2021 EXEMPT ORGANIZATION TAX RETURNS Prepared For

HOSPICE OF SAN LUIS OBISPO COUNTY 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401

McDERMOTT & APKARIAN, LLP

241 S. BROADWAY STREET, SUITE #201 ORCUTT, CA 93455 (805) 925-8729 FAX (805) 922-4035

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	JUL	1	, 2021, and ending	JUN	30	20 2

OMB No. 1545-0047

Department of the Treat			to the IRS. Keep for your reco			LUL I
nternal Revenue Servic	>0	Go to www.irs.go	v/Form8879TE for the latest in			
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Part I T	ype of Return and Ret					
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or 10a below, and	d the amount on that line for licable, blank (do not enter -0	the return being file	enter whole dollars only. If you c d with this form was blank, then d ·0· on the return, then enter ·0·	leave line 1b. 2b.	3b. 4b. 5b. 6	Sb. 7b. 8b. 9b. or 10
1a Form 99	0 check here ►X	b Total revenue	, if any (Form 990, Part VIII, colu	mn (A), line 12)		ь 554,20
2a Form 99	0-EZ check here ▶	b Total revenue	, if any (Form 990-EZ, line 9)			2b
3a Form 11	20-POL check here	b Total tax (Form	n 1120-POL, line 22)			
	0-PF check here ▶	b Tax based on	investment income (Form 990-	PF, Part V, line 5)		! Ь
5a Form 88	68 check here ▶	b Balance due (Form 8868, line 3c)			5b
6a Form 99	0-T check here		m 990-T, Part III, line 4)			Sb
	20 check here >		n 4720, Part III, line 1)	91		7b
	27 check here		at end of tax year (Form 5227	Item D)		3b
	30 check here	•	5330, Part II, line 19)			9b
	38-CP check here	b Amount of cre	edit payment requested (Form to on of Officer or Person S	3038-CP, Part III, Iir	ne 22)	10b
nder penaltics a	of parium, I declare that	Lam an officer of the	ne above entity or I am a p	araan aubiaat ta ta		-A b- /
PIN: check one I		inature for the electi	ronic return and, if applicable, the	e consent to electro	onic funds w	ithdrawal.
	rize MCDERMOTT &	APKARTAN	T.T.D	to a	antar mu Olk	95126
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with a	signature on the tax year 202 state agency(ies) regulating o return's disclosure consent s	charities as part of th	l return. If I have indicated within ne IRS Fed/State program, I also	this return that a cauthorize the afore	copy of the re ementioned I	etum is being filed ERO to enter my Pl
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	person subject to tax		3.6			arities as part of the
	ertification and Authe	ntication	U	-30	Date	
	. Enter your six-digit electron	ic filing identification			Date	
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(Rev. January 2022)

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

OMB No. 1545-0047

Department of Internal Reven				ication for each return. 868 for the latest information.				
forms liste Contracts,	d below with t for which an	You can electronically file Form 8868 to he exception of Form 8870, Information Fextension request must be sent to the IRS www.irs.gov/e-file-providers/e-file-for-charic	Return for [*] S in paper [*]	Transfers Associated With Certain Pe format (see instructions). For more d	ersonal Be	nefit	nic	
Automa	tic 6-Mont	n Extension of Time. Only subm	nit origina	al (no copies needed).				
All corpora	ations required	to file an income tax return other than Forequest an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	s, REMICs	, and trust	ts	
Type or print	Name of exe	mpt organization or other filer, see instru	ctions.	***	Taxpayer	identificat	tion numbe	er (TIN)
File by the		E OF SAN LUIS OBISPO				95-3	19512	6
due date for filing your return. See instructions.	1304 P.	eet, and room or suite no. If a P.O. box, so ACIFIC STREET r post office, state, and ZIP code. For a for		·				
Enter the f		IS OBISPO, CA 93401 or the return that this application is for (file	a separat	te application for each return)				01
Application			Return Code	Application Is For	***************************************			Return
	or Form 990-E		01	Form 1041-A				Code
) (individual)		03	Form 4720 (other than individual)				08
Form 990-		· · · · · · · · · · · · · · · · · · ·	04	Form 5227				10
		or 408(a) trust)	05	Form 6069				11
	T (trust other t		06	Form 8870				12
	T (corporation)		07	See to extend the confer of the see to be	20-33-027	SALES AND SALES	T-1 1 T-1	EXCHANGE:
Telepho If the or If this is box ▶	one No. 8 rganization do for a Group F	care of 1304 PACIFIC ST 05-544-2266 es not have an office or place of business leturn, enter the organization's four digit (part of the group, check this box	in the Uni Group Exe and atta	Fax No. ited States, check this box mption Number (GEN) I ich a list with the names and TINs of	f this is fo	r the whole ers the ext	e group, ch	for.
the (organization no calendar y	amed above. The extension is for the orga ear or eginningJUL_1, 2021	anization's	return for:			.GUOT TOU	111101
2 If the	¬ '	red in line 1 is for less than 12 months, cl ecounting period	heck reaso	on: Initial return	Final retur	n		
		s for Forms 990-PF, 990-T, 4720, or 6069 credits. See instructions.	, enter the	tentative tax, less	3a	\$		0.
b If thi	is application i	s for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
estir	mated tax payı	nents made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0.
		tract line 3b from line 3a. Include your pa	-					
	-	tronic Federal Tax Payment System). See			3с	\$		0.
Caution: I		to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form 84	453-TE and	d Form 88	79-TE for p	ayment
LHA Fo	or Privacy Act	and Paperwork Reduction Act Notice,	see instru	ections.		Form	n 8868 (Re	v. 1-2022)

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

ا ليا	A F	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022	
	Вс	heck if	C Name of organization	D Employer identifi	cation number
	aŗ	plicable			
		Addres	HOSPICE OF SAN LUIS OBISPO COUNTY		
		Name change		95-31951	26
발		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/		
		Final return/	1304 PACIFIC STREET	805-544-	
	3	termin- ated		G Gross receipts \$	770,000.
rien.		Amend	*d SAN LUIS OBISPO, CA 93401	H(a) Is this a group re	
là:		Application	F Name and address of principal officer: SHANNON MCOUAT		?Yes X No
Ш,		pendin	SAME AS C ABOVE	H(b) Are all subordinates in	
	1 Ta	ax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. See instructions
	JW	/ebsit	e: > WWW.HOSPICESLO.ORG	H(c) Group exemptio	
			organization; X Corporation Trust Association Other L	Year of formation: 1977	A State of legal domicile: CA
	Pa	rt I	Summary		
8		1 (Briefly describe the organization's mission or most significant activities: HOSPICE	OF SLO PROVIDE	ES
	Activities & Governance		VOLUNTEER SUPPORT, EDUCATION, AND COUNSELING	TO THOSE LIVI	NG WITH
الغا	Ē	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its net as:	sets.
-	8	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	10
	Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
I	SS	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	힇	6	Total number of volunteers (estimate if necessary)	6	170
7	ŧ	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
			Net unrelated business taxable income from Form 990 T, Part I, line 11		0.
				Prior Year	Current Year
en e	اه	8 (Contributions and grants (Part VIII, line 1h)	348,911.	486,067.
	影		Program service revenue (Part VIII, line 2g)	8,405.	0.
	Revenue	10 1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,148.	28,635.
	۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,543.	39,505.
	_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	460,007.	554,207.
		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
		14 I	Benefits paid to or for members (Part IX, column (A), line 4)		0.
7	ရွ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		420,860.
	Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	훘	b T	Total fundraising expenses (Part IX, column (D), line 25) 31,563.		
Ŧ	쁴		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
		18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	531,505.	585,960.
3)	_	19	Revenue less expenses. Subtract line 18 from line 12	-71,498.	-31,753.
	28			Beginning of Current Year	End of Year
	sets	20	Total assets (Part X, line 16)	1,592,423.	1,554,010.
	獨		Total liabilities (Part X, line 26)	32,931.	26,271.
	콒		Net assets or fund balances. Subtract line 21 from line 20	1,559,492.	1,527,739.
1			Signature Block		
			ties of perjury, I declare that I have examined this return, including accompanying schedules and st		/ knowledge and belief, it is
1	true,	correct	t, and complete. Declaration of propara (other than officer) is based on all information of which pre	parer has any knowledge.	200
77			Signature of officer		4,50
	Sign	- 1		Date	
J	Here	•	SHANNON MCOUAT, EXECUTIVE DIRECTOR Type or print name and title		
	_	-		Deta La F	DTIAL
4	D- ! *	1	Print/Type preparer's name Preparer's name Preparer's signature	Date Check	X PTIN
mill.	Paid	- 1	BENJAMIN R. WATSON, CPA	12/21/22 self-employ	
	Prep	-	Firm's name MCDERMOTT & APKARIAN, LLP	Firm's EIN	27-1144439
	Use (Unity	Firm's address 241 SOUTH BROADWAY #201		E 00E 0700
1			ORCUTT, CA 93455	Phone no. 8 0	5-925-8729
			S discuss this return with the preparer shown above? See instructions	<u></u>	X Yes No
	13200	1 12-09	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2021)

