | •                          |                           | For lines 1 through 12, c                                    |                                    | ,                                 | IV A V:           |               |                            |  |
|                   |                            |                           | on of churches described                                     |                                    |                                   | I)(A)(I).         |               |                            |  |
|                   |                            |                           | Attach Schedule E (Forn<br>Anization described in <b>s</b> o |                                    |                                   | :)                |               |                            |  |
|                   | • •                        |                           | njunction with a hospital                                    |                                    |                                   | •                 | (iiii) Enter  | the hospital's name        |  |
|                   | ty, and state:             |                           |  | accombod                           |                                   |                   |               | the heepital o hame,       |  |
|                   |                            | d for the benefit of a co | llege or university owned                                    | l or operat                        | ed by a go                        | vernmental u      | nit describe  | ed in                      |  |
|                   | ection 170(b)(1)(A)(iv).   |                           |  |                                    | , ,                               |                   |               |                            |  |
| 6 🗌 A             | federal, state, or local   | government or governn     | nental unit described in                                     | section 17                         | 70(b)(1)(A)                       | (v).              |               |                            |  |
| 7 X AI            | n organization that nor    | mally receives a substa   | ntial part of its support fi                                 | om a gove                          | ernmental                         | unit or from th   | ne general p  | oublic described in        |  |
| se                | ection 170(b)(1)(A)(vi).   | (Complete Part II.)       |  |                                    |                                   |                   |               |                            |  |
| 8 🗌 A             | community trust descr      | ibed in section 170(b)    | (1)(A)(vi). (Complete Par                                    | t II.)                             |                                   |                   |               |                            |  |
| 9 🔄 Ai            | n agricultural research    | organization described    | in section 170(b)(1)(A)(                                     | ix) operate                        | ed in conju                       | inction with a    | land-grant    | college                    |  |
| Or                | r university or a non-lan  | d-grant college of agric  | ulture (see instructions).                                   | Enter the                          | name, city                        | , and state of    | the college   | or                         |  |
|                   | niversity:                 |                           |  |                                    |                                   |                   |               |                            |  |
|                   | •                          | •                         | than 33 1/3% of its supp                                     |                                    |                                   |                   | •             | •                          |  |
|                   |                            |                           | t to certain exceptions; a                                   | . ,                                |                                   |                   |               | 0                          |  |
|                   | ee section 509(a)(2). (    |                           | (less section 511 tax) fro                                   | in busines                         | sses acqui                        | rea by the org    | janization a  | iter Julie 30, 1975.       |  |
|                   |                            |                           | ively to test for public sa                                  | fety See                           | section 50                        | )9(a)( <u>4</u> ) |               |                            |  |
|                   |                            | -                         | ively for the benefit of, to                                 | •                                  |                                   |                   | rry out the   | purposes of one or         |  |
|                   |                            | -                         | ed in section 509(a)(1) of                                   | -                                  |                                   |                   | •             |                            |  |
|                   |                            | -                         | f supporting organization                                    |                                    |                                   |                   |               |                            |  |
| a 🗌               | Type I. A supporting o     | rganization operated, s   | upervised, or controlled                                     | by its supp                        | oorted org                        | anization(s), t   | ypically by g | giving                     |  |
|                   | the supported organization | ation(s) the power to re  | gularly appoint or elect a                                   | majority c                         | of the direc                      | tors or truste    | es of the su  | pporting                   |  |
|                   | organization. You mus      | st complete Part IV, Se   | ections A and B.   |                                    |                                   |                   |               |                            |  |
| b 🔄               | Type II. A supporting of   | organization supervised   | l or controlled in connec                                    | ion with it                        | s supporte                        | ed organizatio    | n(s), by hav  | ing                        |  |
|                   | control or managemen       | t of the supporting orga  | anization vested in the sa                                   | ame perso                          | ns that co                        | ntrol or mana     | ge the supp   | oorted                     |  |
|                   | •                          | ust complete Part IV,     |  |                                    |                                   |                   |               |                            |  |
|                   |                            | •                         | g organization operated                                      |                                    |                                   |                   | ly integrate  | d with,                    |  |
|                   |                            | .,                        | ). You must complete l                                       |                                    |                                   |                   |               |                            |  |
|                   | ••                         | • • •                     | porting organization oper<br>zation generally must sat       |                                    |                                   |                   | -             |                            |  |
|                   |                            | • •                       | mplete Part IV, Sections                                     |                                    |                                   |                   | i an allentiv | eness                      |  |
|                   |                            |                           | written determination fro                                    |                                    |                                   |                   | II Type III   |                            |  |
|                   |                            | •                         | nally integrated supporti                                    |                                    |                                   | 1900, 1900        | n, rype n     |                            |  |
|                   | he number of supporte      | -                         | ,                      | 0 0                                |                                   |                   |               |                            |  |
|                   |                            | tion about the supporte   | d organization(s).   |                                    |                                   |                   |               |                            |  |
| (i) N             | lame of supported          | (ii) EIN                  | (iii) Type of organization<br>(described on lines 1-10       | (IV) Is the orga<br>in your govern | anization listed<br>ing document? | (v) Amount o      | -             | (vi) Amount of other       |  |
|                   | organization               |                           | above (see instructions))                                    | Yes                                | No                                | support (see ir   | istructions)  | support (see instructions) |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
|                   |                            |                           |  |                                    |                                   |                   |               |                            |  |
| Total             |                            |                           |  |                                    |                                   |                   |               |                            |  |
| LHA For Pan       | erwork Reduction Ac        | t Notice see the Instr    | uctions for Form 990 o                                       | 990-F7                             | 032021 01-                        | 25-21 Sche        | dule A (For   | m 990 or 990-EZ) 2020      |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

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

77-00<u>39294</u> 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>(b)</b> 2017     | <b>(c)</b> 2018      | (d) 2019            | (e) 2020                              | (f) Total         |
| 1    | Gifts, grants, contributions, and            |                     |                     |                      |                     |                                       |                   |
|      | membership fees received. (Do not            |                     |                     |                      |                     |                                       |                   |
|      | include any "unusual grants.")               | 2276178.            | 7474450.            | 5632699.             | 15245695.           | 10524566.                             | 41153588.         |
| 2    | Tax revenues levied for the organ-           |                     |                     |                      |                     |                                       |                   |
|      | ization's benefit and either paid to         |                     |                     |                      |                     |                                       |                   |
|      | or expended on its behalf                    |                     |                     |                      |                     |                                       |                   |
| 3    | The value of services or facilities          |                     |                     |                      |                     |                                       |                   |
|      | furnished by a governmental unit to          |                     |                     |                      |                     |                                       |                   |
|      | the organization without charge              |                     |                     |                      |                     |                                       |                   |
| 4    | Total. Add lines 1 through 3                 | 2276178.            | 7474450.            | 5632699.             | 15245695.           | 10524566.                             | 41153588.         |
| 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)                                   |                     |                     |                      |                     |                                       | 10536585.         |
| 6    | Public support. Subtract line 5 from line 4. |                     |                     |                      |                     |                                       | 30617003.         |
|      | ction B. Total Support                       |                     |                     |                      |                     | 1                                     |                   |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2016            | <b>(b)</b> 2017     | <b>(c)</b> 2018      | (d) 2019            | (e) 2020                              | (f) Total         |
|      | Amounts from line 4                          | 2276178.            | 7474450.            | 5632699.             | 15245695.           | 10524566.                             |                   |
| 8    | Gross income from interest,                  |                     |                     |                      |                     |                                       |                   |
|      | dividends, payments received on              |                     |                     |                      |                     |                                       |                   |
|      | securities loans, rents, royalties,          |                     |                     |                      |                     |                                       |                   |
|      | and income from similar sources              | 54,274.             | 110,424.            | 76,578.              | 173,859.            | 101,264.                              | 516,399.          |
| 9    | Net income from unrelated business           |                     |                     | ,                    |                     |                                       |                   |
| Ũ    | activities, whether or not the               |                     |                     |                      |                     |                                       |                   |
|      | business is regularly carried on             |                     |                     |                      |                     |                                       |                   |
| 10   | Other income. Do not include gain            |                     |                     |                      |                     |                                       |                   |
| 10   | or loss from the sale of capital             |                     |                     |                      |                     |                                       |                   |
|      | assets (Explain in Part VI.)                 |                     |                     |                      |                     |                                       |                   |
| 11   | Total support. Add lines 7 through 10        |                     |                     |                      |                     |                                       | 41669987.         |
|      | Gross receipts from related activities,      |                     | ne)                 |                      |                     | 12                                    | 233,123.          |
|      | First 5 years. If the Form 990 is for th     | -                   |                     | ourth or fifth tax y |                     |                                       | 20071200          |
| 13   | organization, check this box and <b>stor</b> |                     |                     |                      |                     |                                       |                   |
| Sec  | ction C. Computation of Publi                |                     |                     |                      |                     |                                       |                   |
|      | Public support percentage for 2020 (I        |                     | -                   | column (f))          |                     | 14                                    | 73.47 %           |
|      | Public support percentage from 2019          |                     | -                   |                      |                     | 15                                    | 58.33 %           |
|      | <b>33 1/3% support test - 2020.</b> If the c |                     |                     |                      |                     | · · · · · · · · · · · · · · · · · · · |                   |
| 108  |  |                     |                     |                      |                     |                                       | ► V               |
|      | stop here. The organization qualifies        |                     | -                   |                      | line 15 is 22 1/20/ |                                       |                   |
| L    | 33 1/3% support test - 2019. If the c        |                     |                     | 1                    |                     |                                       |                   |
| 47-  | and <b>stop here.</b> The organization qual  |                     | ••••••              |                      | 10 10 10-           |                                       |                   |
| 1/8  | 10% -facts-and-circumstances test            |                     |                     |                      |                     |                                       |                   |
|      | and if the organization meets the fact       |                     |                     |                      |                     | C C                                   |                   |
|      | meets the facts-and-circumstances te         | -                   |                     | • • • •              | •                   |                                       |                   |
| b    | 10% -facts-and-circumstances test            | -                   |                     |                      |                     |                                       | IU% Or            |
|      | more, and if the organization meets the      |                     |                     |                      |                     |                                       |                   |
| 40   | organization meets the facts-and-circu       |                     | •                   |                      |                     |                                       |                   |
| 18   | Private foundation. If the organizatio       | n did not check a l | box on line 13, 16a | a, 160, 17a, or 17b  |                     |                                       |                   |
|      |  |                     |                     |                      | Sche                | Judie A (Form 990                     | ) or 990-EZ) 2020 |

