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14 Benefits paid to or for members (Part IX, column (A), line 4)				- · ·				232,	275	232,815	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 115,733 163,733 163,733 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 b Total fundraising expenses (Part IX, column (A), line 25) ▶ 73,213 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 115,733 163,758 192, 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 249,491 355, 19 Revenue less expenses Subtract line 18 from line 12 - - - 20 Total assets (Part X, line 16) - - 1,635,336 1,453, 21 Total assets (Part X, line 26) - - 76,402 17, 21 Total assets of rund balances Subtract line 21 from line 20 . 1,558,934 1,436, Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the										0	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶73,213 17 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,758 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 249,491 19 Revenue less expenses Subtract line 18 from line 12 -17,216 19 Revenue less expenses Subtract line 18 from line 12 -17,216 20 Total assets (Part X, line 16) -17,216 -122, 21 Total liabilities (Part X, line 26) -17,216 -17,216 21 Total liabilities (Part X, line 26) -17,216 -17,216 22 Net assets or fund balances Subtract line 21 from line 20 1,558,934 1,436, PartII Signature Block -1,558,934 1,436, Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge									-	0	
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18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 249,491 355, 19 Revenue less expenses Subtract line 18 from line 12 -17,216 -122, 19 Revenue less expenses Subtract line 18 from line 12 -17,216 -122, 20 Total assets (Part X, line 16) 1,635,336 1,453, 1,635,336 1,453, 21 Total liabilities (Part X, line 26) 76,402 17, 1,558,934 1,436, 22 Net assets of fund balances Subtract line 21 from line 20 1,558,934 1,436, Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Signature Block 2020-05-07 Signature of officer Date 2020-05-07 Signature of officer 2020-05-07 Signature of officer Date End officer 101630879 9 Eva VIGIL PRESIDENT Type or print name and title Prim's name Preparer's signature Date P10630879 Primerer Firm's name GLENN BURDETTE Firm's signature P10630879 P10630879 Fir	Ä							133	758	192,188	
19 Revenue less expenses Subtract line 18 from line 12										355,429	
Source of person Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,635,336 1,453, 21 Total liabilities (Part X, line 26) 76,402 17, 22 Net assets or fund balances Subtract line 21 from line 20 1,558,934 1,436, Part II Signature Block Under penalties of peryury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Output: Sign ture of officer EVA VIGIL PRESIDENT 2020-05-07 Type or print name and title Print/Type preparer's name Preparer's signature Date Part II Prime and title Firm's name ▶ GLENN BURDETTE Firm's EIN ▶ 95-2772601 Firm's address ▶ 1150 PALM STREET Phone no (805) 544-1441										-122,614	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer h any knowledge Sign ****** 2020-05-07 Signature of officer EVA VIGIL PRESIDENT Type or print name and title Paid Print/Type preparer's name Preparer Use Only Firm's name GLENN BURDETTE Firm's address ▶ 1150 PALM STREET Phone no (805) 544-1441 	۶ő						Beginning				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer han y knowledge Sign Here 2020-05-07 Signature of officer EVA VIGIL PRESIDENT Type or print name and title Paid Preparer Use Only Print/Type preparer's name Preparer's signature Firm's address ▶ 1150 PALM STREET Phone no (805) 544-1441					21 from line 20	• • •		1,556,	934	1,430,320	
Any knowledge Sign Sign Here Variable	Under	pen	alties of	perjury, I declare that I have exam	nined this return, includ	ing accompanying	schedules and	d statement	s, and t	to the best of my	
Sign Here 2020-05-07 Signature of officer Date EVA VIGIL PRESIDENT Type or print name and title Date Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Firm's name GLENN BURDETTE Check ☐ if self-employed PTIN P01630879 Firm's name GLENN BURDETTE Firm's EIN ▷ 95-2772601 Firm's address ▷ 1150 PALM STREET Phone no (805) 544-1441				ief, it is true, correct, and complete	e Declaration of prepare	er (other than offic	er) is based o	on all inform	ation of	f which preparer has	
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Preparer Firm's name © GLENN BURDETTE Firm's EIN © 95-2772601 Use Only Firm's address 1150 PALM STREET Phone no (805) 544-1441	Pair	I						eck 🖵 if		79	
Use Only Firm's address > 1150 PALM STREET Phone no (805) 544-1441			er	Firm's name FILENN BURDETTE		I			277260	1	
	-			Firm's address 🕨 1150 PALM STREET			Pho	one no (805)	544-144	1	
				SAN LUIS OBISPO, CA	93401			. ,			