rai	990 (2021) HOSPICE OF SAN LUIS OBISPO COUNTY 95-3195126 Page 2
	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:
	HOSPICE OF SLO PROVIDES VOLUNTEER SUPPORT, EDUCATION, AND COUNSELING
	TO THOSE LIVING WITH LIFE THREATENING OR TERMINAL ILLNESS, THEIR FAMILIES, AND THE BEREAVED. OUR PRIMARY CLIENTELE ARE LOW TO MODERATE
	INCOME CHILDREN, ADULTS, FAMILIES, AND SENIORS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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 \$ 249,373. including grants of \$) (Revenue \$
	COUNSELING/SUPPORT GROUP: PROVIDE GRIEF SUPPORT TO INDIVIDUALS AND
	FAMILIES OF ALL AGES FOR ALL DEATH LOSSES.
4b	(Code:) (Expenses \$
4b	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND
4b	
4b	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND
4b	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND PRACTICAL ASSISTANCE TO A COMMUNITY MEMBER WITH A LIFE THREATENING
4b	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND PRACTICAL ASSISTANCE TO A COMMUNITY MEMBER WITH A LIFE THREATENING
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4c	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND PRACTICAL ASSISTANCE TO A COMMUNITY MEMBER WITH A LIFE THREATENING ILLNESS AND THEIR FAMILY. [Code:) (Expenses \$ 49,874. including grants of \$) (Revenue \$
	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND PRACTICAL ASSISTANCE TO A COMMUNITY MEMBER WITH A LIFE THREATENING ILLNESS AND THEIR FAMILY. (Code:)(Expenses \$\frac{49,874.}{\text{including grants of \$\text{\$}}}) (Revenue \$\text{\$} TRAINING/EDUCATION: QUARTERLY TRAINING FOR VOLUNTEERS ON DEATH AND
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4c	IN HOME CARE: TRAINED VOLUNTEERS PROVIDE IN HOME EMOTIONAL AND PRACTICAL ASSISTANCE TO A COMMUNITY MEMBER WITH A LIFE THREATENING ILLNESS AND THEIR FAMILY. (Code:)(Expenses \$ 49,874. including grants of \$) (Revenue \$) (Revenue \$) TRAINING/EDUCATION: QUARTERLY TRAINING FOR VOLUNTEERS ON DEATH AND DYING. ANNUAL TRAINING ON CHILD AND ADULT GRIEF. COLLABORATING ON

Form 990 (2021) HOSPICE OF SAN LUIS OBISPO COUNTY
Part IV | Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? #"ves_"complete Schedule A 1		·			
If Yes,** complete Schedule A 1 X	4	to the arganization described in section 501/a/(2) or 4047/a/(4) /ather than a private foundation/2		Yes	No
2 Is the organization required to complete Schedule of Contributors' See instructions 10 bit the organization engage in direct or indered political campalign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 50 1(c)(3) organization and the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during the system of the syste	•			v	
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 II Section 50 1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part III 1 the organization assertion 501(e)(4), 501(e)(5), 601(e)(5), 601(e)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 If "Yes," complete Schedule C, Part III 5 Did the organization marketina any donor advised funds or any similar marker and corocounts 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 II 7 Did the organization report and amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair and expectation services? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair of the regolation services? If "Yes," complete Schedule D, Part IV 9 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 Did the organization or server to report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for limit, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part VI 11 If D 11 If Yes, "complete Schedule D, Part VI 12 If Yes, "complete Schedule D, Part VI 13 If Yes, "complete Schedule D, Part VI 14 If Yes, "compl	2	If "Yes," complete screaule A			
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	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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. 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 5 b Did the organization invast any proceeds of tax-exempt bonds beyond a temporary period exception? 2 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 4 Did the organization aniatian an escrow account other than a refunding escrow at any time during the year? 5 Section 501(x)(3), 501(x)(4), and 501(x)(2) gorganizations. Did the organization in the during the year? 6 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 7 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 8 Did the organization provides 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 or family member of any of these persons? If "Yes," complete Schedule L, Part II 9 Did the organization revoides a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 9 A current or former of	Yes	No
Part IX, column (A), line 2? If "ves," complete Schedule I, Parts I and III 30 Did the organization answer"\set* 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. 31 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. 32 Did the organization have at 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. 33 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Did the organization with a disqualified person during the year? 5 Is section 501c(33, 501c)(3), 501c(34), and 501c(329) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 5 Did the organization around any any of the organization's prior Form 990 or 990-E27 If "Yes," complete Schedule L, Part II 5 Did the organization provide a grant or other assistance to any current or former officer, director, fustee, 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 III 5 Did the organizat		
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
	35b	
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		1
	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	V	
Note: All Form 990 filers are required to complete Schedule 0 Part V Statements Regarding Other IRS Filings and Tax Compliance	38 X	
Check if Schedule O contains a response or note to any line in this Part V		
Check is Consequite C Contains a response of those to any line in this Fait V	V-	اللال
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Ye	s No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
	1c	
	orm 99	0 (2021

	(continued)		_	_
20	Enter the number of employees reported on Form M.C. Transmittel of Many and Toy Chaterants	20023	Yes	No
2 a	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 11			
.				v
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Dec 100 A 100	X
За	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	-	-	X
оа b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		 ^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
70	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)?	اما		x
ь	If "Yes," enter the name of the foreign country	4a		Α
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Man the examination a party to a machinited to a believe to a section at any time during the to a	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	\vdash	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
-	and analytic strang that come and has standard still an about the control of the Control	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	oa		<u> </u>
	Caldian hab year again	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		90.00
a	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		Х
ь	If "Vee " did the organization notify the depart of the valve of the goods or conjugation provided?	7b		 ^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		\vdash
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10	72.12.1	585780
e	Did the examination receive any funds, directly or indirectly to now promise an a second baseful assistants.	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	1	\vdash
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	30525	Line of	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	3444	50000	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1039	200	148
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	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		THE	
Ь	Gross income from other sources. (Do not net amounts due or paid to other sources against	100		
	amounts due or received from them.)	1.00		
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	1331		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100	100	
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			
C			100	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	NATING.	1 180	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	1000		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1118	40.700	SANG

	990 (2021) HOSPICE OF SAN LUIS OBISPO COUNTY 95-3195	126	Р	age
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
ect	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 10	505		
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
-	of officers, directors, trustees, or key employees to a management company or other person?	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		3
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2
6	Did the organization have members or stockholders?	6		2
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Ť
	many many than a state of the same of the	7a		2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.0		-
_	persons other than the governing hody?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0	A 000000	Ť
٥,		8a	Х	
h		8b	X	H
9		60		Н
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		١,
eci	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	
0-	Did the organization have local chapters, branches, or offiliates?	400	162	
	Did the organization have local chapters, branches, or affiliates?	10a		H
В	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?	40%		
140	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	х	H
		11a	41	333.
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40.	X	-
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		⊢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١		
	on Schedule O how this was done	12c	X	\vdash
13	Did the organization have a written whistleblower policy?	13	X	H
14	Did the organization have a written document retention and destruction policy?	14	Α	99.75
15	Did the process for determining compensation of the following persons include a review and approval by independent		110	18
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10000000	T/	1010
a	The organization's CEO, Executive Director, or top management official	15a	X	١.,
b	Other officers or key employees of the organization	15b	1000	2
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	X	1,000	L,
	taxable entity during the year?	16a	JUL 20146	2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1000	1730	100
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	54.10	175,000	815
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ៅ finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHANNON MCOUAT, EXECUTIVE DIRECTOR - 805-544-2266			
	1304 PACIFIC STREET, SAN LUIS OBISPO, CA 93401			
				_