032022 01-25-21

| TI   | IE LAND (        | CONSERVANC            | Y OF SAN            | LUIS OBISE            | <u>,0</u>               |                  |
|--|------------------|-----------------------|---------------------|-----------------------|-------------------------|------------------|
| Schedule A (Form 990 or 990-EZ) 2020 CC  |                  |                       |                     |                       | -                       | 9294 Page 3      |
| Part III Support Schedule for O  | rganizations     | Described in S        | Section 509(a)      | (2)                   |                         |                  |
| (Complete only if you checked t  | he box on line 1 | 0 of Part I or if the | organization failed | l to qualify under Pa | art II. If the organiza | ation fails to   |
| qualify under the tests listed be  | low, please com  | plete Part II.)       |                     |                       |                         |                  |
| Section A. Public Support  |                  | _                     |                     | _                     |                         |                  |
| Calendar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016  | <b>(b)</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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                  |                       |                     |                       |                         |                  |
| <b>3</b> Gross receipts from activities that   |                  |                       |                     |                       |                         |                  |
| are not an unrelated trade or bus-   |                  |                       |                     |                       |                         |                  |
| iness under section 513  |                  |                       |                     |                       |                         |                  |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                  |                       |                     |                       |                         |                  |
| 5 The value of services or facilities  |                  |                       |                     |                       |                         |                  |
| furnished by a governmental unit to  |                  |                       |                     |                       |                         |                  |
| the organization without charge  |                  |                       |                     |                       |                         |                  |
| 6 Total. Add lines 1 through 5   |                  |                       |                     |                       |                         |                  |
| 7a Amounts included on lines 1, 2, and   |                  |                       |                     |                       |                         |                  |
| 3 received from disqualified persons   |                  |                       |                     |                       |                         |                  |
| b Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                  |                       |                     |                       |                         |                  |
| <b>c</b> Add lines 7a and 7b   |                  |                       |                     |                       |                         |                  |
| 8 Public support. (Subtract line 7c from line 6.)  |                  |                       |                     |                       |                         |                  |
| Section B. Total Support   |                  |                       | 1                   |                       | <b></b>                 |                  |
| Calendar year (or fiscal year beginning in) 🕨 📘  | <b>(a)</b> 2016  | (b) 2017              | (c) 2018            | (d) 2019              | (e) 2020                | <b>(f)</b> Total |

| 9 Amounts from line 6   |                       |                       |                    |   |                                     |               |   |
|---|-----------------------|-----------------------|--------------------|---|-------------------------------------|---------------|---|
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                       |                       |                    |   |                                     |               |   |
| <b>b</b> Unrelated business taxable income  |                       |                       |                    |   |                                     |               |   |
| (less section 511 taxes) from businesses  |                       |                       |                    |   |                                     |               |   |
| acquired after June 30, 1975  |                       |                       |                    |   |                                     |               |   |
| <ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for t check this box and stop here</li> </ul> | he organization's fir |                       | •                  | • |                                     | <br>>n,<br>▶[ |   |
| Section C. Computation of Publ  | ic Support Per        | centage               |                    |   |                                     | ► L           |   |
| 15 Public support percentage for 2020 (   |                       | •                     | column (f))        |   | 15                                  |               | % |
| 16 Public support percentage from 2019  |                       |                       |                    |   | 16                                  |               | % |
| Section D. Computation of Inve  |                       |                       |                    |   |                                     |               |   |
| 17 Investment income percentage for 2   |                       | nn (f), divided by li | ne 13, column (f)) |   | 17                                  |               | % |
| 18 Investment income percentage from  |                       | Deut III, Kees 47     | , ("               |   | 18                                  |               | % |
| 19a 33 1/3% support tests - 2020. If the  |                       |                       |                    |   | <br>3 1/3%. and line 1 <sup>°</sup> | 7 is not      |   |

| ••                              | 0                   | ,  | ,               |  |
|---------------------------------|---------------------|--|-----------------|--|
| more than 33 1/3%, check this   | box and stop here   | . The organization qualifies as a publicly supported organization    |                 |  |
| b 33 1/3% support tests - 2019. | If the organization | did not check a box on line 14 or line 19a, and line 16 is more that | an 33 1/3%, and |  |

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

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77-0039294 Page 4

1

2

3a

Yes No

## Schedule A (Form 990 or 990-EZ) 2020 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 disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.)

16

032024 01-25-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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

77-0039294 Page 5

|            |   |           | 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       |        |      |
| h          | A family member of a person described in line 11a above?  | 11b       |        |      |
|            | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |           |        |      |
| C          |   | 44.       |        |      |
| <u>Sec</u> | <sub>detail in</sub> Part VI.<br>tion B. Type I Supporting Organizations  | 11c       |        |      |
| 000        | 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 of one or  |           |        |      |
|            | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |           |        |      |
|            | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |           |        |      |
|            | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |           |        |      |
|            | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |        |      |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported   |           |        |      |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |        |      |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |        |      |
|            |   | 2         |        |      |
| Sec        | supervised, or controlled the supporting organization.<br>tion C. Type II Supporting Organizations  | <u> </u>  |        |      |
|            |   |           |        |      |
|            |   |           | Yes    | No   |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |           |        |      |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |           |        |      |
|            | or management of the supporting organization was vested in the same persons that controlled or managed  |           |        |      |
|            | the supported organization(s).  | 1         |        |      |
| Sec        | tion D. All Type III Supporting Organizations   |           |        |      |
|            |   |           | Yes    | No   |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |           |        |      |
|            | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |           |        |      |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |           |        |      |
|            |   | 1         |        |      |
| 0          | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | -         |        |      |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |           |        |      |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 year (see instructions   | ).        |        |      |
| а          | The organization satisfied the Activities Test. Complete line 2 below.  |           |        |      |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |        |      |
| c          |   |           | - 1    |      |
|            | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in Activities Test, Answer lines 2e and 2b below.   | struction | · ·    | Na   |
| 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   | 0.5       |        |      |
|            | trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>   | 3a        |        |      |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |           |        |      |
|            | of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b        |        |      |
| 03202      | 5 01-25-21 Schedule A (Form S   | 990 or 99 | 90-EZ) | 2020 |
|            | 17  |           |        |      |

<sup>19190218 756668 015802</sup> 

| THE LAND CONSERVANCY OF SAN LUIS OBISPO |
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| Cohodu      | ILE LAND CONSERVANCY OF<br>ile A (Form 990 or 990-EZ) 2020 COUNTY                | SAN  |                             | 77-0039294 Page 6              |
|-------------|--|------|-----------------------------|--------------------------------|
| Part        |  | Orga |                             | 77-0039294 Page 6              |
| 1 [         | Check here if the organization satisfied the Integral Part Test as a qualifying  | -    |                             | Part VI). See instructions.    |
| _           | All other Type III non-functionally integrated supporting organizations must of  |      | •                           | ,                              |
| Sectior     | n A - Adjusted Net Income  |      | (A) Prior Year              | (B) Current Year<br>(optional) |
| <b>1</b> N  | let short-term capital gain  | 1    |                             |                                |
| <b>2</b> R  | ecoveries of prior-year distributions  | 2    |                             |                                |
| <b>3</b> O  | ther gross income (see instructions)   | 3    |                             |                                |
| <b>4</b> A  | dd lines 1 through 3.  | 4    |                             |                                |
| <b>5</b> D  | epreciation and depletion  | 5    |                             |                                |
| 6 P         | ortion of operating expenses paid or incurred for production or                  |      |                             |                                |
| C           | ollection of gross income or for management, conservation, or                    |      |                             |                                |
|             | naintenance of property held for production of income (see instructions)         | 6    |                             |                                |
|             | ther expenses (see instructions)   | 7    |                             |                                |
|             | djusted Net Income (subtract lines 5, 6, and 7 from line 4)                      | 8    |                             |                                |
|             | n B - Minimum Asset Amount   |      | (A) Prior Year              | (B) Current Year<br>(optional) |
| <b>1</b> A  | ggregate fair market value of all non-exempt-use assets (see                     |      |                             |                                |
| in          | structions for short tax year or assets held for part of year):                  |      |                             |                                |
| a A         | verage monthly value of securities   | 1a   |                             |                                |
| bА          | verage monthly cash balances   | 1b   |                             |                                |
| c F         | air market value of other non-exempt-use assets                                  | 1c   |                             |                                |
| d T         | otal (add lines 1a, 1b, and 1c)  | 1d   |                             |                                |
| e D         | iscount claimed for blockage or other factors                                    |      |                             |                                |
| (e          | explain in detail in Part VI):   |      |                             |                                |
|             | cquisition indebtedness applicable to non-exempt-use assets                      | 2    |                             |                                |
| <b>3</b> S  | ubtract line 2 from line 1d.   | 3    |                             |                                |
| <b>4</b> C  | ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,       |      |                             |                                |
| S           | ee instructions).  | 4    |                             |                                |
| 5 N         | let value of non-exempt-use assets (subtract line 4 from line 3)                 | 5    |                             |                                |
| 6 M         | fultiply line 5 by 0.035.  | 6    |                             |                                |
| <b>7</b> R  | ecoveries of prior-year distributions  | 7    |                             |                                |
| 8 N         | linimum Asset Amount (add line 7 to line 6)                                      | 8    |                             |                                |
| Sectior     | n C - Distributable Amount   |      |                             | Current Year                   |
| <b>1</b> A  | djusted net income for prior year (from Section A, line 8, column A)             | 1    |                             |                                |
| <b>2</b> E  | nter 0.85 of line 1.   | 2    |                             |                                |
| <b>3</b> N  | linimum asset amount for prior year (from Section B, line 8, column A)           | 3    |                             |                                |
| <b>4</b> E  | nter greater of line 2 or line 3.  | 4    |                             |                                |
| <b>5</b> Ir | ncome tax imposed in prior year  | 5    |                             |                                |
| 6 D         | istributable Amount. Subtract line 5 from line 4, unless subject to              |      |                             |                                |
| e           | mergency temporary reduction (see instructions).                                 | 6    |                             |                                |
| 7           | Check here if the current year is the organization's first as a pen functionally |      | ad Tura III augarating area |                                |