May the IRS discuss this return with the preparer shown above? (see instructions)	• •	•			•	•	•	🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.			Cat I	No 1:	1282)	Y		Form 990 (2019)

Form	990 (201	9)				Page 2
Pa	rt III S	tatement of Program Ser	vice Accomplis	hments		
	c	heck if Schedule O contains a re	esponse or note to a	any line in this Part III		🗹
1	Briefly d	escribe the organization's mission	on			
EDU0 APPR	CATION, R ECIATION	ECREATION, CONSERVATION A	ND RESEARCH THR	OUGH ITS PROGRAMS	IE WORLD AND TO PROVIDE OPPORT S AND FACILITIES, THE GARDEN WIL ATURE AND WILL ENCOURAGE A SE	L FOSTER AN
2	Did the o	organization undertake any sign	ificant program serv	vices during the year w	which were not listed on	
		Form 990 or 990-EZ?				🗌 Yes 🗹 No
		describe these new services on				
3		organization cease conducting, o	-	changes in how it cond	lucts, any program	
		· · · · · · · · ·				🗌 Yes 🗹 No
	If "Yes,"	describe these changes on Sche	edule O			
4	Section		ations are required	to report the amount	e largest program services, as measu of grants and allocations to others, t	
4a	(Code) (Expenses \$	160,394	including grants of \$) (Revenue \$	34,314)
	•	ional Data				
4b	(Code) (Expenses \$	35,206	including grants of \$) (Revenue \$	8,579)
	See Addıt	ional Data				
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other pr	ogram services (Describe in Sch	nedule O)			
	(Expens	-	including grants of	\$) (Revenue \$)
4e	Total p	ogram service expenses 🕨	195,6	00		
						Form 990 (2019)

Form	990 (2019)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕏	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 3 .	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
	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)? <i>If "Yes," complete Schedule D, Part X</i> 😒	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Form 990 (2019)

Part 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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 "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• i	Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

 1c
 Yes

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Page	5

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
Ь	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No			
	solicit any contributions that were not tax deductible as charitable contributions?						
	not tax deductible?	6 b					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7-		Ne			
	provided to the payor?			No			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	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?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a					
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9 b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders						
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
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						
с	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
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		No			

Form **990** (2019)

orm 9	990 ((201	9)
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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a " 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI.	•	onse to i	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	e 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	′		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	CA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply			
	🗌 Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION 3450 DAIRY CREEK RD SAN LUIS OBISPO, CA 93405 (805) 541-1400

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

Check if Schedule O contains a response or note to any line in this Part VII $% \left({{\left| {{{\bf{N}}} \right|}} \right)$.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficei	ss per: r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) GABRIELE LEVINE PRESIDENT	6 00	х		x				0	0	0
(2) EVA VIGIL VICE PRESIDENT	8 00	х		x				0	0	0
(3) KE-PING TSAO MD SECRETARY/TREASURER	4 00	х		x				0	0	0
(4) TAMARA BLETT DIRECTOR	4 00	х						0	0	0
(5) PAT CONNELLY DIRECTOR	2 00	х						0	0	0
(6) VL HOLLAND DIRECTOR	1 00	х						0	0	0
(7) LIEF MCKAY DIRECTOR	3 00	х						0	0	0
(8) BRANDON SCHMIEDEBERG DIRECTOR	2 00	х						0	0	0
(9) CAMILLE SCHWAEGERLE DIRECTOR	2 00	х						0	0	0
(10) MELISSA WALKER-SCOTT DIRECTOR	2 00	х						0	0	0
(11) MARY STILSON DIRECTOR	2 00							0	0	0
(12) CHENDA LOR EXECUTIVE DIRECTOR	40 00			x				61,570	0	7,906
										Form 990 (2019)

Pa	rt VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and H	High	nest Cor	npensate	d Employees (es (continued)						
	(A) Name and title	(B) Average hours per week (list any hours for related	than o ıs b	one bo	ox, u n off or/t	t che inles ficer ruste	,	ion	Repo compo fror orgar	D) ortable ensation m the nization /1099-	(E) Reportable compensatior from related organizations (W-2/1099-		compensat					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		ISC)	MISC)		relati	ed				
1h 9	Sub-Total						▶											
c 1	Total from continuation sheets to Pa						•											
		<u></u>			•		▶			61,570		0		7,906				
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rece	eived mo	re than \$10	00,000							
													Yes	No				
3	Did the organization list any former of line 1a? If "Yes," complete Schedule 3							or hig	ghest cor	npensated	employee on	-		N				
4	For any individual listed on line 1a, is							- ther	compen	sation from	the	3		No				
	organization and related organization individual	s greater than \$	150,00	07 If	"Yes	," co	omplet	e Sc	hedule J	for such				N				
5	Did any person listed on line 1a receiv	ve or accrue cor	npensat	ion fr	rom	any	unrela	ted	organizat	tion or indi	vidual for	4		No				
	services rendered to the organization								-			5		No				
	ection B. Independent Contract										+++++++++++++++++++++++++++++++++++++++							
1	Complete this table for your five high from the organization Report comper											npens	ation					
	Name a	(A) and business addre	255							Desci	(B) aption of services		(C Compen					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