Form 990 (2021)	HOSPICE	OF	SAN	LUIS	OBIS

95-3195126

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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Check this box if neither the organization ne	or any related o	orga	niza	tion	com	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi	ition	i than c	ne.	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son i	s both	an	compensation	compensation	amount of
12	week		er an	oacı	recto	r/trus	(66)	from	from related	other
	(list any	ecto						the	organizations	compensation
le:	hours for	or di	쑔			ated		organization	(W·2/1099·MISC/	from the
	related	ustee	trust		93	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		рюує	t com		1099-NEC)		and related organizations
13	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) SHANNON MCOUAT	40.00				_					
EXECUTIVE DIRECTOR		Х		X				71,846.	0.	0.
(2) LINDSEY FAUCETTE	2.00									
DIRECTOR		Х						0.	0.	0.
(3) ABE LINCOLN	2.00									
SECRETARY		Х		X	_	<u> </u>		0.	0.	0.
(4) RENEE HOWARD	0.00									
TREASURER	2 22	X	<u> </u>	X	<u> </u>	ļ	ļ	0.	0.	0.
(5) TERRY HOUSINGER	2.00	.,		,,					ا	_
CHAIRMAN (6) RICK BERARD	2.00	Х	\vdash	X	<u> </u>			0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(7) JANICE MEHRING	2.00	A		\vdash	\vdash	\vdash	\vdash	0.	0.	<u> </u>
DIRECTOR	2.00	х						0.	0.	0.
(8) LEN JARROTT	2.00				<u> </u>				31	-
DIRECTOR		X						0.	0.	0.
(9) SARA BARTLETT	2.00									
DIRECTOR		X						0.	0.	0
(10) DEBRA TROUT	2.00									29.55
DIRECTOR		X						0.	0.	0.
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					L					

art VII Section A. Officers, D		14 17						20			126	
	virectors, Truste 		loye	ees,			nest (Con	npensated Employee	•		
(A) Name and title		(B) Average			(C Posit				(D)	(E)	(F)	ادمة
Name and title		hours per		not cl	neck m	nore th	an one		Reportable	Reportable	Estima	
		week					both ar		compensation from	compensation from related	amoun	
		(list any	lor						the	organizations	compens	
		hours for	direc			.	.		organization	(W-2/1099-MISC/	from t	
		related	ee or	stee		ľ	usate		(W-2/1099-MISC/	1099·NEC)	organiza	
	0	rganizations	trust	al tru		yee			1099-NEC)	,	and rela	
		below	Individual trustee or director	nslitutianal trustee	늘	ğ .	loyee	盲			organiza	tions
		line)	Indiv	Inst	Officer	Key employee	Highest					
	L											
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1b Subtotal								,	71,846.	0.		0
c Total from continuation she								. -	0.	0.		0
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d Total (add lines 1b and 1c) Total number of individuals (including but not						🕨	<u> </u>			Yes	
d Total (add lines 1b and 1c) Total number of individuals (compensation from the orga	including but not	t limited to the	ose	liste	d abo	ove)	▶ who	rece	eived more than \$100,	000 of reportable		
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d Total (add lines 1b and 1c) Total number of individuals (compensation from the orga Did the organization list any line 1a? If "Yes," complete S For any individual listed on line and related organizations gre Did any person listed on line rendered to the organization fection B. Independent Contract Complete this table for your the organization. Report con Name	former officer, dischedule J for such the la, is the sum eater than \$150,0 and a receive or acceptors five highest completors (A) and business and	limited to the limited lim	epe	mpe mple on fr nder ndin	d abo	ove) ove)	who who and o dule Junrela	rece	est compensated empler compensation from the such individual	oyee on ne organization lual for services 100,000 of compensear.	Yes 3 4 5 ation from (C)	X X
d Total (add lines 1b and 1c) Total number of individuals (compensation from the orga Did the organization list any line 1a? If "Yes," complete S For any individual listed on line and related organizations group Did any person listed on line rendered to the organization ection B. Independent Contract Complete this table for your the organization. Report contracts	former officer, dichedule J for such the la, is the sum eater than \$150,0 and the later than \$15	limited to the limited to the limited to the limited to the limited and of reportable 200? If "Yes, crue compendete Schedule pensated inde calendar yed ddress	epe	mpe mple on fr nder ndin	d abo	ove) ove)	who who and o dule Junrela	rece	est compensated empler compensation from the such individual	oyee on ne organization lual for services 100,000 of compensear.	Yes 3 4 5 ation from (C)	2 2 2 2

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 15,000. 1e f All other contributions, gifts, grants, and similar amounts not included above ... 471,067. 1f Noncash contributions included in lines 1a-1f 1g |\$ 486,067. Total. Add lines 1a-1f **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 17,202. 17,202. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 207,694. assets other than inventory b Less: cost or other basis 76196,261. and sales expenses d Net gain or (loss) 11,433. 11. 433. 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See 8a 117, 126. Part IV, line 18 8b 19,532. b Less: direct expenses 97,594. c Net income or (loss) from fundraising events 97,594. 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a UNREALIZED GAINS/LOSSE 900001 -58,089. -58,089. d All other revenue -58,089. e Total. Add lines 11a-11d 554,207. Total revenue. See instructions -29,454.0. 97,594 Form **990** (2021)

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	71,846.	61,069.	7,185.	3,592
6	Compensation not included above to disqualified			.,,	0,000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	301,674.	256,423.	30,167.	15,084
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,957.	17,813.	2,096.	1,048
10	Payroll taxes	26,383.	22,426.	2,638.	1,319
11	Fees for services (nonemployees):	Ĭ			
а	Management				
b	Legal				-
C	Accounting	8,780.	8,780.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,687.	3,687.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	10,006.	9,005.	1,001.	
13	Office expenses	8,822.	7,940.	882.	
14	Information technology				
15	Royalties				
16	Occupancy	662	507		
17	Travel	663.	597.	53.	13
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	22 002	20 405	2 200	
22	Depreciation, depletion, and amortization	33,883.	30,495.	3,388.	6 750
23	Insurance Character Maries are as a second	24,139.	14,966.	2,414.	6,759
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	20.000	06.414		
a	CONTRACT SERVICES	32,209.	26,411.	2,899.	2,899
b	REPAIRS AND MAINTENANCE UTILITIES	12,126.	10,913.	1,213.	
C.		8,683.	7,815.	868.	F 4 2
d	BOOKKEEPING	6,033.	4,947.	543.	543
	All other expenses	16,069.	15,457.	306.	306
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	585,960.	498,744.	55,653.	31,563
26	Joint costs. Complete this line only if the organization				
	reported in column (8) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 47,819. 239,976. 1 60,834. 2 60,919. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 22,584. 7,957. 4 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 4,563. 5,205. 10a Land, buildings, and equipment; cost or other 1,682,213. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 637,530. 1,078,567. 1,044,683. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 378,056. 195,270. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,592,423. 1,554,010. Total assets. Add lines 1 through 15 (must equal line 33) 16 31,078. 26,271. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 1,853. 0. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 Total liabilities, Add lines 17 through 25 32,931. 26 26,271. Organizations that follow FASB ASC 958, check here

X Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,496,061. 1,468,897. 27 27 63,431. 58,842. 28 Net assets with donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ō Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,559,492. 1,527,739. 32 32 1,592,423. 1,554,010. Total liabilities and net assets/fund balances

orm 990 (2021) HOSPICE OF SAN LUIS OBISPO COUNTY	95-31	95126	Pa	ge 1 :
Part 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	55	4,2	07
2 Total expenses (must equal Part IX, column (A), line 25)	2	58	5,9	60
Revenue less expenses. Subtract line 2 from line 1			1,7	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,55	9,4	92
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities				
7 Investment expenses				
B Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)	9			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
column (B))	10	1,52	7,7	39
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
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 or	n Schedule O.	-		88.9
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	L
If "Yes," check a box below to indicate whether the financial statements for the year were compiled of separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a separate basis,	1000		17
consolidated basis, or both:		200	1	
Separate basis Consolidated basis Both consolidated and separate basis	3			M
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				Г
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, expl	ain on Schedule O.	36226	2548	(8)
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forti				Г
Act and OMB Circular A-133?	-	3a		:
b If "Yes," did the organization undergo the required audit or audits? If the organization did not underg				Г
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	,	3b		L
- to		Form	990	(2)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** HOSPICE OF SAN LUIS OBISPO COUNTY 95-3195126 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

(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, pleas	se complete Part II	l.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	354,561.	451,913.	338,443.	348,911.	366,067.	1859895.
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	354,561.	451,913.	338,443.	348,911.	366,067.	1859895.
5	The portion of total contributions		State at the state			764,720 K	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				Or of The		
	on line 1 that exceeds 2% of the				State of Section		
	amount shown on line 11,	The state of					
	column (f)		7.00	The late of the same			578,181.
	Public support. Subtract line 5 from line 4.	Transferred AVE	Section 10 pages			hadion bas	1281714.
	tion B. Total Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	354,561.	451,913.	338,443.	348,911.	366,067.	1859895.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	31,547.	36,001.	14,058.	18,996.	12,686.	113,288.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4.0-04.00
11	Total support. Add lines 7 through 10		professional services		SOLD RESIDENCE		1973183.
12		•	*			12	
13	First 5 years. If the Form 990 is for the		rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
800	organization, check this box and stor					<u></u>	
	tion C. Computation of Publi						<u> </u>
	Public support percentage for 2021 (li					14	64.96 %
	Public support percentage from 2020						59.06 %
108	33 1/3% support test - 2021. If the control have The accomination available	_					
_	stop here. The organization qualifies		•				
Ų	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					=	
1-	meets the facts-and-circumstances te	_			•		
10	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				= =		. □
10	organization meets the facts-and-circu		*				-
10	Private foundation. If the organization	in dig not check a	DOX ON LINE 13, 168	1, 100, 1/a, or 1/b	<u>, cneck this dox at</u>	no see instructions	