7 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

032026 01-25-21

|        | dule A (Form 990 or 990-EZ) 2020 COUNTY                               |                               |                                       |      | 7-0039294 <sub>Ра</sub>                   | ige <b>7</b> |
|--------|---|-------------------------------|---------------------------------------|------|---|--------------|
| Part   |   | a)(3) Supporting Orga         | nizations (continu                    | ied) |   |              |
|        | on D - Distributions  |                               |                                       |      | Current Year                              |              |
|        | Amounts paid to supported organizations to accomplish exer            |                               |                                       | 1    |   |              |
|        | Amounts paid to perform activity that directly furthers exemp         | t purposes of supported       |                                       |      |   |              |
|        | organizations, in excess of income from activity                      |                               |                                       | 2    |   |              |
|        | Administrative expenses paid to accomplish exempt purpose             | es of supported organizations | 3                                     | 3    |   |              |
|        | Amounts paid to acquire exempt-use assets                             |                               |                                       | 4    |   |              |
|        | Qualified set-aside amounts (prior IRS approval required - pro        | ovide details in Part VI)     |                                       | 5    |   |              |
|        | Other distributions ( <i>describe in Part VI</i> ). See instructions. |                               |                                       | 6    |   |              |
|        | Total annual distributions. Add lines 1 through 6.                    |                               |                                       | 7    |   |              |
|        | Distributions to attentive supported organizations to which th        | e organization is responsive  |                                       |      |   |              |
|        | (provide details in Part VI). See instructions.                       |                               |                                       | 8    |   |              |
|        | Distributable amount for 2020 from Section C, line 6                  |                               |                                       | 9    |   |              |
| 10     | Line 8 amount divided by line 9 amount                                |                               |                                       | 10   |   |              |
| Sectio | on E - Distribution Allocations (see instructions)                    | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2020 | ıs   | (iii)<br>Distributable<br>Amount for 2020 | )            |
| 1      | Distributable amount for 2020 from Section C, line 6                  |                               |                                       |      |   |              |
| 2      | Underdistributions, if any, for years prior to 2020 (reason-          |                               |                                       |      |   |              |
| i      | able cause required - explain in Part VI). See instructions.          |                               |                                       |      |   |              |
|        | 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 I    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                |                               |                                       |      |   |              |
|        | Distributions for 2020 from Section D,                                |                               |                                       |      |   |              |
|        | line 7: \$  |                               |                                       |      |   |              |
| a      | Applied to underdistributions of prior years                          |                               |                                       |      |   |              |
|        | 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.                      |                               |                                       |      |   |              |
|        | Remaining underdistributions for 2020. Subtract lines 3h              |                               |                                       |      |   |              |
|        | and 4b from line 1. For result greater than zero, <i>explain in</i>   |                               |                                       |      |   |              |
|        | Part VI. See instructions.  |                               |                                       |      |   |              |
|        | Excess distributions carryover to 2021. Add lines 3j                  |                               |                                       |      |   |              |
|        | and 4c.   |                               |                                       |      |   |              |
|        | Breakdown of line 7:  |                               |                                       |      |   |              |
|        | Excess from 2016  |                               |                                       |      |   |              |
|        |   |                               |                                       |      |   |              |
|        | Excess from 2018  |                               |                                       |      |   |              |
|        | Excess from 2019  |                               |                                       |      |   |              |
|        | Excess from 2020  |                               |                                       |      |   |              |
| c<br>d | Excess from 2019  |                               |                                       |      |   |              |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

|                | THE LAND CONSERVANCY OF SAN LUIS  |   |
|----------------|---|---|
| Schedule A     | ule A (Form 990 or 990-EZ) 2020 COUNTY  | 77-0039294 Page 8   |
| Faitvi         | VI Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec | t II, line 17a or 17b; Part III, line 12;<br>stion B, lines 1 and 2: Part IV, Section C |
|                | line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V   | /. line 1: Part V. Section B. line 1e: Part V.  |
|                | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part f   | or any additional information.  |
|                | (See instructions.)   |   |
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| 032028 01-25-2 | 01-25-21  | Schedule A (Form 990 or 990-EZ) 2020  |
|                | 20  |   |

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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

| * * | PUBLIC | DISCLOSURE | COPY |
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## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2020

Name of the organization

| THE  | LAND | CONSERVANCY | OF | SAN | LUIS | OBISPO |
|------|------|-------------|----|-----|------|--------|
| COUN | ITY  |             |    |     |      |        |

77-0039294

| Organization | type   | check  | one)  |   |
|--------------|--------|--------|-------|---|
| Organization | Lype 1 | CIICON | ULIC) | • |

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

# THE LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY

Employer identification number

77-0039294

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$ <u>4,660,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |  | \$ <u>1,253,749.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |  | \$ <u>1,000,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |  | \$900,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          |  | \$ <u>500,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6          |  | \$256,128.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

22

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| THE LA<br>COUNTY             | AND CONSERVANCY OF SAN LUIS OBISPO                               |   | 77-0039294       |
|------------------------------|--|---|------------------|
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed.             |                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) |                  |
|                              |  | \$  |                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) |                  |
|                              |  | \$  |                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) |                  |
|                              |  | \$  |                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) |                  |
|                              |  | <br>\$  |                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | l listo received |
|                              |  | \$  |                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | l listo received |
|                              |  | \$  |                  |

23

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## 19190218 756668 015802

2020.05070 THE LAND CONSERVANCY OF S 015802\_1

### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

|                   | organization  |  | Employer identification number   |  |  |  |  |
|-------------------|---|--|--|--|--|--|--|
|                   | AND CONSERVANCY OF SAN  | LUIS OBISPO  |  |  |  |  |  |
| COUNT<br>Part III |   | tions to organizations described in sect                 | 77-0039294<br>on 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |  |
| Fartin            | from any one contributor. Complete columns (  | a) through (e) and the following line entry              | For organizations  |  |  |  |  |
|                   | completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additiona | charitable, etc., contributions of <b>\$1,000 or les</b> | s for the year. (Enter this info. once.) S   |  |  |  |  |
| (a) No.           |   |  |  |  |  |  |  |
| from<br>Part I    | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   | (e) Transfer of gift                                     |  |  |  |  |  |
|                   |   |  | Deletionship of transferrer to transferrer   |  |  |  |  |
|                   | Transferee's name, address, a   |  | Relationship of transferor to transferee   |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
| (a) No.<br>from   | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
| Part I            | (b) Fulpose of gift   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  | _  |  |  |  |  |
|                   |   |  | -  |  |  |  |  |
|                   |   | (e) Transfer of gift                                     |  |  |  |  |  |
|                   | (e) Transfer of gift  |  |  |  |  |  |  |
|                   | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
| (a) No.           |   | <u> </u>   |  |  |  |  |  |
| from<br>Part I    | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
| Parti             |   |  |  |  |  |  |  |
|                   |   |  | _  |  |  |  |  |
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|                   | (e) Transfer of gift  |  |  |  |  |  |  |
|                   |   |  |  |  |  |  |  |
|                   | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |
|                   |   |  |  |  |  |  |  |
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|                   |   |  |  |  |  |  |  |
| (a) No.           |   |  |  |  |  |  |  |
| from<br>Part I    | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
|                   |   |  | _  |  |  |  |  |
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|                   |   |  | _  |  |  |  |  |
|                   |   | (a) Tuesday of alth                                      | 1  |  |  |  |  |
|                   |   | (e) Transfer of gift                                     |  |  |  |  |  |
|                   | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |
|                   |   |  |  |  |  |  |  |
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| 023454 11-25      | 5-20  | 0.4  | Schedule B (Form 990, 990-EZ, or 990-PF) (2020)                                    |  |  |  |  |
|                   |   | 24   |  |  |  |  |  |