	000	(2010)	
-orm	990	(2019)	

Page	9

b	Part	VIII	Statement								
Bit Production comparison of the second			Check if Schec	lule	O contains a	a respo	nse or note to any	(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Bit State in Number of Line 1 Line 1 <thline 1<="" th=""> Line 1 <thline 1<="" th=""> Line 1 <thline 1<="" th=""></thline></thline></thline>		1a	Federated campa	igns	5 	1a			revenue		512 - 514
Bit State in Number of Line 1 Line 1 <thline 1<="" th=""> Line 1 <thline 1<="" th=""> Line 1 <thline 1<="" th=""></thline></thline></thline>	ants unts	Ы	Membership dues	5.	· [1 b					
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Bit State in Number of Line 1 Line 1 <thline 1<="" th=""> Line 1 <thline 1<="" th=""> Line 1 <thline 1<="" th=""></thline></thline></thline>	imil		-			1e					
Bus ness Code Discover 2a #DICATION MORPANS 61/710 32,138 32,135 b	er S		and similar amounts	s not	included	1f	153,273				
Bus ness Code Discover 2a #DICATION MORPANS 61/710 32,138 32,135 b	Oth	above g Noncash contributions included in			10	6 0 2 2					
Bus ness Code Discover 2a #DICATION MORPANS 61/710 32,138 32,135 b	Cont	h 1		la-1	f	<u> </u>					
Bar Control All Column 611210 1 1 b							Business Code	153,273			
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Image: service revenue 32,125 Image: service revenue 32,125 Image: service revenue 1,079 Image: service revenue 1,070	ram										
g Total. Add lines 2a-26. 22,135 3 Investment norme (including dividends, interest, and other similar famounts) 1,079 1,079 4 Income from investment of tax-examp bond proceess > 1 1 1 5 Royaties	Prog	е 									
3 Investment normaunt()		f Al	ll other program	serv	ice revenue						
smilar anounds)										1	1
5 Royaltes (1) Real (1) Personal 6a Gross rents 6a 31,844 b Less rental expenses 6b 1,944 c Royaltes 6c 32,998 d Net rental income or (loss) 6c 32,998 7a (1) Securities (1) Other 7a 7a (1) Securities 9a fors mount other base and other base and other secure 7b 9a fors mount other laste and other secure 7b 9a fors mount other laste and other secure 7b 9a fors mount other reported on line 1(2) See Part V, line 18 9a 9a fors mount other laste and other secure 9b c Net income or (loss) from fundrating events 9a 9a fors secure or line 1(2) See Part V, line 18 9a 9a fors inventory, less 9a 9a fors inventory, less 10a 9a fors inventory, less 10a 9a 22,867 10,758 b inventory, less 10a 2,572 b inventory, less 10a 2,572 b		sım	ilar amounts)	•		•	•	1,079	9		1,079
Source Source<						mpt bo		}			
b Less rental 60 1.846 c Rental income or ((ss) 62 32.998 32.998 32.998 d Net rental income or ((ss)		3 10	yaities	•		al .		1			
b Less rental 60 1.846 c Rental income or ((ss) 62 32.998 32.998 32.998 d Net rental income or ((ss)		6a G	ross rents	6a		34,844		1			
e Rental income or (iss) iv iv<		b Le	ess rental					-			
or (1055) 6c 32,998 32,998 32,998 32,998 of Net rental income or (1053) (1) Securities (ii) Other 32,998 32,998 32,998 7a Gross amount diased assets other innovatory 7a 7a 7a 7a 7a b Less cost or from fundrasing events control to motion of the revenue 7c 7a 7a <td< td=""><td></td><td></td><td>6D</td><td></td><td>1,846</td><td></td><td>-</td><td></td><td></td><td></td></td<>				6D		1,846		-			
Procession (i) Securities (i) Other 7a Gross amount assets other than newstary 7a iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		or	(loss)			-					
7a Gross smallting 7a 1 1 900 Uss cost of estate expanses 7a 1 1 1 b Uss cost of estate expanses 7a 1 1 1 1 b Uss cost of estate expanses 7c 1		an	vet rental income	or			, F	52,550			32,998
assets other interventory issues cost or other basis and sales expenses 7b b Less cost or other basis and sales expenses 7c c Gan or (loss)		7a Gr	ross amount	7-2				-			
b Less cost or other bases and other bases and c 7b 7b e Gas cost or other bases and c 7c		as	sets other	/a							
sales expendes		b Le	ess cost or	7h				-			
end Net gain or (loss)								4			
Ba Gross income from fundraising events (not including s contributions reported on line 1:0) See Part IV, line 18 · · · · · bLess direct expenses · · · Bb c Net income or (loss) from fundraising events · · · Pa Gross mome from gaming activities See Part IV, line 19 · · · · · Ba ga b Less direct expenses · · · · bLess cost of goods sold · · · · · bLess cost of goods sold · · · · · · bLess cost of goods sold · · · · · · bLess Cost of goods sold · · · · · · · bLess Cost of goods sold · · · · · · · · · · · · · · · · · · ·		c Ga	aın or (loss)	7c							
Image: construction of see Part IV, line 18 of see Part IV, line 18 of see Part IV, line 18 see Part IV, line 19 see Pa							· · · •	<u> </u>			
9a Gross income from gaming activities See Part IV, line 19 ·	ane	(n	ot including \$		of						
9a Gross income from gaming activities See Part IV, line 19 ·	ne ve	co Se	ee Part IV, line 18	ı on	line 1c)	8a					
9a Gross income from gaming activities See Part IV, line 19 ·	r Re										