Schedule A (Form 990) 2021 HOSPICE OF SAN LUIS OBISPO COUNTY

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed by tion A. Public Support	elow, please comp	olete Part II.)				
	idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(0, 201,	(6) 2010	(0) 2018	(4) 2020	(0) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,				· · · · · · · · · · · · · · · · · · ·		
A	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that	<u> </u>					
3	are not an unrelated trade or bus-						
	inose under section E12						
	************						<u> </u>
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		i				
	furnished by a governmental unit to						
	the organization without charge				-		
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received				<u> </u>		
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<u> </u>				
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support				AMERICAN HOLE	Attack Contracts	<u></u>
					r		
	idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		ļ				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.						
	and income from similar sources						
þ	Unrelated business taxable income						
	(less section 511 taxes) from businesses				i		
	acquired after June 30, 1975						
C	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on				1		
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	n.
	-00 40.0 0 0 0						.
	tion C. Computation of Publi						
15	Public support percentage for 2021 (li	ine 8, column (f), d	livided by line 13, o	olumn (f))	AND SEE	15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from :		Deat 01 Uses 4.7			18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar	·					■
b	33 1/3% support tests - 2020. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

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	ı. Ali	Supporting	Organizat	ions
-----------	--------	------------	-----------	------

- 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.
- 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.
- 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")? # "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	Yes	No
		edin.
1		
	50.00	(100)
2		
Silveri		(KS)
3a	105,715.0	ye.
3b	1000000000	-
3c	2.55	
	2,72	
4a	. See that	A 1755.C
4b		
4c		
	100	3500
5a	10.00	\$200 B
5b		- 0000
5c		
	4	
199		
6	1,618.91	11:-55
7		
8		-
9a		X
9b		
ON THE		30.7%
9c		MICH
		2,663
10a	123650	0.000
10b		300W
100		

Sche	dule A (Form 990) 2021 HOSPICE OF SAN LUIS OBISPO COUNTY 95-3	19512	6 Pa	age 5
Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	20063		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	800000		9,000
	11c below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		and the contract of	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 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 officers, directors, or trustees were allocated among the	508000	1998	
	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,	V-1944	I A SA	3.250
	supervised, or controlled the supporting organization.	2	1	Щ.
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	- 1		
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	
		W. J. W. W.	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			Yan.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	XEEX LINE		20,000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	D 000000	3/00/7004
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		ll market	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	o western	10000
3	By reason of the relationship described on 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			7
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	1927
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ns).		
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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	1.	T
2	Activities Test. Answer lines 2a and 2b below.	20000042,0000	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,			200
	how the organization was responsive to those supported organizations, and how the organization determined	3/44/100	0.48	11400
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		100 100	MS(5)/6.
	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	1986878		-
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		5,670084
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	124		9000
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Ш.

	lule A (Form 990) 2021 HOSPICE OF SAN LUIS OB			95-3195126 _{Pag}
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying Alf other Type III non-functionally integrated supporting organizations must		·	Part VI). See instructions
ectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 .	Aggregate fair market value of all non-exempt-use assets (see	132		
	instructions for short tax year or assets held for part of year):	500	Special Section 200	Late 18 Control
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	1000	Fill State of the American	
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		1
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7	····	
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		4
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4	EZPONE CONTRA	
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting or	anization /see

		N LUIS OBISPO (-3195126 Page 7
		(a)(a) Supporting Orga	nizations (contin	ued)	6 Sec. 1 Ve. 15
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributid Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		THE WAY TO SELECT	71/12/21	
2	Underdistributions, if any, for years prior to 2021 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021	DOWN TO THE PART OF THE	SALES AND ALL YOR CO.		75 Year 10 July 200 W.
	From 2016			SERVICE C	
	From 2017				
	From 2018			-	
	From 2019		la de la companya de		
	From 2020				
	Total of lines 3a through 3e		Only of the same		
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount	All and the second	Discount research (the	75455	
<u></u>	Carryover from 2016 not applied (see instructions)		Variation and the same		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		Contractors	20.000001	
4	Distributions for 2021 from Section D,			30.7953	
•	line 7:				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount			100	
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
9	any. Subtract lines 3g and 4a from line 2. For result greater				
	•				
	•		Commence of the Commence of th	W. A. GARDA	
0	-				
			State State State		
_			grad Attraction and Art State	ENGRES 120	
7					
_		84 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		The second of	
8					
			ESTATE AND ADDRESS OF THE PARTY		
a b	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	HOSPIC	CE OF SAN	LUIS	OBISPO	COUNTY	95-3195126 Page
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	ormation. Post 1, 2, 3b, 3c, 4 D, lines 2 and 3	rovide the explai b, 4c, 5a, 6, 9a, c; Part IV. Section	nations requ 9b, 9c, 11a, n E, lines 1c.	ired by Part II, 11b, and 11c, 2a, 2b, 3a, ar	, line 10; Part II, line ; Part IV, Section B and 3b: Part V. line	e 17a or 17b; Part III, line 12; b, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, additional information.
	(See instructions.)						
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	617,645.	578,181
<u> </u>		
<u>.</u>		
***		_
		<u>.</u>
		· <u> </u>
		·
		

Schedule B

(Form 990)

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service	do to www.iis.gov/Formeso for the fatest information.	2021
Name of the organization		Employer identification number
HOS	PICE OF SAN LUIS OBISPO COUNTY	95-3195126
Organization type (check one)):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
С	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
С	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
С	4947(a)(1) nonexempt charitable trust treated as a private foundation	
С	501(c)(3) taxable private foundation	
	overed 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	e. See instructions.
General Rule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) and contributor, during the	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to d 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and ne year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fine 1. Complete Parts I and II.	d that received from any one
For an organization d	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one
literary, or educations	ne year, total contributions of more than \$1,000 exclusively for religious, charitable, sci al purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e Instead of the contributor name and address), II, and III.	·
year, contributions ex is checked, enter her purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious elete any of the parts unless the General Rule applies to this organization because it retc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line 2,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, equirements of Schedule B (Form 990).	
LHA For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (20

Employer identification number

HOSPI	CE OF SAN LUIS OBISPO COUNTY	95	-3195126
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTHUR N RUPE FOUNDATION 3700 STATE ST., SUITE 300 SANTA BARBARA, CA 93105-3126	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GAZIN FOUNDATION 1757 KYLE CT. NIPOMO, CA 93444-6626	\$ 15,616.	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	DONALDA JENSEN PO BOX 2438 AVILA BEACH, CA 93424-2438	\$ <u>12,489.</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	RICHARD & MARY LEVERSEE 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	\$ 27,099.	Person X Payroli Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MITCHELL & PHOEBE LIPARI PO BOX 97 CAMBRIA, CA 93428-0097	\$\$	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	PETER AND MARY RUSSO FOUNDATION 42 N 5TH ST. SURF CITY, NJ 08008-5276	\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)

Noncash (Complete Part II for

	3 (Form 990) (2021)	<u> </u>	Page 3
Name of or	ganization		Employer identification number
HOSPIC	CE OF SAN LUIS OBISPO COUNTY		95-3195126
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed	i.
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		s	
(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	· I Data received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	. Data received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		 \$	

Schedule E	3 (Form 990) (2021)		Page 4					
Name of or	ganization		Employer identification number					
HOSPIC	CE OF SAN LUIS OBISPO CO	DUNTY	95-3195126					
Part III	from any one contributor. Complete columns (a	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed.	SS for the year. (Enter this info. once.)					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(a): arpood or give	(o) out of girt	(a) bescription of now girt is held					
ŀ		(e) Transfer of gift						
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Ful pose of gift	(c) Ose of gift	(a) Description of now girt is field					
ŀ		(e) Transfer of gift	<u>I</u>					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(a) i dipose of Site	(0) 030 07 gm	(d) Description of now gift is field					
<u> </u>		(e) Transfer of gift						
			E					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Fulpose of gift	(c) Ose of gait	(d) Description of now girt is new					
ŀ		(e) Transfer of gift	I					
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2021 Open to Public