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| SCHEDULE C   | Po                           | OMB No. 1545-0047                     |                         |                          |             |   |
|--|------------------------------|---------------------------------------|-------------------------|--------------------------|-------------|---|
| (Form 990 or 990-EZ)   | 2020                         |                                       |                         |                          |             |   |
| Department of the Treasury<br>Internal Revenue Service                     | Open to Public<br>Inspection |                                       |                         |                          |             |   |
| If the organization answ   | vered "Yes," on              | Form 990, Part IV, line 3, or For     | m 990-EZ, Part V, lir   | ne 46 (Political Camp    | aign Acti   | ivities), then                                |
| <ul> <li>Section 501(c)(3) org</li> </ul>                                  | anizations: Com              | plete Parts I-A and B. Do not com     | plete Part I-C.         |                          |             |   |
| <ul> <li>Section 501(c) (other</li> </ul>                                  | than section 50              | 1(c)(3)) organizations: Complete F    | Parts I-A and C below.  | Do not complete Par      | t I-B.      |   |
| <ul> <li>Section 527 organiza</li> </ul>                                   | ations: Complete             | Part I-A only.                        |                         |                          |             |   |
| -  | -                            | Form 990, Part IV, line 4, or For     |                         |                          |             |   |
|  |                              | nave filed Form 5768 (election und    |                         | •                        |             |   |
|  |                              | nave NOT filed Form 5768 (electio     | •                       |                          |             | •   |
| •  | -                            | Form 990, Part IV, line 5 (Proxy      | Tax) (See separate i    | instructions) or Form    | 990-EZ,     | Part V, line 35c (Proxy                       |
| Tax) (See separate inst  |                              |                                       |                         |                          |             |   |
| Name of organization   |                              | ions: Complete Part III.              | CAN THE OF              |                          | Employ      | er identification number                      |
| Name of organization   |                              | D CONSERVANCY OF                      | SAN LUIS UE             | 51520                    |             | 77-0039294                                    |
| Part I-A Comple  | COUNTY                       | anization is exempt unde              | r section 501(c)        | or is a section 52       |             |   |
|  |                              |                                       |                         |                          | .7 orga     |   |
| <ul> <li>Drovido o deserintir</li> </ul>                                   | n of the evenin              | ation's direct and indirect political | compoign activition i   | n Dart IV                |             |   |
| •  | •                            | ation's direct and indirect political |                         |                          | ▶\$         |   |
| <ul> <li>2 Political campaign a</li> <li>2 Volumeteer bours for</li> </ul> | <i>,</i> ,                   |                                       |                         |                          | · · _       |   |
| <b>3</b> Volunteer hours for   | political campai             |                                       |                         |                          |             |   |
| Part I-B Comple  | ete if the org               | anization is exempt unde              | r section 501(c)(       | 3).                      |             |   |
|  |                              | incurred by the organization unde     |                         |                          | ▶\$         |   |
|  | 2                            | incurred by organization manager      |                         |                          |             |   |
|  | •                            | n 4955 tax, did it file Form 4720 fo  |                         |                          |             | Yes No  |
| 4a Was a correction m  |                              |                                       |                         |                          |             |   |
| <b>b</b> If "Yes," describe in   |                              |                                       |                         |                          |             |   |
|  |                              | anization is exempt unde              | r section 501(c),       | except section 5         | 501(c)(3    | ).  |
| 1 Enter the amount d   | irectly expended             | by the filing organization for sect   | ion 527 exempt funct    | tion activities          | . ▶ \$      |   |
|  |                              | ization's funds contributed to othe   |                         |                          |             |   |
| exempt function ac   | tivities                     |                                       | -                       |                          | ▶\$_        |   |
| 3 Total exempt functi  |                              | . Add lines 1 and 2. Enter here an    |                         |                          |             |   |
|  |                              |                                       |                         |                          | ▶\$_        |   |
|  |                              |                                       |                         |                          |             | Yes No  |
| 5 Enter the names, ad  | dresses and err              | ployer identification number (EIN)    | of all section 527 pol  | litical organizations to | which th    | e filing organization                         |
| made payments. Fo  | or each organizat            | ion listed, enter the amount paid     | from the filing organiz | ation's funds. Also er   | iter the ar | mount of political                            |
|  |                              | omptly and directly delivered to a    |                         | •                        | eparate se  | egregated fund or a                           |
| political action com   | mittee (PAC). If a           | additional space is needed, provic    | le information in Part  | IV.                      |             |   |
| (a) Name   | •                            | (b) Address                           | (c) EIN                 | (d) Amount paid          |             | (e) Amount of political                       |
|  |                              |                                       |                         | filing organizatio       |             | ontributions received and                     |
|  |                              |                                       |                         | funds. If none, ent      | er -0       | promptly and directly delivered to a separate |
|  |                              |                                       |                         |                          |             | political organization.                       |
|  |                              |                                       |                         |                          |             | If none, enter -0                             |
|  |                              |                                       |                         |                          |             |   |
|  |                              |                                       |                         |                          |             |   |
|  |                              |                                       |                         |                          |             |   |
|  |                              |                                       |                         |                          |             |   |
|  |                              |                                       |                         |                          |             |   |
|  |                              |                                       |                         |                          |             |   |
|  |                              |                                       |                         |                          |             |   |

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

| Schedule C (Form 990 or 990-EZ) 2020 C   |  |                              |                                     |  |   | 039294 Page 2                  |
|--|--|------------------------------|-------------------------------------|--|---|--------------------------------|
| Part II-A Complete if the orga   | nization                                       | is exer                      | npt under sectior                   | 1 501(c)(3) and file                     | d Form 5768 (el                               | ection under                   |
| section 501(h)).   |  |                              |                                     |  |   |                                |
| A Check <b>&gt;</b> if the filing organization   | on belongs                                     | to an aff                    | iliated group (and list ir          | Part IV each affiliated                  | group member's nam                            | ie, address, EIN,              |
| expenses, and share  | of excess l                                    | obbying                      | expenditures).                      |  |   |                                |
| B Check ► if the filing organization   | on checked                                     | box A a                      | nd "limited control" pro            | visions apply.                           |   |                                |
|  | on Lobbyi<br>tures" mea                        | • •                          | nditures<br>Ints paid or incurred.) |  | <b>(a)</b> Filing<br>organization's<br>totals | (b) Affiliated group<br>totals |
| <b>1a</b> Total lobbying expenditures to influe  | nce public                                     | opinion (                    | arassroots lobbying)                |  |   |                                |
| <b>b</b> Total lobbying expenditures to influe   | -  |                              |                                     |  |   |                                |
| c Total lobbying expenditures (add line  | -  |                              | • • • •                             |  |   |                                |
| d Other exempt purpose expenditures  |  |                              |                                     |  |   |                                |
| e Total exempt purpose expenditures  |  |                              |                                     |  |   |                                |
| f Lobbying nontaxable amount. Enter  |  |                              | · ······                            |  |   |                                |
| If the amount on line 1e, column (a) or (  |  |                              | bying nontaxable am                 |  |   |                                |
| Not over \$500,000   | (0) 13.  |                              | the amount on line 1e.              |  |   |                                |
| Over \$500,000 but not over \$1,000,0  | 200  |                              | 00 plus 15% of the exc              | oss over \$500.000                       |   |                                |
| Over \$1,000,000 but not over \$1,500  |  |                              | 00 plus 10% of the exc              |  |   |                                |
| Over \$1,500,000 but not over \$1,500  | -  | . ,                          | 00 plus 10% of the exce             |  |   |                                |
| Over \$17,000,000  | 50,000   | \$1,000                      |                                     | ss over \$1,500,000.                     |   |                                |
| Over \$17,000,000  |  | \$1,000                      | 000.                                |  |   |                                |
| <ul> <li>g Grassroots nontaxable amount (ente</li> <li>h Subtract line 1g from line 1a. If zero of</li> <li>i Subtract line 1f from line 1c. If zero of</li> <li>j If there is an amount other than zero reporting section 4911 tax for this year</li> </ul> | or less, ente<br>or less, ente<br>on either li | er -0-<br>er -0-<br>ne 1h or |                                     |  |   |                                |
| (Some organizations tha  | 4-<br>It made a s                              | Year Avection 5              | eraging Period Under                | Section 501(h)<br>have to complete all o |   |                                |
|  | Lobbyi   | ng Expe                      | nditures During 4-Yea               | r Averaging Period                       |   |                                |
| Calendar year<br>(or fiscal year beginning in)   | <b>(a)</b> 20                                  | 17                           | <b>(b)</b> 2018                     | <b>(c)</b> 2019                          | <b>(d)</b> 2020                               | (e) Total                      |
| 2a Lobbying nontaxable amount  |  |                              |                                     |  |   |                                |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))  |  |                              |                                     |  |   |                                |
| c Total lobbying expenditures  |  |                              |                                     |  |   |                                |
| d Grassroots nontaxable amount   |  |                              |                                     |  |   |                                |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))   |  |                              |                                     |  |   |                                |
| f Grassroots lobbying expenditures   |  |                              |                                     |  |   |                                |