9a Gross income from gaming activities See Part IV, line 19 ·	the	c Ne	et income or (los	s) fr	om fundrais	ing eve	ents 🕨	1			
b Less direct expenses		9a Gi Se	oss income from (gam	ing activities						
c Net income or (loss) from gaming activities								-			
returns and allowances 10a 23,667 b Less cost of goods sold 10b 12,909 c Net income or (loss) from sales of inventory 10,758 10,758 Miscellaneous Revenue Business Code 2,572 11a MISCELLANEOUS INCOME 611710 2,572 b - - c - - d All other revenue - - e Total. Add lines 11a-11d - - 12 Total revenue. See instructions - 2,572			•			activiti	es 🕨	_ 			
returns and allowances 10a 23,667 b Less cost of goods sold 10b 12,909 c Net income or (loss) from sales of inventory 10,758 10,758 Miscellaneous Revenue Business Code 2,572 11a MISCELLANEOUS INCOME 611710 2,572 b - - c - - d All other revenue - - e Total. Add lines 11a-11d - - 12 Total revenue. See instructions - 2,572		10a Gi	ross sales of inve	ento	rv. less						
c Net income or (loss) from sales of inventory ▶ 10,758 10,758 Miscellaneous Revenue Business Code 2,572 2,572 b 611710 2,572 2,572 c 611710 2,572 2,572 d All other revenue 611710 2,572 0 12 Total revenue. See instructions 232,815 42,893 0 36,649		re	turns and allowa	nce	5			_			
Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 611710 b 611710 c 611710 d All other revenue 611710 12 Total revenue. See instructions 2,572 12 Total revenue. See instructions 2,572									3 10.758		
b		CNE				invent					
c		11a _№	1ISCELLANEOUS	INC	OME		61171	0 2,572	2		2,572
c		. —									
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 232,815 42,893 0 36,649		b									
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 232,815 42,893 0 36,649		с									+
e Total. Add lines 11a-11d . . . 2,572 . . 12 Total revenue. See instructions 232,815 42,893 0 36,649											
12 Total revenue. See instructions 2,572 232,815 42,893 0 36,649		d Al	ll other revenue	•	• • •						
232,815 42,893 0 36,649						• •	· · •	2,572	2		
		12 To	otal revenue. Se	ee Ir	nstructions	• •	• • • •	232,815	5 42,893		0 36,649 Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organizatio	ns must complete colu	umn (A)
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,570	27,998	9,470	24,102
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,814	34,930	11,815	30,069
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	13,014	5,918	2,002	5,094
10 Payroll taxes	11,843	5,385	1,822	4,636
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,463		6,463	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,375	16,375		
12 Advertising and promotion	3,478		3,478	
13 Office expenses	12,522		12,522	
14 Information technology	9,473		9,473	
15 Royalties				
16 Occupancy	13,943	2,510	11,433	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,038		3,038	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,201	49,743	3,458	
23 Insurance	13,451	972	11,642	837
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CHILDREN/ADULT EDUC,LIB	28,218	28,218		
b ABANDONED PROJECT - ZIP	23,233	23,233		
c OTHER FUNDRAISING EXPEN	8,475			8,475
d VOLUNTEER EXPENSE	318	318		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	355,429	195,600	86,616	73,213
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here 🕨 🗌 ıf followıng SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		-	85,472	1	50,221
	2	Savings and temporary cash investments .	102,996	2	33,652		
	3	Pledges and grants receivable, net	· [1,200	3		
	4	Accounts receivable, net	•	[4	
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	ontribu	tor, or 35% controlled		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section				6	
s	7	Notes and loans receivable, net		[7	
set	8	Inventories for sale or use		[8	
Assets	9	Prepaid expenses and deferred charges		· · [27	9	501
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,152,887			
	Ь	Less accumulated depreciation	10 b	783,680	1,445,641	10c	1,369,207
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	. 11	. [13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	1,635,336	16	1,453,581
	17	Accounts payable and accrued expenses	75,905	17	16,601		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor,	or 35% controlled entity		22	
Ξ.	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	497	25	660
	26	Total liabilities. Add lines 17 through 25			76,402	26	17,261
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h	ere ▶ ☑ and			
ala	27	Net assets without donor restrictions	[1,537,515	27	1,411,827	
8	28	Net assets with donor restrictions	• •		21,419	28	24,493
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	heck here ► 🗌 and				
ō	29	Capital stock or trust principal, or current funds	•	· · · · [2 9	
ets	30	Paid-in or capital surplus, or land, building or eq	luipme	nt fund		30	
lss	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
1 10	32	Total net assets or fund balances		[1,558,934	32	1,436,320
ž	33	Total liabilities and net assets/fund balances .	•	[1,635,336	33	1,453,581