Open to Public Inspection

Name of the organization
HOSPICE OF SAN LUIS OBISPO COUNTY

Employer identification number 95-3195126

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	4 - 3	
2 Aggregate value of contributions to (during year)	/ — — — / ·	
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6 Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	ed only
for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
Part II Conservation Easements. Complete if the o	organization answered "Yes" on Form 990, Par	t IV, line 7.
1 Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
Preservation of land for public use (for example, recre	ation or education) 🔲 Preservation of a l	nistorically important land area
Protection of natural habitat	Preservation of a	certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	
day of the tax year.		Held at the End of the Tax
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic st	tructure included in (a)	2c
d Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
listed in the National Register		2d
3 Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
year 🕨		
4 Number of states where property subject to conservation ea	asement is located	
5 Does the organization have a written policy regarding the po	eriodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements	it holds?	Yes
6 Staff and volunteer hours devoted to monitoring, inspecting		
>		
7 Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	n easements during the year
> \$		
8 Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(4	4)(B)(i)
and section 170(h)(4)(B)(ii)?		Yes
9 In Part XIII, describe how the organization reports conserva		
balance sheet, and include, if applicable, the text of the foo		
organization's accounting for conservation easements.	·	
Part III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	balance sheet works
of art, historical treasures, or other similar assets held for pr		
service, provide in Part XIII the text of the footnote to its fine		•
b If the organization elected, as permitted under FASB ASC 9		ance sheet works of
art, historical treasures, or other similar assets held for publi		
provide the following amounts relating to these items:	· = = = = = = = = = = = = = = = = = = =	•
(i) Revenue included on Form 990, Part VIII, line 1		> \$
	reasures, or other similar assets for financial ga	0.00
5 If the organization tecesives or usin mores or an insciousal in		
•	•	•
the following amounts required to be reported under FASB	ASC 958 relating to these items:	▶ \$
the following amounts required to be reported under FASB a Revenue included on Form 990, Part Vill, line 1	ASC 958 relating to these items:	h A

Par		OF SAN LUI	S OBISPO (COUNTY asures, or Othe	r Sin	95- nilar As:	319 sets	5126	Page
3	Using the organization's acquisition, accession							10031011	000)
	collection items (check all that apply):	•	•	Ū	•				
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt pu	urpose in	Part XI	ın.	
	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	
Par	t IV Escrow and Custodial Arran	jements. Comple	te if the organization	n answered "Yes" or	n Form	990, Par	t IV, lin	e 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets not	includ	led			
	on Form 990, Part X?							Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_				
								Amount	
С	Beginning balance				[1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XIII					
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		nree years	back	(e) Four	years ba
1a	Beginning of year balance	218,750.	206,992.	205,057.		244,8	21.		222,79
	Contributions			20,000.					
	Net investment earnings, gains, and losses	-29,455.	37,668.	2,290.		10,1	14.		24,04
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	25,879.	23,670.	18,427.		48,1	39.		
	Administrative expenses	1,416.	2,240.	1,928.	1	1,7	739.		2,01
	End of year balance	162,000.	218,750.	206,992.		205,0	57.		244,82
	Provide the estimated percentage of the curr	ent vear end balance				•			
	Board designated or quasi-endowment	,	%	,					
	Permanent endowment	%							
		<u></u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
	Are there endowment funds not in the posse	95 ·	tion that are held an	d administered for t	he ora	anization			
	by:				u.g			Γ	Yes I
	(i) Unrelated organizations							3a(i)	
	(i) Sinciated organizations							3a(ii)	
	(ii) Related organizations					***********	CONTRACT.	Satin	
	(ii) Related organizations	tions listed as require	ed on Schedule P?					3h	
þ	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
b 4	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the	tions listed as require organization's endov	ed on Schedule R?	***************************************				3b	
b 4	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the TVI Land, Buildings, and Equipme	tions listed as require organization's endovent.	ed on Schedule R? wment funds.	0.000	*********			3b	
b 4	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the T VI Land, Buildings, and Equipm Complete if the organization answere	tions listed as require organization's endov ent. d "Yes" on Form 990	ed on Schedule R? wment funds. , Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.			
b 4	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the TVI Land, Buildings, and Equipme	tions listed as require organization's endov ent. d "Yes" on Form 990 (a) Cost or of	ed on Schedule R? wment funds. , Part IV, line 11a. S ther (b) Cost	ee Form 990, Part X	, line 1	0. ulated		(d) Bool	< value
b 4 Par	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the T VI Land, Buildings, and Equipm Complete if the organization answere Description of property	tions listed as require organization's endovient. d "Yes" on Form 990 (a) Cost or of basis (investment)	ed on Schedule R? wment funds. , Part IV, line 11a. S ther (b) Cost nent) basis	ee Form 990, Part X or other (c) (other) d	, line 1	0. ulated		d) Bool	
b 4 Par	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the T VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land	ent. d "Yes" on Form 990 (a) Cost or of basis (investre	ed on Schedule R? wment funds. , Part IV, line 11a. S ther (b) Cost nent) basis 50	ee Form 990, Part X or other (c) (other) d 3,334.	, line 1 Accum eprecia	0. Julated	((d) Bool	3,334
b 4 Par	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the T VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land Buildings	ent. d "Yes" on Form 990 (a) Cost or of basis (investm	ed on Schedule R? wment funds. Part IV, line 11a. S ther (b) Cost nent) basis 50 90	ee Form 990, Part X or other (c) (other) d 3,334.	, line 1 Accum eprecia	io. iulated ation	((d) Bool	3,33 3,31
b 4 Pari	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the TVI Land, Buildings, and Equipm Complete if the organization answere Description of property Land Buildings Leasehold improvements	itions listed as require organization's endovient. d "Yes" on Form 990 (a) Cost or of basis (investment)	ed on Schedule R? wment funds. , Part IV, line 11a. S ther (b) Cost hent) basis 50 90 22	ee Form 990, Part X or other (other) d 3,334. 2,929. 5,583.	, line 1 Accum eprecia 474 118	0. aulated ation , 618.	(503 428 10	3,334 3,313 7,193
b 4 Par 1a b c	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the T VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land Buildings	itions listed as require organization's endovient. d "Yes" on Form 990 (a) Cost or of basis (investment)	ed on Schedule R? wment funds. , Part IV, line 11a. S ther (b) Cost hent) basis 50 90 22	ee Form 990, Part X or other (c) (other) d 3,334.	, line 1 Accum eprecia 474 118	io. iulated ation	(503 428 10	3,334 3,31

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		K, line 12. on: Cost or end-of-year market value
	(b) book value	(c) Method of Valuati	on: Cost or end-or-year market value
) Financial derivatives			
Closely held equity interests Other			
(A) SLO COMMUNITY FOUNDATION			
(B) (L)	19,701.	END-OF-YEAR	MARKET VALUE
(C) CHARLES SCHWAB ENDOWMENT	15,701.	DIAD OF THAT	MARKET VALOE
(D) FUND	148,384.	END-OF-YEAR	MARKET VALUE
(E) CHARLES SCHWAB LONG TERM	220,0021		
(F) INVESTMENT	27,185.	END-OF-YEAR	MARKET VALUE
(G)	27,2000		
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	195,270.	Y	
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.
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			·····
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets.			
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part >	(, line 15. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)	<u>.</u>	11d. See Form 990, Part >	
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	<u>.</u>	11d. See Form 990, Part >	
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otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part >	
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Assets. Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part >	
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Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a)	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a)	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a)	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·
Total revenue, gains, and other support per audited financial statements	1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	8858
Net unrealized gains (losses) on investments	
Donated services and use of facilities 2b	
Recoveries of prior year grants 2c	
	20
Subtract line 2e from line 1	3
Investment expenses not included on Form 990, Part VIII, line 7b	
Other (Describe in Part XIII.)	
	4c
Table revenue Add lines O and As One	
art XII Reconciliation of Expenses per Audited Financial Statements With	1 Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Total expenses and losses per audited financial statements	1
Amounts included on line 1 but not on Form 990, Part IX, line 25:	HATTER STATE OF THE STATE OF TH
Donated services and use of facilities 2a	
Prior year adjustments 2b	
Other losses 2c	
Other (Describe in Part XIII.)	
Add lines 2a through 2d	2e
Subtract line 2e from line 1	
Amounts included on Form 990, Part IX, line 25, but not on line 1:	EPS)
Investment expenses not included on Form 990, Part VIII, line 7b	
Other (Describe in Part XIII.)	1 C - 1
	40
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. vide 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
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Vide 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
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Vide 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
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. vide 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
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Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Vide 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
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Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Vide 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
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Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Vide 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
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Vide 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
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Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	and 2b; Part V, line 4; Part X, line 2; Part XI
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information. vide 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