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

#### 77-0039294 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|  | (a)                 | )            | (b         | )     |
|--|---------------------|--------------|------------|-------|
| of the lobbying activity.  | Yes                 | No           | Amo        | ount  |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or   |                     |              |            |       |
| local legislation, including any attempt to influence public opinion on a legislative matter   |                     |              |            |       |
| or referendum, through the use of:   |                     |              |            |       |
| a Volunteers?  |                     | Х            |            |       |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                     | Х            |            |       |
| c Media advertisements?  |                     | Х            |            |       |
| d Mailings to members, legislators, or the public?   |                     | Х            |            |       |
| e Publications, or published or broadcast statements?  |                     | Х            |            |       |
| f Grants to other organizations for lobbying purposes?   |                     | Х            | L          |       |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |                     | Х            | L          |       |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                     | Х            |            |       |
| i Other activities?  | X                   |              |            | ,000. |
| j Total. Add lines 1c through 1i   |                     |              | 12         | ,000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                     | Х            |            |       |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |                     |              |            |       |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                     |              |            |       |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                     |              |            |       |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section   | on 501(c)(5         | ), or sec    | tion       |       |
| 501(c)(6).   |                     |              |            |       |
|  |                     |              | Yes        | No    |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                     | 1            |            |       |
| 2 Did the organization make only in house lobbying expenditures of \$2,000 or less?  |                     |              |            |       |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t  |                     |              |            |       |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section   |                     |              | tion       |       |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   | "No" OR (           | b) Part I    | II-A, line | 3, is |
| answered "Yes."  |                     |              |            |       |
| 1 Dues, assessments and similar amounts from members   |                     | 1            |            |       |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit  |                     |              |            |       |
| expenses for which the section 527(f) tax was paid).   |                     |              | 1          |       |
| a Current year   |                     | 2a           | I          |       |
| <b>b</b> Carryover from last year  |                     |              |            |       |
| c Total  |                     |              |            |       |
|  |                     |              |            |       |
| <ul><li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.</li></ul> |                     |              |            |       |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p  |                     |              | I          |       |
| expenditure next year?   | Jointidu            | 4            | I          |       |
| <ul> <li>5 Taxable amount of lobbying and political expenditures (See instructions)</li> </ul>   |                     |              | <br>I      |       |
| Part IV Supplemental Information   |                     | U            |            |       |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group                            | o list): Part II.4  | lines 1 a    | nd 2 (See  |       |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information.   | 5 113t), 1 alt 11 / | , iii co i a |            |       |
| PART II-B, LINE 1, LOBBYING ACTIVITIES:  |                     |              |            |       |
| ,,,,,,   |                     |              |            |       |
| GRANT WRITING FOR STATE AGENCY GRANT PROGRAMS, CORRES  | PONDENC             | E WIT        | H          |       |
| AGENCY STAFF AND ELECTED OFFICIALS, PREPARATION OF LE  | TTERS O             | F SUP        | PORT       |       |
| FOR BOND INITIATIVES.  |                     |              |            |       |

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

| SC     | Supplemental   |  | al Financial Statements                            | Financial Statements |                                       |  |  |  |
|--------|--|--|--|----------------------|---------------------------------------|--|--|--|
|        |  | Complete if the org                          | anization answered "Yes" on Form 990,              |                      | 2020                                  |  |  |  |
|        |  |  | Attach to Form 990.                                |                      | Open to Public                        |  |  |  |
| -      |  |  |  |                      | Inspection<br>r identification number |  |  |  |
| Nam    | e or the organizatio   |  | er of SAN Hors obisio                              |                      | 7-0039294                             |  |  |  |
| Par    | Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accc         organization answered "Yes" on Form 990, Part IV, line 6.       (a) Donor advised funds       (b)         1       Total number at end of year       (a) Donor advised funds       (b)         2       Aggregate value of contributions to (during year)       (a)       (b)         3       Aggregate value of contributions to (during year)       (a)       (b)         4       Aggregate value at end of year       (a)       (b)         5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <b>2011</b> Purpose(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, ling         1       Purpose(s) of conservation easements held by the organization (check all that apply).       (x)         (x)       Preservation of and for public use (for example, recreation or education)       (x)       Preservation of a historic structure included in (a)         (x)       Preservation of open space       (x)       Preservation easements       (x)         2       Complete lines 2a through 2d if the organization held a qualified |  |  |                      |                                       |  |  |  |
|        | organizatior   | n answered "Yes" on Form 990, Part IV, lin   | e 6.   |                      | -<br>-                                |  |  |  |
|        |  |  | (a) Donor advised funds                            | (b) Funds ar         | d other accounts                      |  |  |  |
| 1      |  |  |  |                      |                                       |  |  |  |
| 2      |  |  |  |                      |                                       |  |  |  |
| 3      |  |  |  |                      |                                       |  |  |  |
| -      |  |  |  |                      |                                       |  |  |  |
| 5      | -  |  | -  |                      | Yes No                                |  |  |  |
| 6      |  |  |  |                      |                                       |  |  |  |
| Ŭ      |  |  |  |                      |                                       |  |  |  |
|        |  |  |  | •                    | Yes No                                |  |  |  |
| Par    | t II Conserva  | ation Easements. Complete if the org         | ganization answered "Yes" on Form 990, Part I      | V, line 7.           |                                       |  |  |  |
| 1      |  |  |  |                      |                                       |  |  |  |
|        | X Preservation   | of land for public use (for example, recrea  | tion or education) $X$ Preservation of a his       | storically impo      | rtant land area                       |  |  |  |
|        |  |  | Preservation of a ce                               | rtified historic     | structure                             |  |  |  |
|        | X Preservation   | of open space                                |  |                      |                                       |  |  |  |
| 2      | Complete lines 2a  | through 2d if the organization held a qualif | ied conservation contribution in the form of a c   |                      |                                       |  |  |  |
|        |  |  |  |                      | at the End of the Tax Year            |  |  |  |
|        |  |  |  |                      | <u>42</u><br>20,922.00                |  |  |  |
|        | ÷  |  |  |                      | 20,922.00                             |  |  |  |
|        |  |  |  | 2c                   |                                       |  |  |  |
| u      |  |  |  | 2d                   |                                       |  |  |  |
| 3      |  |  |  |                      | o the tax                             |  |  |  |
|        |  |  |  |                      | 5                                     |  |  |  |
| 4      | Number of states v   | where property subject to conservation eas   | sement is located                                  |                      |                                       |  |  |  |
| 5      | Does the organizat   | tion have a written policy regarding the per | iodic monitoring, inspection, handling of          |                      |                                       |  |  |  |
|        | violations, and enfo   | orcement of the conservation easements it    | holds?   |                      | X Yes No                              |  |  |  |
| 6      |  |  | handling of violations, and enforcing conservat    | tion easement        | s during the year                     |  |  |  |
|        |  |  |  |                      |                                       |  |  |  |
| 7      |  |  | ling of violations, and enforcing conservation e   | easements dur        | ing the year                          |  |  |  |
| •      |  |  |  |                      |                                       |  |  |  |
| 0      |  |  |  | , . ,                | Yes No                                |  |  |  |
| 9      |  |  |  |                      |                                       |  |  |  |
| Ū      | ,  | <b>o</b> 1                                   |  |                      | the                                   |  |  |  |
|        | organization's acco  | ounting for conservation easements.          | -  |                      |                                       |  |  |  |
| Par    | t III Organiza   | ntions Maintaining Collections of            | Art, Historical Treasures, or Other                | Similar As           | sets.                                 |  |  |  |
|        | Complete if  | the organization answered "Yes" on Form      | 990, Part IV, line 8.                              |                      |                                       |  |  |  |
| 1a     | If the organization  | elected, as permitted under FASB ASC 95      | 8, not to report in its revenue statement and ba   | alance sheet v       | vorks                                 |  |  |  |
|        |  | · · · ·                                      | lic exhibition, education, or research in further  | ance of public       | :                                     |  |  |  |
|        |  |  | icial statements that describes these items.       |                      |                                       |  |  |  |
| b      | -  |  | 8, to report in its revenue statement and balan    |                      |                                       |  |  |  |
|        |  |  | exhibition, education, or research in furtheran    | ce of public se      | ervice,                               |  |  |  |
|        | -  | ng amounts relating to these items:          |  |                      |                                       |  |  |  |
|        |  |  |  |                      |                                       |  |  |  |
| 2      | .,   |  | asures, or other similar assets for financial gain |                      |                                       |  |  |  |
| Ľ      | 0  | ints required to be reported under FASB A    |  | , provide            |                                       |  |  |  |
| а      | -  |  |  | ▶ \$                 |                                       |  |  |  |
|        |  |  |  |                      |                                       |  |  |  |
|        |  | eduction Act Notice, see the Instructions    |  |                      | dule D (Form 990) 2020                |  |  |  |
| 032051 | 12-01-20   |  |  |                      |                                       |  |  |  |
|        |  |  | 28   |                      |                                       |  |  |  |

| THE | LAND | CONSERVANCY | OF | SAN | LUIS | OBISPO |
|-----|------|-------------|----|-----|------|--------|
|-----|------|-------------|----|-----|------|--------|