Form 990 (2019)

					raye 12
Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			232,815
2	Total expenses (must equal Part IX, column (A), line 25)	2			355,429
	F	2			-122,614
3	Revenue less expenses Subtract line 2 from line 1	4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 5		1	,558,934
5	Net unrealized gains (losses) on investments	-			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,436,320
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•		• •	
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 🗆 Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		26		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зb		

Form **990** (2019)

Additional Data

Software ID: Software Version: EIN: 77-0248682 Name: FRIENDS OF SAN LUIS OBISPO BOTANICAL GARDEN

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION PROGRAM SERVICES INCLUDING WEBSITE, NEWSLETTER, ADULT LECTURES, CHILDREN'S EDUCATION, CHILDREN'S SUMMER CAMP, DOCENT TOURS, LIBRARY, CHILDREN'S COOKING DEMONSTRATIONS, PLANT ACCESSIONING AND GARDEN MAINTENANCE



PROPAGATION OF DROUGHT TOLERANT PLANTS FOR PUBLIC EDUCATION AND PURCHASE

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN:	93493147014830
SCI	HED	ULE A		Public (Charity Statu	e and Put	lic Sunn	ort	OMB No 1545-0047
	m 99		Con		ganization is a sect				2019
990H	EZ)			•	4947(a)(1) nonexe ► Attach to Form 9	mpt charitable	trust.		2017
		the Treasury		Go to <u>www.irs</u>	<i>qov/Form990</i> for in			ormation.	Open to Public Inspection
Nam	e of th	ne organiza						Employer identif	cation number
GARD		SAN LUIS ODIS	SPO BOTANICA	L				77-0248682	
	rt I rganiz				us (All organization: it is (For lines 1 thro			See instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		inization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii).	Enter the hospital's
5			ation operate (iv). (Comple		t of a college or univer	rsity owned or op	perated by a gov	ernmental unit desc	ribed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).	
7		section 17	'O(b)(1)(A)	(vi). (Complete	Part II)		-	init or from the gene	ral public described in
8					170(b)(1)(A)(vi)		•		
9		non-land gi	rant college o	of agriculture S	ee instructions Enter	the name, city, a	ind state of the o	college or university	llege or university or a
10	✓	from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/3% ctions—subject to cert ess taxable income (le implete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its :	
11		An organiza	ation organiz	ed and operated	exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations o		09(a)(1) or se	ction 509(a)(2). See section 509	the purposes of one or (a)(3). Check the box
а		organizatio	n(s) the pow		ppoint or elect a majo				y giving the supported anization You must
Ь		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.				
С					supporting organization ons) You must com				ated with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satisi t IV, Sections A and	fy a distribution	requirement and		anization(s) that is not quirement (see
е					ved a written determin integrated supporting		RS that it is a Ty	pe I, Type II, Type I	II functionally
f	Enter		• •	d organizations	integrated supporting	organization			
g	Provi	de the follow	ung informati	ion about the su	pported organization(s)			
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anızatıon listed ing document?	 (v) Amount of monetary support (see instructions) 	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	1								