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ame of the organization HOSPICE	OF SAN LUIS OBISP	0 00	ימטכ	ΓY		Employer ide 95-3195	ntification numbe
	Complete if the organization answer				ine 1		
1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	ed funds through any of the following any of the following any solicitate and solicitate are villed and solicitate. Toral agreement with any individual art VII) or entity in connection with products or entities (fundraisers) pursurant	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount pai to (or retained b organization
		Yes	No				
	0.0						
· · · · · · · · · · · · · · · · · · ·							
		-					
					_		
otal			•				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	l it is	exempt from re	gistration
425	——————————————————————————————————————						
40.4.4	\$100 P.M. BANK TO SERVICE STATE OF THE SERVICE STAT						

- 1			(a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	
- 1			WALK FOR	LIGHT UP A	(0)	(d) Total events
			HEALING	LIFE	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	54,163.	38,465.	18,552.	111,180
۳	·					,
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,163.	38,465.	18,552.	111,180
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ة	8	Entertainment				
	9	Other direct expenses				
١	10	Direct expense summary. Add lines 4 throug	1. 6 to 1.1 to 1.68	***************************************		
\sqcup		Net income summary. Subtract line 10 from			>	111,180
8	rt l		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(-D-T-A-)
ş			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
evenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
rect Expenses		Cash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	3	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
rect Expenses	3	Cash prizes Noncash prizes		bingo/progressive bingo	(c) Other gaming	
rect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
rect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	Yes%	
rect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		bingo/progressive bingo	☐ Yes %	
rect Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
rect Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
Direct Expenses	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No h 5 in column (d) 7 from line 1, column (d)	Yes%	Yes% No	
w Direct Expenses	3 4 5 6 7 8 Entities to the state of the sta	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ activities in each of these	yes% No	Yes% No	col. (a) through col. (
Direct Expenses	3 4 5 6 7 8 Entities to the state of the sta	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ activities in each of these	yes% No	Yes% No	col. (a) through col. (
w Direct Expenses	3 4 5 6 7 8 Entities to the state of the sta	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ activities in each of these	yes% No	Yes% No	col. (a) through col. (d
B G B G B G B G B G B G B G G B G G G G	3 4 5 6 7 8 Entit if " We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: _activities in each of these	Yes% No states?	☐ Yes % ☐ No	col. (a) through col. (d
B G B G B G B G B G B G B G G B G G G G	3 4 5 6 7 8 Entit if " We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: _activities in each of these	Yes% No states?	☐ Yes % ☐ No	col. (a) through col. (d

Sche	nedule G (Form 990) 2021 HOSPICE OF SAN LUIS OBISPO COUNTY 95-31	95126	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
40	to administer charitable gaming?	Yes	L No
	Indicate the percentage of gaming activity conducted in:	ا ءء	0.
b		3b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>	
	Name ▶		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party \$		
	of "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
10	Gaming manager information.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l, lines 9, 9	9b, 10b,
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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13208	983 10-21-21 Schedule	G (Form	990) 2021

Schedule G	(Form 990)	HOSPICE OF (continued)	SAN	LUIS	OBISPO	COUNTY	95-3195126	Page 4
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	10 St 15 (IV			D-17975			Schedule G (Fe	orm OGO

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

Schedule O (Form 990) 2021

m	HOSPICE OF SAN LUIS OBISPO COUNTY	95-3195126
	FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
	LIFE THREATENING OR TERMINAL ILLNESS, THEIR FAMILIES, AND	THE BEREAVED.
UJ.	OUR PRIMARY CLIENTELE ARE LOW TO MODERATE INCOME CHILDREN,	ADULTS,
	FAMILIES, AND SENIORS.	
8		
	FORM 990, PART VI, SECTION B, LINE 11B:	1(3
	REVIEW BY EXECUTIVE DIRECTOR, TREASURER, AND EXCUTIVE BOAR	D.
n	FORM 990, PART VI, SECTION B, LINE 12C:	···
J		DG ON COMPLETION
	DISCUSSIONS WITH NEW EMPLOYEES UPON HIRE AND WITH VOLUNTEE	
J	OF TRAINING. DISCLOSURE FORMS ARE DISTRIBUTED FOR SIGNATU	
7	FILE FOR EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS. IF A B	OARD MEMBER HAS A
Ы	CONFLICT OF INTEREST THE MEMBER SHALL DISCLOSE THE CONFLIC	T TO THE
	PRESIDENT WHO WILL MAKE THE FINAL DETERMINATION. IF A TRA	NSACTION INVOLVES
_	A CONFILICT OF INTEREST THE INDIVIDUAL INVOLVED MAY DISCLO	SE ANY
	SIGNIFICANT REASON WHY THE TRANSACTION MIGHT NOT BE IN THE	BEST INTEREST OF
	HOSPICE AND SHALL NOT PARTICIPATE IN THE DISCUSSION UNLESS	REQUESTED TO DO
J	SO. IF A MATTER ARISES IN WHICH AN EMPLOYEE OR VOLUNTEER	HAS A CONFLICT OF
1	INTEREST THE INDIVIDUAL WILL DISCLOSE IT TO THE VOLUNTEER	DIRECTOR,
J	DIRECTOR OF COUNSELING OR EXECUTIVE DIRECTOR. THE EXECUTI	VE DIRECTOR WILL
	MAKE THE FINAL DETERMINATION.	
7		
	FORM 990, PART VI, SECTION B, LINE 15A:	
	REVIEW BY EXCECUTIVE DIRECTOR, TREASURER, AND EXECUTIVE BO	ARD.
7	FORM 990, PART VI, SECTION C, LINE 19:	

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

132211 11-11-21

ame of the organization HOSPICE OF SAN LUIS OBISPO COUNTY	Employer identification number 95-3195126
VAILABLE UPON REQUEST IN ORGANIZATION'S OFFICE.	
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2021 DEPRECIATION AND AMORTIZATION REPORT

March Description Acquired March Line Q March Card Description Des	ORM	FORM 990 PAGE 10						990							
BUILDINGS LAND	Asse. No.		Date Acquired	Method					Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
DETILICINGS 12/20/01 St. 19.00 14.00 19.00		BUILDINGS													
1, 200 PAGE 10 TOTAL 1, 200 PAGE 10 TOTAL LAND 2, 200 PAGE 10 TOTAL		BUILDING -	12/20/01		39.00	Ž	902,930.				902,930.	451,464.		23,152.	474,616.
LAND		ы													
SOUND P SOUND		LAND													
FURLITE PLOTES - LOWING 1,800, 1,80	4	LAND -	12/20/03		000		\ \ \							0.	
PURMITURE FURMITURE	11	BURIAL PLOTS	06/30/10		000.		-				1,800.			0	
OPHER COMPARIS PURALIGE 10.00 16 27,419 27,419 27,419 0. 27,419 <		990 PAGE					×1					0		0	0
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RAIN GUTTERS 03/01/02 SL 10.00 16 1,185. 1,185. 1,185. 1,185. 1,185. 0. 1 TILE OF LIFE REPRO. 03/01/02 SL 10.00 16 2,638. 2,638. 2,638. 0. 2 IMPROVEMENTS 12/19/02 SL 39.00 Mp16 32,702. 15,521. 839. 16, TILE OF LIFE 07/31/04 SL 10.00 16 17,890. 17,890. 17,890. 0. 17 PALINTING 10/27/06 SL 10.00 16 16,800. 16,800. 16,800. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 16,800. 0. 17,800. 0.	-		02/01/03	-	10.00	100		100			27,419.	27,419.		0	* I
TILE OF LIPE REPRO. 03/01/02 SL 10.00 16 2,638.			03/01/03	9000	10.00						-			0	1,18
IMPROVEMENTS 12/19/02 SL 39.00 MDIG 32,702. 32,702. 15,521. 839. 16 TILE OF LIPE 07/31/04 SL 10.00 16 17,890. 17,890. 17,890. 0. 17 PAINTING 10/27/06 SL 10.00 16 16,800. 16,800. 16,800. 0. 16 CARPET & CHAIRS 03/29/10 SL 7.00 16 1,106. 1,106. 1,106. 0. 1, SHELVING 06/30/11 SL 7.00 16 1,037. 1,037. 1,469. 1,469. 0. 1,	C-1		03/01/02		10.00	1		S Committee	and section design		2,638.	2,638.		0	2,638.
TILE OF LIFE PAINTING PAINTING CARPET & CHAIRS O3/29/10 SL	w	CONTRACTOR OF THE PARTY OF THE	12/19/02	33.0	39.00	Ž					32,702.			839.	
PAINTING 10/27/06 SL 10.00 16 16,800. 1	1.	TILE OF	07/31/04		10.00		L,							0.	
COMPUTER UPGRADE 07/29/09 SL 3.00 16 1,106. 1,106. 1,106. 1,106. 0. 1, SHELVING 06/30/11 SL 7.00 16 1,469. 1,469. 1,469. 1,469. 1,469. 0. 1,	œ		10/27/06		10.00									0	
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SHELVING 06/30/11 SL 7.00 16 1,037. 1,037. 1,037. 0. 1, LEATHER COUCH & LOVESEAT 08/26/10 SL 7.00 16 1,469. 1,469. 1,469. 1,469. 1,469. 0. 1,	10		07/29/09		3.00	16	52-120-20							0.	1
LEATHER COUCH & LOVESEAT 08/26/10 SL 7.00 16 1,469. 0. 1,	12		06/30/11		7.00	16	~		The other property					0.	
	13		08/26/10		7.00	16					•			0.	•

