			** 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 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 ¬Addre	THE	LAND CONSERVANCY OF SAN LUIS OBISPO		
	94				
	Initial returr	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returr termi	n	PACIFIC STREET STE. A	(805)544-	
	ated 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 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 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> ] 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. 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: 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. 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 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 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> 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? 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 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) Name and title	(B) Average		not c	Pos heck	more	than o		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	hours per week (list any hours for related organizations below	stee or director			irecto	Highest compensated stord stord stord stord stord store stor	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related 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 (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 A) and title	(B) (B) Average hours per week	(do box	not c	(C Posi heck i ss per	<b>C)</b> ition more rson i		one an	(D) Reportable compensation	<b>(E)</b> Reportable compensatio	on	Esti amo	(F) mate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga	m the nizati relate	e on ed
			-											
			-											
			-											
			-											
1b Subtotal									100,678.		0.	6	, 59	97.
c Total from contin d Total (add lines 1	uation sheets to Part VI	I, Section A							0. 100,678.		0.	6	, 59	<u>0.</u> 97.
2 Total number of in	dividuals (including but n 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 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 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 x
Section B. Independer	ganization? <i>If</i> "Y <u>es," corr</u> nt Contractors	plete Schedule	e J fe	or si	ich r	oers	on .				<u></u>	5		
	e for your five highest co Report compensation for										pensat	ion fror	n	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	C	(C) ompen:		1
	dependent contractors (i ensation from the organi:	•	ot lin	nitec	d to t	thos (		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> Total revenue	Related or exempt		(D) Revenue excluded from tax under 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 ar A			Related organizations 1d					
s, G 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 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 Revenue		b						
n Se enu		С						
ran 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) 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 Less: direct expenses 8b					
			Less: direct expenses 8b 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 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 9 12		Total revenue. See instructions	····· 🔽		1 00,710.		Form <b>990</b> (2020)
								(2020)

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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 (A)		(C)	
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising 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. 91,186.	<u> </u>	<u>25,715.</u> 27,799.	<u>1,832</u> 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. 59,345.	32,604.	2,495. 21,101.	<u>2,561</u> 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 line 24	expenses. Itemize expenses not covered e (List miscellaneous expenses on line 24e. If 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. 19,547.	4,412. 35,132.	1 0.05
		59,604.			4,925
	ther expenses	87,380. 5,475,888.	75,768. 4,818,319.	<u>10,501.</u> 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 Pa	<u>n 990 (</u> <b>rt X</b>	2020) COUNTY 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> Beginning of year		<b>(B)</b> 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> 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> 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 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 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 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 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 (described on lines 1-10	(IV) Is the orga in your govern	anization listed 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

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 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

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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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the 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- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<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, dividends, payments received on securities loans, rents, royalties, 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		•	•		 >n, ▶[	
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					 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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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.)

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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)

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			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. 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. 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			

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THE LAND CONSERVANCY OF SAN LUIS OBISPO
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Cohodu	ILE LAND CONSERVANCY OF 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 (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 (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

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	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) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020	)
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
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 d	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2020

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	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; 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.)	
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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>4,660,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,253,749.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$256,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

22

19190218 756668 015802

THE LA 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	l listo received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (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 Part III		tions to organizations described in sect	77-0039294 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, 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 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. 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
			_				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
			_				
			_				
		(a) Tuesday of alth	1				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
023454 11-25	5-20	0.4	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				
		24					

19190218 756668 015802

SCHEDULE C	Po	OMB No. 1545-0047				
(Form 990 or 990-EZ)	2020					
Department of the Treasury Internal Revenue Service	Open to Public 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 tures" mea	• •	nditures Ints paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group 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 or less, ente on either li	er -0- er -0- ne 1h or				
(Some organizations tha	4- It made a s	Year Avection 5	eraging Period Under	Section 501(h) have to complete all o		
	Lobbyi	ng Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (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 (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (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>			 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 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.		- -			
			(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> 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
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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							 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	 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					,, ,	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
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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.) ► 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.
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 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 interested person	(b) Relationsl with organizat			an to or n the	(e) Original principal amoun	+	(f) Balance due	(g) defau		(h) App by boa	ard or	יעי	Written ement?
interested person	with organizat	lion onoan		zation?	principal arriour					comm		-	_
B.K. RICHARD	EMERIT	JSLINE OF	To X	From	20,000		100,000.	Yes	<u>No</u> X	Yes X	No	Yes 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 transaction	(d) Description of transaction	organiz	aring of zation's 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 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) Check if	(b) Number of	(c) Noncash contribution	(d) 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 - 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 is reporting in Part this part for any ac	: I, column (b), the	number of contribution	n required by P ns, the number	Part I, lines of items re	30b, 32b, and 3 eceived, or a co	33, and whether the organiza mbination of both. Also com	ition plete
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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 11-20-20

19190218 756668 015802

37

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization THE LAND CONSERVANCY OF SAN LUIS OBISPO 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