F	art III Support Schedule for (Organizations	Described in S	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A	.)(vi)
	(Complete only if you che						qualify	under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part II	I.)		<u> </u>
	Section A. Public Support Calendar year							
	(or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
2	include any "unusual grant ") Tax revenues levied for the							
-	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the amount							
_	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	Section B. Total Support				1			
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(0)	2019	(f) Total
_	(or fiscal year beginning in) 🕨	(4) 2015	(8) 2010	(0) 2017	(u) 2010	(0)	2019	(1) 10001
7								
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9								
	activities, whether or not the business is regularly carried on							
10								
	loss from the sale of capital assets							
11	(Explain in Part VI) Total support. Add lines 7 through							
	10							
12	Gross receipts from related activities, e	etc (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization	's first, second, th	urd, fourth, or fifth	n tax year as a sect	tion 501((c)(3) org	anization,
	check this box and stop here						► [
	Section C. Computation of Public							
14	Public support percentage for 2019 (lin	ie 6, column (f) d	vided by line 11, o	column (f))		14		
	Public support percentage for 2018 Sch					15		
	a 33 1/3% support test—2019. If the			on line 13, and lin	ie 14 is 33 1/3% or	more, c	heck this	box
	and stop here. The organization qualif							
	33 1/3% support test-2018. If the				and line 15 is 33 1/	/3% or m	ore, cheo	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization				
17	a 10%-facts-and-circumstances test							
	is 10% or more, and if the organization							
	in Part VI how the organization meets t	the facts-and-cir	cumstances" test	The organization	qualifies as a publi	ciy suppo	orted	▶□
	organization	+ 2018 If the a	respiration did poi	t chack a hav an l	una 12 165 166 a	vr 17	nd luna	
t	10%-facts-and-circumstances tes 15 is 10% or more, and if the organize						na iine	
	Explain in Part VI how the organization			,	•		cly	
	supported organization			-				
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see		
	instructions							
					Schedul		m 990 c	r 990-F7) 2019

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

120,479

25,225

145,704

9,730

9,730

(a) 2015

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

(c) 2017

139,352

37,048

176,400

17,738

17,738

(d) 2018

182,783

35,060

217,843

12,139

12,139

(e) 2019

153,799

54,102

207,901

14,900

14,900

(b) 2016

226,075

34,126

260,201

4,720

4,720

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants")
- Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- Gross receipts from activities that 3 are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- The value of services or facilities 5 furnished by a governmental unit to the organization without charge
- Total. Add lines 1 through 5 6
- 7a Amounts included on lines 1, 2, and 3 received from disgualified persons
- Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- Add lines 7a and 7b С

9

h

С

11

12

13

10a

8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Amounts from line 6	145,704	260,201	176,400	217,843	207,901	1,008,049
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,086	9,796	16,758	25,914	40,195	97,749
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b	5,086	9,796	16,758	25,914	40,195	97,749
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
Total support. (Add lines 9, 10c, 11, and 12)	150,790	269,997	193,158	243,757	248,096	1,105,798

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 501	(c)(3) organization,
	check this box and stop here		
S	ection C. Computation of Public Support Percentage		
15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	85 800 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	87 410 %
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	8 840 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	6 950 %
19 a	331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 33	3 1/3%	, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is m		► 🗹 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 organ	ization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructio	ns 🕨 🗖

822,488

185,561

1,008,049

59,227

59,227

948,822

0

(f) Total

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported h organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections C 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Schedule A (Form 990 or 990-EZ) 2019

			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 (b) and (c) below, the					
	governing body of a supported organization?					
b	A family member of a person described in (a) above?	11b				
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c				
-						

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

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

Section C. Type II Supporting Organizations

			105	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
 - a The organization satisfied the Activities Test Complete line 2 below
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
 - c 🔄 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the
- organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI**, the role played by the organization in this regard

Yes

Voc No

Yes

No

1

2

No

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2019

1 1 2 3	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions								
2	Net short-term capital gain		(A) Prior Year	(B) Current Year					
2									
	Recoveries of prior-year distributions	1							
3	Recoveries of phot-year distributions	2							
	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1							
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1 b							
c	Fair market value of other non-exempt-use assets	1c							
c	Total (add lines 1a, 1b, and 1c)	1d							
e	Discount claimed for blockage or other factors (explain in detail in Part VI)								
2	Acquisition indebtedness applicable to non-exempt use assets	2							
3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 035	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
	Section C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4	Enter greater of line 2 or line 3	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrate	d Type III supporting or						