| Caba | ~~~~~   | CONSERVANCY              | OF SAN          | TOTP C        | DISPU         | 77_           | 003929         | Л п.                | 2       |
|------|---|--------------------------|-----------------|---------------|---------------|---------------|----------------|---------------------|---------|
|      | dule D (Form 990) 2020 COUN'I'Y t III Organizations Maintaining Colle | ections of Art. His      | torical Tre     | asures. o     | r Other S     |               |                |                     | age 🗲   |
| 3    | Using the organization's acquisition, accession, a                    |                          |                 |               |               |               |                | <u>nuea)</u>        |         |
| U    | collection items (check all that apply):                              |                          | on any of the h | Showing that  | mane sign     |               | 113            |                     |         |
| а    | Public exhibition   | d                        | ] Loan or excl  | nange progra  | am            |               |                |                     |         |
| b    | Scholarly research  | e [                      | Other           | ange progre   |               |               |                |                     |         |
| c    | Preservation for future generations                                   | Ū                        |                 |               |               |               |                |                     |         |
| 4    | Provide a description of the organization's collect                   | tions and explain how :  | boy further th  | o organizatio | n's evennt    | nurnose in l  | Dart XIII      |                     |         |
| 5    | During the year, did the organization solicit or rec                  | •                        | 2               | 0             | •             |               | art An.        |                     |         |
| 5    | to be sold to raise funds rather than to be mainta                    |                          |                 | -             | a sirriiar as |               | Yes            |                     | No      |
| Par  | t IV Escrow and Custodial Arrangen                                    |                          |                 |               |               |               |                | <br>r               |         |
|      | reported an amount on Form 990, Part X,                               |                          | ie organization | 1 diloworod   |               |               | ,              |                     |         |
|      | Is the organization an agent, trustee, custodian o                    |                          | r contributions | or other ass  | sets not incl | uded          |                |                     |         |
|      | on Form 990, Part X?  |                          |                 |               |               |               | Yes            |                     | No      |
| b    | If "Yes," explain the arrangement in Part XIII and                    | complete the following   | table:          |               |               |               |                |                     |         |
| ~    |   |                          | 10.0101         |               |               |               | Amour          | <br>1t              |         |
| с    | Beginning balance   |                          |                 |               |               | 1c            |                |                     |         |
|      | Additions during the year   |                          |                 |               |               | 1d            |                |                     |         |
|      | Distributions during the year   |                          |                 |               |               | 1e            |                |                     |         |
| f    | Ending balance  |                          |                 |               |               | 1f            |                |                     |         |
| 2a   | Did the organization include an amount on Form                        |                          |                 |               |               | ,,<br>,       | Yes            |                     | No      |
|      | If "Yes," explain the arrangement in Part XIII. Che                   |                          |                 |               | -             |               | ·              |                     | ]       |
| Par  | t V Endowment Funds. Complete if the                                  | e organization answere   | d "Yes" on Fo   | rm 990, Part  | IV, line 10.  |               |                |                     |         |
|      |   |                          | Prior year      | (c) Two year  |               | Three years b | oack 🛛 (e) Fou | ır years            | back    |
| 1a   | Beginning of year balance   | 456,580.                 | 465,743.        | 1,206         | 5,960.        | 1,184,5       | 77. 1          | ,301,               | 071.    |
| b    | Contributions   |                          |                 | 211           | L,484.        | 60,0          | 00.            |                     |         |
|      | Net investment earnings, gains, and losses                            | 77,384.                  | 482.            | 59            | 9,799.        | 43,8          | 18.            | 103,                | 272.    |
| d    | Grants or scholarships  |                          |                 |               |               |               |                |                     |         |
| е    | Other expenditures for facilities                                     |                          |                 |               |               |               |                |                     |         |
|      | and programs  | 20,136.                  | 9,645.          | 1,012         | 2,500.        | 81,4          | 35.            | 219,                | 766.    |
| f    | Administrative expenses   |                          |                 |               |               |               |                |                     |         |
| g    | End of year balance   | 513,828.                 | 456,580.        | 465           | 5,743.        | 1,206,9       | 60. 1          | ,184,               | 577.    |
| 2    | Provide the estimated percentage of the current                       | year end balance (line   | 1g, column (a)) | ) held as:    |               |               |                |                     |         |
| а    | Board designated or quasi-endowment 🕨 _6                              | <u>9.0000</u> %          |                 |               |               |               |                |                     |         |
| b    | Permanent endowment 🕨   | _%                       |                 |               |               |               |                |                     |         |
| с    | Term endowment ▶ <u>31.0000</u> %                                     |                          |                 |               |               |               |                |                     |         |
|      | The percentages on lines 2a, 2b, and 2c should e                      | equal 100%.              |                 |               |               |               |                |                     |         |
| 3a   | Are there endowment funds not in the possession                       | n of the organization th | at are held an  | d administer  | ed for the c  | organization  |                |                     |         |
|      | by:   |                          |                 |               |               |               |                | Yes                 | No      |
|      | (i) Unrelated organizations   |                          |                 |               |               |               | 3a(i)          | $\square$           | X       |
|      | (ii) Related organizations  |                          |                 |               |               |               | 3a(ii)         |                     | X       |
| b    | If "Yes" on line 3a(ii), are the related organization                 | s listed as required on  | Schedule R?     |               |               |               | 3b             |                     |         |
| 4    | Describe in Part XIII the intended uses of the orga                   |                          | funds.          |               |               |               |                |                     |         |
| Par  | t VI Land, Buildings, and Equipment                                   |                          |                 |               |               |               |                |                     |         |
|      | Complete if the organization answered "Y                              |                          |                 |               |               |               | 1              |                     |         |
|      | Description of property   | (a) Cost or other        | (b) Cost        |               |               | umulated      | (d) Boo        | ok value            | Э       |
|      |   | basis (investment)       | basis (         |               | depre         | ciation       | 05 55          | <u> </u>            | <u></u> |
|      | Land  |                          |                 | <u>6,223.</u> |               | F 005         | 25,75          |                     |         |
|      | Buildings   |                          |                 | <u>9,883.</u> |               | 5,925.        | 0 1 -          | $\frac{3,95}{2}$    |         |
|      | Leasehold improvements  |                          |                 | 1,015.        |               | 1,668.        | 8,15           |                     |         |
|      | Equipment   |                          |                 | 4,828.        |               | 3,718.        |                | $\frac{1,11}{2,11}$ |         |
| e    | Other   |                          | 10              | 9,669.        | 9             | 7,259.        |                | $\frac{2}{2}, 41$   |         |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .... ▶ 34,083,048.

Schedule D (Form 990) 2020

| THE LAND CONSERVANCY OF SAN LUIS OBISP | 0 |
|--|---|
|--|---|

| Schedule D (Form 990) 2020 COUNTY  |                            | 7'                                       | 7-0039294 <sub>Page</sub> 3 |
|--|----------------------------|--|-----------------------------|
| Part VII Investments - Other Securities.   |                            |  |                             |
| Complete if the organization answered "Yes'  | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.      |                             |
| (a) Description of security or category (including name of security)   | (b) Book value             | (c) Method of valuation: Cost or er      | nd-of-year market value     |
| (1) Financial derivatives  |                            |  |                             |
| (2) Closely held equity interests  |                            |  |                             |
| (3) Other  |                            |  |                             |
| (A)  |                            |  |                             |
| (B)  |                            |  |                             |
| (C)  |                            |  |                             |
| (D)  |                            |  |                             |
|  |                            |  |                             |
| (E)(F)   |                            |  |                             |
|  |                            |  |                             |
| (G)  |                            |  |                             |
|  |                            |  |                             |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►<br>Part VIII Investments - Program Related. |                            |  |                             |
|  |                            |  |                             |
| Complete if the organization answered "Yes"  |                            |  |                             |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or er      | id-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   | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.      |                             |
| (a   | Description                |  | (b) Book value              |
| (1)  |                            |  |                             |
| (2)  |                            |  |                             |
| (3)  |                            |  |                             |
| (4)  |                            |  |                             |
| (5)  |                            |  |                             |
| (6)  |                            |  |                             |
| (7)  |                            |  |                             |
| (8)  |                            |  |                             |
| (9)  |                            |  |                             |
| Total. (Column (b) must equal Form 990. Part X. col. (B) lir   | na 15 )                    |  | •                           |
| Part X Other Liabilities.  |                            |  |                             |
| Complete if the organization answered "Yes'  | on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line 2 | 5.                          |
| <b>1.</b> (a) Description of liability   |                            |  | (b) Book value              |
| (1) Federal income taxes   |                            |  |                             |
| (2) FUNDS HELD FOR OTHERS  |                            |  | 133,805.                    |
| (3) OTHER ACCRUED LIABILITIES  |                            |  | 1,782.                      |
| (4) PPP LOAN   |                            |  | 233,250.                    |
|  |                            |  |                             |
| (5)  |                            |  | +                           |
| (6)  |                            |  | +                           |
| (7)  |                            |  |                             |
| (8)  |                            |  |                             |
| (9)  |                            |  |                             |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin   | <u>ne 25.)</u>             |  | 368,837.                    |

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

Schedule D (Form 990) 2020

032053 12-01-20

| THE | LAND | CONSERVANCY | $\mathbf{OF}$ | $\mathbf{SAN}$ | LUIS | OBISPO |
|-----|------|-------------|---------------|----------------|------|--------|
|     |      |             |               |                |      |        |

| Sche | edule D (Form 990) 2020 COUNTY                                      |                        |                  |       | 0039294 | Page 4 |
|------|---|------------------------|------------------|-------|---------|--------|
| Pa   | rt XI Reconciliation of Revenue per Audited Finan                   | cial Statements With F | levenue per Retu | urn.  |         |        |
|      | Complete if the organization answered "Yes" on Form 990,            | , Part IV, line 12a.   |                  |       |         |        |
| 1    | Total revenue, gains, and other support per audited financial state | ements                 |                  | 1     | 10,701, | 111.   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12  | :                      |                  |       |         |        |
| а    | Net unrealized gains (losses) on investments                        | 2a                     | -3,307.          |       |         |        |
| b    | Donated services and use of facilities                              | 2b                     | 11,798.          |       |         |        |
| с    | Recoveries of prior year grants                                     | 2c                     |                  |       |         |        |
| d    | Other (Describe in Part XIII.)                                      | 2d                     |                  |       |         |        |
| е    | Add lines 2a through 2d   |                        |                  | 2e    |         | 491.   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                          |                        |                  | 3     | 10,692, | 620.   |
| 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                     | 1,923.           |       |         |        |
| b    | Other (Describe in Part XIII.)                                      | 4b                     |                  |       |         |        |
| С    | Add lines <b>4a</b> and <b>4b</b>                                   |                        |                  | 4c    | 1,      | 923.   |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par   | rt I, line 12.)        |                  | 5     | 10,694, | 543.   |
| Pa   | rt XII Reconciliation of Expenses per Audited Fina                  |                        | Expenses per Re  | eturi | n.      |        |
|      | Complete if the organization answered "Yes" on Form 990,            |                        |                  |       |         |        |
| 1    | Total expenses and losses per audited financial statements          |                        |                  | 1     | 5,485,  | 763.   |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 1                    | 44 500           |       |         |        |
| а    |   |                        | 11,798.          |       |         |        |
| b    |   |                        |                  |       |         |        |
| С    | Other losses  |                        |                  |       |         |        |
| d    | ,   |                        |                  |       |         |        |
| е    |   |                        |                  | 2e    |         | 798.   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                          |                        |                  | 3     | 5,473,  | 965.   |
| 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    |                        | 1,923.           |       |         |        |
| b    | Other (Describe in Part XIII.)                                      | 4b                     |                  |       |         |        |
| с    | Add lines <b>4a</b> and <b>4b</b>                                   |                        | L                | 4c    |         | 923.   |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, P    | Part I, line 18.)      |                  | 5     | 5,475,  | 888.   |
| Pa   | rt XIII Supplemental Information.                                   |                        |                  |       |         |        |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART II, LINE 5:

THE LAND CONSERVANCY MAINTAINS A CONSERVATION EASEMENT MONITORING POLICY

WHICH INCLUDES MONITORING PURPOSE, FREQUENCY, QUALIFICATIONS OF THE

MONITOR, METHOD, DOCUMENTATION AND RECORDKEEPING.

PART V, LINE 4:

QUASI-ENDOWMENT FUNDS HAVE BEEN DESIGNATED BY THE BOARD TO SUPPORT LAND

## STEWARDSHIP AND MANAGEMENT ACTIVITIES.

PART II, LINE 9

ACCOUNTING FOR CONSERVATION EASEMENTS (FINANCIAL STATEMENT FOOTNOTES):

31

PURCHASED LAND IS RECORDED AT COST. DONATED LAND IS RECORDED AT ITS

032054 12-01-20

19190218 756668 015802

| THE LAND CONSERVANCY OF SAN LUIS OBISPO         Schedule D (Form 990) 2020       COUNTY       77-0039294       Page 5         Part XIII       Supplemental Information (continued)       Continued) |
|---|
| APPRAISED VALUE AT THE DATE OF CONTRIBUTION OR AT ITS ESTIMATED FAIR VALUE  |
| AS DETERMINED BY MANAGEMENT. LAND IS DONATED AT COST TO OTHER   |
| NON-PROFIT/GOVERNMENT AGENCIES WHEN IT IS TRANSFERRED. PURCHASED  |
| CONSERVATION EASEMENTS ARE TREATED AS OBLIGATIONS AND ARE RECORDED AT A   |
| NOMINAL VALUE. DONATED EASEMENTS ARE RECORDED AS CONTRIBUTIONS AT THEIR   |
| APPRAISED VALUE AND ARE REFLECTED AT A NOMINAL VALUE AS AN ASSET ON THE   |
| BALANCE SHEET BY RECORDING AN EASEMENT EXPENSE AT THE TIME THEY ARE   |
| RECEIVED.   |
|   |
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|   |
| Schedule D (Form 990) 2020  |

032055 12-01-20

| SCHEDULE L                       | _   | ransactior             |         |                   |  |          |                      |              |                | ON                | IB No. <sup>-</sup> | 1545-00       | 047               |
|----------------------------------|---|------------------------|---------|-------------------|--|----------|----------------------|--------------|----------------|-------------------|---------------------|---------------|-------------------|
| (Form 990 or 990-EZ)             | Complete if the complete of | e organization and     |         |                   | " on Form 990, P<br>EZ, Part V, line 3 |          |                      | 6, 27, 2     | 28a,           |                   | 2                   | 02            | 0י                |
| Department of the Treasury       |   |                        |         |                   | 990 or Form 990-                       |          | , <del>1</del> 00.   |              |                | O                 | oen T               | o Pul         | blic              |
| Internal Revenue Service         |   | to www.irs.gov/Fo      |         |                   |  |          |                      | _            |                |                   | spect               |               |                   |
| Name of the organization         |   | O CONSERVA             | NCY     | OF                | SAN LUIS                               | OE       | BISPO                | -            | -              |                   |                     | on nu         | umber             |
| Part I Excess Be                 | COUNTY  | ctions (section 50     | 11/0//2 | ) anati           | an E01(a)(4) and                       | o o o ti | on E01(a)(20) area   |              |                | 392               | 94                  |               |                   |
|                                  |   | inswered "Yes" on F    |         |                   |  |          |                      |              |                |                   |                     |               |                   |
| 1                                | (   | b) Relationship betv   |         |                   |  |          |                      |              |                | <i>ы</i> .        | (d)                 | Corre         | ected?            |
| (a) Name of disqualifi           | ed person   | person and or          |         |                   |  | (c)      | Description of tran  | sactior      | 1              |                   |                     | es            | No                |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   | _                   |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   | -                   | -             |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   | +                   | $\rightarrow$ |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
| 2 Enter the amount of            | tax incurred by th  | e organization man     | agers   | or disc           | ualified persons c                     | lurin    | g the year under     |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
| 3 Enter the amount of t          | tax, if any, on line  | 2, above, reimburs     | ed by   | the org           | anization                              |          |                      | )            | ▶ \$           |                   |                     |               |                   |
| Part II Loans to a               | and/or From I   | Interested Pers        | sons.   |                   |  |          |                      |              |                |                   |                     |               |                   |
| Complete if t                    | he organization a   | nswered "Yes" on I     | Form 9  | 90-EZ             | Part V, line 38a c                     | or Fo    | rm 990, Part IV, lin | e 26; oi     | r if th        | e orgai           | nizatio             | n             |                   |
| reported an a                    | amount on Form 9  | 990, Part X, line 5, 6 | 1 I     |                   |  |          |                      |              |                | -                 |                     |               |                   |
| (a) Name of<br>interested person | (b) Relationsl<br>with organizat  |                        |         | an to or<br>n the | (e) Original principal amoun           | +        | (f) Balance due      | (g)<br>defau |                | (h) App<br>by boa | ard or              | יעי           | Written<br>ement? |
| interested person                | with organizat  | lion onoan             |         | zation?           | principal arriour                      |          |                      |              |                | comm              |                     | -             | _                 |
| B.K. RICHARD                     | EMERIT  | JSLINE OF              | To<br>X | From              | 20,000                                 |          | 100,000.             | Yes          | <u>No</u><br>X | Yes<br>X          | No                  | Yes<br>X      | _                 |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               | +                 |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               | <u> </u>          |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               | +                 |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               | +                 |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               | +                 |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
| Total                            | Assistance D  | Benefiting Inter       |         |                   |  | \$       | 100,000.             |              |                |                   |                     |               |                   |
|                                  |   | Inswered "Yes" on F    |         |                   |  |          |                      |              |                |                   |                     |               |                   |
| (a) Name of interest             |   | (b) Relationship       |         | ,                 | (c) Amount of                          | of       | <b>(d)</b> Type      | of           |                | (e)               | Purp                | ose o         | of                |
| (2) - 12.110 01 1110-000         |   | interested pers        | son an  |                   | assistance                             |          | assistan             |              |                |                   | assista             |               |                   |
|                                  |   | the organiza           | ation   |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              | +              |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   |  |          |                      |              |                |                   |                     |               |                   |
|                                  |   |                        |         |                   | m 990 or 990-EZ                        |          |                      | edule L      |                |                   |                     |               |                   |

## SEE PART V FOR CONTINUATIONS

032131 12-09-20

COLINITY . /-

77-0039291

| Schedule L (Form 990 or 990-EZ) 2020 COUNTY |   |                              | 77-0039                        | 294       | Page 2                        |
|---|---|------------------------------|--------------------------------|-----------|-------------------------------|
| Part IV Business Transactions Involvi       | ing Interested Persons.   |                              |                                |           |                               |
| Complete if the organization answered       |   | 3b, or 28c.                  |                                |           |                               |
| (a) Name of interested person               | (b) Relationship between interested person and the organization | (c) Amount of<br>transaction | (d) Description of transaction | organiz   | aring of<br>zation's<br>nues? |
|   |   |                              |                                | Yes       | No                            |
|   |   |                              |                                |           |                               |
|   |   |                              |                                | $\square$ | <u> </u>                      |
|   |   |                              |                                | ──        | <b> </b>                      |
|   |   |                              |                                | ──        | <u> </u>                      |
|   |   |                              |                                | ──        | <u> </u>                      |
|   |   |                              |                                | ──        |                               |
|   |   |                              |                                | ┼───      | +                             |
|   |   |                              |                                | +         |                               |
|   |   |                              |                                | +         |                               |
| Part V Supplemental Information.            | 1   |                              | 1                              | 1         | 1                             |
| Provide additional information for respo    | onses to questions on Schedule L (see in                        | nstructions).                |                                |           |                               |
| ·   |   | ,                            |                                |           |                               |
| SCHEDULE L, PART II, LOANS                  | TO AND FROM INTERES   | TED PERSONS                  | 5:                             |           |                               |
|   |   |                              |                                |           |                               |
| (A) NAME OF PERSON: B.K. R                  | ICHARD  |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
| (B) RELATIONSHIP WITH ORGAN                 | NIZATION: EMERITUS T  | RUSTEE                       |                                |           |                               |
| / - >                                       |   |                              |                                |           |                               |
| (C) PURPOSE OF LOAN: LINE (                 | OF CREDIT UP TO \$100   | ,000, AT 08                  | S INTEREST,                    | FOR       |                               |
|   |   |                              |                                |           |                               |
| PROPERTY COSTS                              |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |
|   |   |                              |                                |           |                               |