Schedule A (Form 990 or 990-EZ) 2019			Page 7
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continued	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	l organizations, in		
3 Administrative expenses paid to accomplish exempt pu	ons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require			
6 Other distributions (describe in Part VI) See instructio	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to we details in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017 e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
 a Applied to underdistributions of prior years 			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
<u>c</u> Excess from 2017			
d Excess from 2018. e Excess from 2019.			
		Schedulo A (E	orm 990 or 990-F7) (2019)

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 77-0248682

Name: FRIENDS OF SAN LUIS OBISPO BOTANICAL GARDEN

Schedule A (Form 990 or 990-EZ) 2019

Page 8

 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efi	le GRAPHIC pi	rint - DO NOT PROCESS As Fi	ied Data -			DLN	l: 93493147014830
	HEDULE D	Supplemer	ntal Finan	cial Statements			OMB No 1545-0047
` Depa	r m 990) rtment of the Treasury nal Revenue Service	► Complete if the or Part IV, line 6, 7, 8, 9, 5	ganization ans 10, 11a, 11b, 1 ► Attach to For	on.	2019 Open to Public		
	me of the organ		<u>1990</u> 101 mscru	ictions and the latest mo			Inspection tification number
	ENDS OF SAN LUIS (RDEN	OBISPO BOTANICAL			-	248682	
Pa		zations Maintaining Donor Advi					
	Comple	te if the organization answered "Ye				(1) = 1	
1	Total number at	end of year	(a) Do	onor advised funds		(b) Funds	and other accounts
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor advisc roperty, subject to the organization's ex			dvised	funds are th	e 🗌 Yes 🗌 No
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor					issible
Ра		vation Easements.					
1		te if the organization answered "Ye onservation easements held by the orga					
-		on of land for public use (e g , recreatio	•	Preservation of ar	histor	ically impor	tant land area
	_	of natural habitat	n or education)	Preservation of a		, ,	
	_	on of open space			cerenie		
2		2a through 2d if the organization held a	gualified conser	vation contribution in the fo	rm of a	a conservati	on
-		e last day of the tax year	qualified colloci				the End of the Year
а		conservation easements			2a		
b	-	stricted by conservation easements			2b		
c		ervation easements on a certified histor			2c		
d		ervation easements included in (c) acqu in the National Register	fred after 7/25/0	Jo, and not on a historic	2d		
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, ext	inguished, or terminated by	the or	ganızatıon d	luring the
4	Number of state	es where property subject to conservation	on easement is lo	ocated ►		_	
5		zation have a written policy regarding t it of the conservation easements it hold		itoring, inspection, handling	of viola	ations, [🗌 Yes 🔲 No
6	Staff and volunt ▶	eer hours devoted to monitoring, inspec	cting, handling o	of violations, and enforcing c	onserv	ation easem	ents during the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of viol	ations, and enforcing conser	vation	easements	during the year
8	Does each const and section 170	ervation easement reported on line 2(d) i(h)(4)(B)(ii)?) above satisfy th	he requirements of section 1	.70(h)(🗌 Yes 🗌 No
9	balance sheet, a the organization	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemer	e footnote to the nts	organization's financial stat	ements	s that descri	bes
Pa		zations Maintaining Collections te if the organization answered "Ye			ner Si	milar Ass	ets.
1 a	If the organizati art, historical tr	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	16 (ASC 958), no public exhibitior	ot to report in its revenue stand n, education, or research in			
b	If the organizati historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub ints relating to these items	16 (ASC 958), to	report in its revenue staten	nent ar nerance	nd balance s e of public se	heet works of art, ervice, provide the
1	(i) Revenue includ	led on Form 990, Part VIII, line 1				►\$	
(ii)Assets included	ın Form 990, Part X				▶ \$	
2		ion received or held works of art, histori hts required to be reported under SFAS			ancıal g	aın, provide	e the
а	Revenue include	ed on Form 990, Part VIII, line 1				►\$	
b	Assets included	ın Form 990, Part X				▶\$	

			for Form 990.	

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e Other

		Organizations Maintaining Col	lections o	f Art H	listori	ical T	reaci	ILLER OF	- Oth	er Similar /	Assets (cor		aye z
3	Using	the organization's acquisition, accessio (check all that apply)											
а		Public exhibition			d		Loan	or exch	ange p	rograms			
b		Scholarly research			e		Othe	ir					
с		Preservation for future generations											
4	Provid Part X	le a description of the organization's col IIII	lections and	explaın l	how the	ey furtl	her th	e organız	ation's	s exempt purp	oose in		
5		g the year, dıd the organızatıon solıcıt o s to be sold to raıse funds rather than to									🗌 Yes		
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		' on For	m 990), Part	IV,	ine 9, o	r repo	rted an amo			art
1a		ed on Form 990, Part X?	an or other i	ntermed	iary for	· contri	butior	ns or othe	er asse	ts not	🗌 Yes		
b	If "Ye	s," explain the arrangement in Part XIII	and comple	te the fo	llowing	table					Amount		
c		ning balance							1c				
d	-	ons during the year							1d				
е	Distri	outions during the year							1e				
f		g balance							1f				
2a	Did th	- le organization include an amount on Fo	rm 990 Par	tX line	21 for	escrow	or ci	istodial a		liability?			
		s," explain the arrangement in Part XIII									_		
	rt V	Endowment Funds.	Check here	en the ex	xpianat	ion nas	s been	provide	u m Pa		· ⊔		
ΓG		Complete if the organization answ	vered "Yes'	' on For	m 990), Part	IV, l	ine 10.					
		· 	(a) Curren	it year	(b) F	Prior yea	ar	(c) Two y	ears ba	ck (d) Three y	/ears back (e) Four years	back
1a	Beginni	ng of year balance											
b	Contrib	utions											
С	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
e		expenditures for facilities											
f	Admini	strative expenses											
g	End of	year balance											
2	Provid	le the estimated percentage of the curr	ent year end	balance	(line 1	g, colu	mn (a)) held a	s				
а	Board	designated or quasi-endowment 🕨											
b	Perma	anent endowment 🕨											
с	Temp	orarily restricted endowment 🕨											
	The p	ercentages on lines 2a, 2b, and 2c shou	ild equal 100)%									
3a		ere endowment funds not in the posses	sion of the d	organızat	ion tha	t are h	eld ar	ıd admın	istered	for the			
	-	ization by									2-(_	No
	• •	related organizations		• •	• •	•	• •	• •			3a(i 3a(ii	-	
h	• •	elated organizations	ns listed as r	equired o	n Sche	 dule R	· ·	• •			. 3b		
4		be in Part XIII the intended uses of the					•	• •	• •				
	rt VI	Land, Buildings, and Equipme	-										
		Complete if the organization answ		' on For	m 990), Part	IV, I	ine 11a.	See	Form 990, P	Part X, line	10.	
	Descri	ption of property (a) Cost or ot (investme		(b) Cost	or other	basıs (other)	(c) Acc	umulate	ed depreciation	(b)	Book value	
1a	Land												
b	Building	gs				1,6	09,222			492,665	5	1,1	16,557
		old improvements						1					
		ent											

252,650

1,369,207

291,015

٠

.

543,665

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

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV, line 1	.1b.See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
A)		
В)		
c)		
D)		
E)		
F)		
G)		
Н)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

►

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 660

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

Schedule D (Form 990) 2019

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part		Return.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12)		5	
Par 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part Total expenses and losses per audited financial statements	t IV, line 12a.	Returi	1.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Information			

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

Return Reference	Explanation	





Part XIII Supplemental Information (continued)					
Return Reference	Explanation				



efile GRAPHIC prin	DLN: 9349	DLN: 93493147014830			
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.					2019 en to Public
Department of the Treasury Form990 for the latest information.					Inspection
Name Strike:ofganization Employed FRIENDS OF SAN LUIS OBISPO BOTANICAL 77-02480 GARDEN 77-02480					on number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	FORM 990 IS PROVIDED TO EACH CURRENT VOTING BOARD MEMBER FOR REVIEW AT LEAST FIVE BUSINESS
PART VI,	DAYS PRIOR TO THE TAX RETURN FILING DEADLINE AND WILL HAVE THE OPPORTUNITY TO RAISE QUEST
SECTION B,	IONS, MAKE SUGGESTIONS AND ADDRESS ANY POTENTIAL PROBLEMS OR CONCERNS WITH THE ENTIRE GOVE
LINE 11B	RNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY AND POTENTIAL CONFLICTS ARE REQUIRED TO BE DISCLOSED AS THEY SHOULD ARISE TO BE DEALT WITH IMMEDIATELY BY THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THOSE WITH NO CONFLICT OF INTEREST COMPENSATION FOR SIMILARLY QUALIFIED PER SONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IS USED CON TEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIO NS REGARDING THE COMPENSATION AGREEMENT ARE KEPT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL RECORDS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND FORM 990 IS AVAILABLE ON GUIDESTAR ORG