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

| SCHEDULE   | Μ |
|------------|---|
| (Form 990) |   |

## **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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

| 2020                         |  |
|------------------------------|--|
| Open to Public<br>Inspection |  |

| Name of the org | anization |
|-----------------|-----------|
| 5               |           |

► Go to www.irs.gov/Form990 for instructions and the latest information.

| nization | THE  | LAND | CONSERVANCY | OF | SAN | LUIS | OBISPO |
|----------|------|------|-------------|----|-----|------|--------|
|          | COID | JTY  |             |    |     |      |        |

Employer identification number 77 - 0039294

|        | COUNTY            |  |
|--------|-------------------|--|
| Part I | Types of Property |  |
|        |                   |  |

|     |  | (a)<br>Check if | (b)<br>Number of      | (c)<br>Noncash contribution     | (d)<br>Method of det | terminin | g    |      |
|-----|--|-----------------|-----------------------|---------------------------------|----------------------|----------|------|------|
|     |  | applicable      | contributions or      | amounts reported on             | noncash contribut    |          | •    | \$   |
|     | Art Marka of art   |                 | Items contributed     | Form 990, Part VIII, line 1g    |                      |          |      |      |
| 1   | Art - Works of art   |                 |                       |                                 |                      |          |      |      |
| 2   | Art - Historical treasures                                   |                 |                       |                                 |                      |          |      |      |
| 3   | Art - Fractional interests                                   |                 |                       |                                 |                      |          |      |      |
| 4   | Books and publications                                       |                 |                       |                                 |                      |          |      |      |
| 5   | Clothing and household goods                                 |                 |                       |                                 |                      |          |      |      |
| 6   | Cars and other vehicles                                      |                 |                       |                                 |                      |          |      |      |
| 7   | Boats and planes   |                 |                       |                                 |                      |          |      |      |
| 8   | Intellectual property  | x               | 4                     | 73,314.                         | <u>гм</u> т <i>т</i> |          |      |      |
| 9   | Securities - Publicly traded                                 |                 | 4                     | 75,514.                         | Г M V                |          |      |      |
| 10  | Securities - Closely held stock                              |                 |                       |                                 |                      |          |      |      |
| 11  | Securities - Partnership, LLC, or                            |                 |                       |                                 |                      |          |      |      |
|     | trust interests  |                 |                       |                                 |                      |          |      |      |
| 12  | Securities - Miscellaneous                                   |                 |                       |                                 |                      |          |      |      |
| 13  | Qualified conservation contribution -<br>Historic structures |                 |                       |                                 |                      |          |      |      |
| 14  | Qualified conservation contribution - Other                  |                 |                       |                                 |                      |          |      |      |
| 15  | Real estate - Residential                                    |                 |                       |                                 |                      |          |      |      |
| 16  | Real estate - Commercial                                     |                 |                       |                                 |                      |          |      |      |
| 17  | Real estate - Other  |                 |                       |                                 |                      |          |      |      |
| 18  | Collectibles   |                 |                       |                                 |                      |          |      |      |
| 19  | Food inventory   |                 |                       |                                 |                      |          |      |      |
| 20  | Drugs and medical supplies                                   |                 |                       |                                 |                      |          |      |      |
| 21  | Taxidermy  |                 |                       |                                 |                      |          |      |      |
| 22  | Historical artifacts   |                 |                       |                                 |                      |          |      |      |
| 23  | Scientific specimens   |                 |                       |                                 |                      |          |      |      |
| 24  | Archeological artifacts                                      |                 |                       |                                 |                      |          |      |      |
| 25  | Other ► ()   |                 |                       |                                 |                      |          |      |      |
| 26  | Other  ( )   |                 |                       |                                 |                      |          |      |      |
| 27  | Other  ( )   |                 |                       |                                 |                      |          |      |      |
| 28  | Other ( )  |                 |                       |                                 |                      |          |      |      |
| 29  | Number of Forms 8283 received by the organi                  | zation during   | the tax year for co   | ontributions                    |                      |          |      |      |
|     | for which the organization completed Form 82                 | 83, Part V, D   | onee Acknowledg       | ement 29                        |                      |          |      |      |
|     |  |                 |                       |                                 |                      | )        | Yes  | No   |
| 30a | During the year, did the organization receive b              | y contributio   | n any property rep    | orted in Part I, lines 1 throug | h 28, that it        |          |      |      |
|     | must hold for at least three years from the date             | e of the initia | I contribution, and   | which isn't required to be us   | ed for               |          |      |      |
|     | exempt purposes for the entire holding period                | ?               |                       |                                 |                      | 30a      |      | Х    |
| b   | If "Yes," describe the arrangement in Part II.               |                 |                       |                                 |                      |          |      |      |
| 31  | Does the organization have a gift acceptance                 | policy that re  | equires the review of | of any nonstandard contribut    | ions?                | 31       |      | Х    |
| 32a | Does the organization hire or use third parties              |                 |                       |                                 |                      |          |      |      |
|     | contributions?   |                 | •                     |                                 |                      | 32a      |      | х    |
| b   | If "Yes," describe in Part II.                               |                 |                       |                                 |                      |          |      |      |
| 33  | If the organization didn't report an amount in c             | column (c) fo   | r a type of property  | r for which column (a) is cheo  | ked,                 |          |      |      |
|     | describe in Part II.   | . ,             |                       |                                 |                      |          |      |      |
| LHA | For Paperwork Reduction Act Notice, see                      | the Instruct    | tions for Form 990    | ).                              | Schedule M           | (Form    | 990) | 2020 |

|                |  |                      | CONSERVANCY            | OF SAN                            | LUIS                         | OBISPO                              |  |                |
|----------------|--|----------------------|------------------------|-----------------------------------|------------------------------|-------------------------------------|--|----------------|
| Schedule M     | l (Form 990) 2020  | COUNTY               |                        |                                   |                              |                                     | 77-0039294   | Page <b>2</b>  |
| Part II        | supplemental<br>is reporting in Part<br>this part for any ac | : I, column (b), the | number of contribution | n required by P<br>ns, the number | Part I, lines<br>of items re | 30b, 32b, and 3<br>eceived, or a co | 33, and whether the organiza mbination of both. Also com | ition<br>plete |
|                |  |                      |                        |                                   |                              |                                     |  |                |
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| 032142 11-23-2 | 20   |                      |                        |                                   |                              |                                     | Schedule M (Form   | 990) 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. THE LAND CONSERVANCY OF SAN LUIS OBISPO



77-0039294

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COUNTY

THE YOUTH EDUCATION PROGRAM FOCUSES ON PROVIDING OPPORTUNITIES FOR

SCHOOL-AGED CHILDREN TO LEARN ABOUT NATURE THROUGH INNOVATIVE

PROGRAMMING USING OAK WOODLANDS AND OTHER NATURAL LANDS FOR HANDS-ON

EXPERIENTIAL LEARNING. THROUGH PARTNERSHIPS WITH LOCAL PUBLIC SCHOOLS,

THE PROGRAM TRAINS AND EMPOWERS CHILDREN AS FUTURE CONSERVATIONISTS,

INSTILLING LIFELONG LEADERSHIP AND SCIENCE SKILLS. THOUSANDS OF

STUDENTS BENEFIT FROM THE PROGRAM EACH YEAR.

EXPENSES \$ 114,036. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

MANAGEMENT REVIEWS FORM 990 WITH THE FINANCE COMMITTEE, WHICH APPROVES THE

RETURN PRIOR TO FILING, AND PROVIDES A COPY TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE AND BOARD TRUSTEE COMPLETES AND SIGNS A WRITTEN CONFLICT OF

INTEREST DISCLOSURE DOCUMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD GENERALLY CONDUCTS PERFORMANCE REVIEWS WITH THE EXECUTIVE

DIRECTOR ANNUALLY. THE LAND TRUST ALLIANCE ISSUES A REPORT EVERY TWO TO

FOUR YEARS WITH SALARY DATA AND ANALYSIS FOR NON-PROFIT LAND TRUSTS

THROUGHOUT THE COUNTRY. THIS REPORT COMPARES SALARIES ACROSS MULTIPLE SIZES

OF ORGANIZATIONS AND MULTIPLE REGIONS IN THE UNITED STATES. THIS AND OTHER

NATIONAL ONLINE SALARY DATA TOOLS ARE USED TO INFORM WHAT LEVEL OF

COMPENSATION IS REASONABLE FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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| Schedule O (Form 990 or 990-EZ) 2020                                       | Page <b>2</b>                             |
|--|---|
| Name of the organization THE LAND CONSERVANCY OF SAN LUIS OBISPO<br>COUNTY | Employer identification number 77-0039294 |
| COMMITTEE DISCUSSES COMPENSATION WITH THE EXECUTIVE DIRE                   | CTOR, THEN MAKES                          |
| RECOMMENDATIONS OR PROPOSALS TO THE BOARD. THE BOARD DISC                  | CUSSES AND APPROVES                       |
| THE COMPENSATION LEVEL EITHER DIRECTLY OR THROUGH THE AND                  | NUAL BUDGET                               |
| PROCESS. ON OCCASION THESE DISCUSSIONS ARE HELD IN CLOSE                   | D SESSION WITHOUT                         |
| STAFF PRESENT.   |   |
|  |   |
| FORM 990, PART VI, SECTION C, LINE 19:                                     |   |
| A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS, PO                  | OLICIES, AND                              |

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE AND UPON REQUEST.

032212 11-20-20