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

2021 DEPRECIATION AND AMORTIZATION REPORT

PORM 9	990 PAGE 10						250							
Asset No.	Description	Date Acquired	Method	Life	C S C S	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	RECLINER	09/07/10	SI	7.00	16	300.				300.	300.		0.	300.
15	46" FLAT SCRBEN TV	05/11/11	SI	5.00	16	500.				500.	500.		0.	500.
16	ELECTRIC SCOOTER	12/19/11	SL	7.00	16	1,500.		700	Technology (III)	1,500.	1,500.	(P. 2010) Burney (P. 10)	0.	1,500,
17	CARPET (DOWNSTAIRS)	12/12/12	SL	7.00	16	4,157.				4,157.	4,157.		0.	4,157,
18	HEATER	06/27/13	SL	10.00	16	10,301.				10,301.	8,240.		1,030.	9,270,
19	SERVER	04/01/15	SL	5,00	16	1,796.				1,796,	1,796.		0.	1,796,
20	CARPET	11/04/14	SL	7.00	16	9,815.				9,815.	9,347.		468.	9,815
21	PAINTING (EXTERIOR)	11/05/14	SL	10.00	16	18,475.				18,475.	12,320.		1,848,	14,168,
22	VINYL PLOORING	02/25/15	SI	7.00	16	5,025.		State Authority of the		5,025.	4,547.	70 to 1000 to	478.	5,025,
23	WHEBLCHAIR RAMP	06/30/15	SI	39.00	MM 16	77,148.				77,148.	11,868.		1,978.	13,846,
24	LANDSCPAING	10/30/15	SI	15.00	16	1,798.	1000000		NO. CO. CO. CO. CO. CO. CO. CO. CO. CO. C	1,798.	680.		120.	800
25	SIGNAGE	12/31/15	SL	15.00	16	1,674.				1,674.	616.		112.	728
26	A/C UNIT	06/30/18	SL	15.00	16	11,374.	4110			11,374.	2,274.		758.	3,032.
27	PHONE SYSTEM	01/31/18	SI	7.00	16	13,606.				13,606.	6,642.		1,944.	8,586,
28	HVAC	10/08/19	SI	15.00	16	14,601.			TOTAL MANAGEMENT SECTION	14,601.	1,703.		973.	2,676.
29	WATER HEATER	12/18/19	SI	7.00	16	1,282.				1,282.	275.		183.	458,
	* 990 PAGE 10 TOTAL OTHER					277,451.				277,451.	153,683,		10,731.	164,414.
	* GRAND TOTAL 990 PAGE 10 DEPR					,683,715.				.,683,715.	605,147.		33,883.	639,030.
128111 04-01-21	1-01-21						7		•		(0		

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

		BISPO COUN		M 990 P			95-3195126
		erty Under Section 17	9 Note: If you have any lis	sted property, o	omplete Part		
1 Maximum amount (s	•						1,050,000
			nstructions)				
			n limitation				2,620,000
4 Reduction in limitation							
The second section of the second) If married filing separately, see i			_	
6	(a) Description of p	property	(b) Cost (busin	less use only)	(c) Elected	cost	
7 Listed property Entr	or the emount from	n line 20		1-1			
7 Listed property. Enter		4+14+1+4+4+	in anti (a) 15 (b 1)				
8 Total elected cost of	Section 179 prop	erty. Add amounts	in column (c), lines 6 and	·		8	
 Tentative deduction. 	cod doduction from	m line 12 of vow 20	00 Farm 4500			9	
O Carryover of disallov	itation. Enter the	mille 13 of your 20	20 Form 4562			10	
			income (not less than zer				
			don't enter more than line			12	Market Control of the
Note: Don't use Part II o				13			
		<u> </u>	epreciation (Don't include	le listed propert	<u> </u>		-
			er than listed property) pla			\neg	
					•		
							·
6 Other depreciation (i						15	10,731
			Section A			17	23 152
7 MACRS deductions 8 If you are electing to group	for assets placed	in service in tax year vice during the tax year in s Placed in Service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I	unts, check here	eral Deprecia	255	
7 MACRS deductions 8 If you are electing to group	for assets placed any assets placed in ser section B - Assets	in service in tax yea	Section A ars beginning before 2021 to one or more general asset according	unts, check here	▶ [250.23	23,152 m (g) Depreciation deduction
17 MACRS deductions 18 If you are electing to group	for assets placed any assets placed in ser section B - Assets	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	tion Syste	m
I7 MACRS deductions 18 If you are electing to group S (a) Classification	for assets placed any assets placed in ser section B - Assets	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	tion Syste	m
I7 MACRS deductions I8 If you are electing to group S (a) Classification I9a 3-year property	for assets placed any assets placed in ser section B - Assets	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	tion Syste	m
I7 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property	for assets placed any assets placed in serection B - Assets of property	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	tion Syste	m
I7 MACRS deductions I8 If you are electing to group (a) Classification I9a 3-year property b 5-year property c 7-year property	for assets placed any assets placed in serection B - Assets of property	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	tion Syste	m
17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property	for assets placed any assets placed in serection B - Assets of property	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	Using the Gene	eral Deprecia	tion Syste	m
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I7 MACRS deductions I8 If you are electing to group. S (a) Classification I9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	for assets placed in ser section B - Assets of property	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	unts, check here Using the Gene (d) Recovery period	eral Deprecia (e) Convention	(f) Method	m
17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential renta	for assets placed any assets placed in ser section B - Assets of property	in service in tax year into service during the tax year into service (b) Month and year placed	Section A ars beginning before 2021 to one or more general asset accor During 2021 Tax Year I (c) Basis for depreciation (business/investment use	unts, check here Using the Gene (d) Recovery period 25 yrs. 27,5 yrs.	ral Deprecia (e) Convention	(f) Method S/L S/L	m
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I7 MACRS deductions I8 If you are electing to group (a) Classification I9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential renta i Nonresidential re	for assets placed in seriection B - Assets of property	in service in tax year in service during the tax year in service (b) Month and year placed in service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
7 MACRS deductions 8 If you are electing to group S (a) Classification 9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential renta	for assets placed in seriection B - Assets of property	in service in tax year in service during the tax year in service (b) Month and year placed in service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention MM MM MM MM	S/L	(g) Depreciation deduction
17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property (b) 5-year property (c) 7-year property (d) 10-year property (e) 15-year property (f) 20-year property (g) 25-year property (h) Residential renta (i) Nonresidential residential	for assets placed in seriection B - Assets of property	in service in tax year in service during the tax year in service (b) Month and year placed in service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
A Classification (a) Classification (a) Classification (b) 5-year property b) 5-year property c) 7-year property d) 10-year property e) 15-year property f) 20-year property g) 25-year property h) Residential renta i) Nonresidential resta i) Nonresidential resta c) Se 20a Class life b) 12-year c) 30-year d) 40-year	for assets placed in seriection B - Assets of property	in service in tax year in service during the tax year in service (b) Month and year placed in service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. 12 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM Ative Depreci	S/L	(g) Depreciation deduction
A Classification (a) Classification (a) Classification (b) 5-year property (c) 7-year property (d) 10-year property (e) 15-year property (f) 20-year property (g) 25-year property (h) Residential renta (i) Nonresidential resta (i) Se (20a) Class life (b) 12-year (c) 30-year (d) 40-year	for assets placed in seriection B - Assets of property	in service in tax year in s Placed in Service (b) Month and year placed in service // / / Placed in Service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern.	MM	S/L	(g) Depreciation deduction
ACRS deductions If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property g 25-year property h Residential renta i Nonresidential resta i Nonresidential resta c 30-year c 30-year d 40-year Part IV Summary (for assets placed in seriection B - Assets of property all property ction C - Assets	in service in tax year in service during the tax year in service (b) Month and year placed in service // // // Placed in Service	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern.	MM	S/L	(g) Depreciation deduction
ACRS deductions If you are electing to group is (a) Classification Iga 3-year property b 5-year property c 7-year property d 10-year property f 20-year property g 25-year property h Residential renta i Nonresidential renta i Nonresidential renta c Se 20a Class life b 12-year c 30-year d 40-year Part IV Summary (21 Listed property. Ente	for assets placed in seriection B - Assets of property all property ction C - Assets See instructions.)	in service in tax year into service during the tax year into service (b) Month and year placed in service (in service in service in service (in service in service (in service in service i	Section A ars beginning before 2021 to one or more general asset accor a During 2021 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction

HOSPICE OF SAN LUIS OBISPO COUNTY 95-3195126 Page 2 Form 4562 (2021) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (e) (g) Date Rusiness/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: % S/L -% S/L· % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes Yes No Yes Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI | Amortization (b) **(f)** (c) (d) (e) Amortizab amount begins period or percentage 42 Amortization of costs that begins during your 2021 tax year: 43 43 Amortization of costs that began before your 2021 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

022		
Date Accepted		

TAXABLE YEAR	
2021	

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organizat			zations							
	ion name			<u> </u>			'	dentifying	number	
HOSPICE	OF SAN L	UIS OBISPO	COUNTY					95-3	195126	
Part I Ele	ctronic Return Int	formation (whole do	ollars only)							
1 Total gro	oss receipts (Form	199, line 4)						. 1_		70,000
	oss income (Form 1							. 2_		73,739
3 Total ex	penses and disbur	rsements (Form 199,	line 9)				· · · · · · · · · · · · · · · · · · ·	. 3_	60	5,492
Part II Set	ttle Your Account	t Electronically for T	axable Year 2021							
	ctronic funds with				4b Withdra	wal date (mr	n/dd/yy	yy)		
Part III Ba	nking Information	(Have you verified t	he exempt organization	n's banking in	formation?)					
5 Routing r	number									
6 Account	number			7 Ty	oe of accour	nt: Ch	ecking		Savings	
	claration of Office									
authorize the	exempt organization	's account to be settled	as designated in Part II. I	f I check Part II,	box 4, I auth	orize an electr	onic fund	ls withdr	awal for the am	ount listed
organization w statements be	ill remain liable for th transmitted to the FTI	ne fee liability and all ap 'B by the ERO, transmit	k Board (FTB) does not rec plicable interest and pena ter, or intermediate servic ermediate service provid	Ities. I authorize e provider. If th er the reason(s	the exempt of processing) for the dela	rganization re of the exemp y.	turn and t organiz	accompa	anvina schedule	es and
9				FAE	TALIA	DIRECT	'OR			
	Signature of officer		Date	Title	AVITUL	DIRECT	OR			
Here Part V De	claration of Electr		ator (ERO) and Paid P	Title reparer.						
Part V De declare that I am only an indeclare that I am only an indeclare the or ovided the oil 1345, 2021 Ha the exempt or of declare that I true, correct, a	claration of Electronal have reviewed the abermediate service projects the data on the reganization officer with andbook for Authorize panization return is fill have examined the all and complete. I make the	bove exempt organization of the control of the cont	ator (ERO) and Paid P on's return and that the en t I am not responsible for the organization officer's and information that I will f I keep form FTB 8453-EO and I will make a copy ava ion's return and accompar or all information of which	reparer. Itries on form Freviewing the esignature on for lile with the FTB on file for four illable to the FTE trying schedules	TB 8453-EO a xempt organiz m FTB 8453-I , and I have fo years from th B upon reques and statemer dge.	re complete ar ration's return. SO before tran ollowed all oth e due date of to t. If I am also ats, and to the	nd correct I declar smitting er require the paid best of r	e, howev this retur ements on or four preparer ny knowl	er, that form FT rn to the FTB; I lescribed in FTE years from the , under penaltie edge and belief	FB 8453-EC have 3 Pub. date s of perjur f, they are
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TAXABLE YEAR

California Exempt Organization **Annual Information Return**

128941 12-29-21 FORM

202	Aimaar mormation netam				199	
Calendar Year	2021 or fiscal year beginning (mm/dd/yyyy) $07/01/2021$, and endi	ng (mm/dd/yyy	ry)	06/30	0/2022	
Corporation/Orga	nization name	Cali	fornia corpo	ration number		
HOSPIC	OF SAN LUIS OBISPO COUNTY		8305	220		
	ation. See instructions.	FE		550		
			95-3	195126	5	
Street address (s	site or room)		PMB no.			
1304 P	ACIFIC STREET					
City	,	State	ZIP code	_		
	IS OBISPO	CA	9340			
Foreign country r	ame Foreign province/state/county		Foreign po	ostal code		
A First retur	n Yes X No I Did the organization	have any chan	nee to ite	nuidalinas		
R Amended					• Yes X	l No
C IRC Secti	on 4947(a)(1) trust Yes X No J If exempt under R&T	C Section 237	01d. has t	he organizat	tion	, 110
					yes X	No.
• 🔲	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the Organization e					
	imm/dd/yyyy) • If "Yes," enter the gre					_
	ounting method: (1) Cash (2) X Accrual (3) Other L Is the organization a	limited liability	сотрапу	?	Yes X	No
	turn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization					,
—	Other 990 series report taxable incom	e?			• Yes X	No
	roup filing? See instructions • Yes X No N Is the organization u				• V V	۱
	panization in a group exemption Yes X No IRS audited in a price hat is the parent's name? Us federal Form 1023	r year?			Yes X	J NO
11 165, W	Date filed with IRS	7 1024 pending	9911	*************	L res [25_	JINU
	Date nee with the					
Part 1 0	omplete Part I unless not required to file this form. See General Information B and C.			y		A-975
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	283,933	3 00
	2 Gross dues and assessments from members and affiliates		man •	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	STMT	1 •	3	486,067	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	_			770 000	
and	This line must be completed. If the result is less than \$50,000, see General Information	В		4	770,000	1 00
Revenues	5 Cost of goods sold	196,2	61 00			
	the condition of the co			7	196,261	1700
	 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 			8	573,739	
	9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9	605,492	
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	-31,753	
	11 Total payments		•	11		00
	12 Use tax. See General Information K			12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		•	13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		7025 F	14		00
	15 Penalties and interest. See General Information J			15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	ements and to th	e best of m	16	nd bekel	00
Sign	it is true, correct, and complete. Declaration of preparer (their than taxpayer) is based on all information of which	preparer has any	knowledge			
Here	Signature of officer EXECUTIVE I	Date			elephone 5 – 5 4 4 – 2 2 6 6	-
	of officer BABCUTIVE I			- 0 U)
	Preparer's signature 12/21	Check			2190740	
Paid	Signature 12/21,	22			irm's FEIN	
Preparer's	(or yours, MODERMONT & APKARTAN L.L.P			27	-1144439	
Use Only	employed) 241 SOUTH BROADWAY, #201				elephone	
-	and address ORCUTT, CA 93455				5-925-8729)
	Olicotty chi 55455		• X			

HOSPICE OF SAN LUIS OBISPO COUNTY

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

128951	01	19-22

	1 Gross sales or receipts from all b	ousiness activities. See instruction	ons		1	117,126 00
1	2 Interest				2	17,202 00
	3 Dividends				3	00
Receipts					4	00
from	5 Gross royalties			•	5	00
Other	6 Gross amount received from sale	of assets (See instructions)	STAT	EMENT 2 •	6	207,694 00
Sources	7 Other income		SEE STAT	EMENT 3 •	7	-58,089 ₀₀
	8 Total gross sales or receipts from				8	283,933 00
	9 Contributions, gifts, grants, and				9	00
	10 Disbursements to or for member	S			10	00
	11 Compensation of officers, director	ors, and trustees	SEE STAT	EMENT 4 •	11	71,846 00
	12 Other salaries and wages			•	12	301,674 00
Expenses	13 Interest				13	00
and	14 Taxes				14	26,383 00
Disburse-	15 Rents				15	00
ments	16 Depreciation and depletion (See 17 Other expenses and disbursemen	instructions)			16	33,883 00
	17 Other expenses and disbursemen	nts	SEE STAT	EMENT 5 •	17	171,706 00
	18 Total expenses and disbursemer	nts. Add line 9 through line 17. E	nter here and on Side 1, Part	l, line 9	18	605,492 00
Schedu	IE L Balance Sheet	Beginning of ta			of taxable y	
Assets		(a)	(b)	(c)		(d)
			108,653		•	300,895
	counts receivable		22,584		100	7,957
	tes receivable	AND THE PROPERTY OF THE PARTY O	97 26		7.420	
	ories		12		6876711 •	
	l and state government obligations	Programme Committee Committee Committee				
	ments in other bonds	Description of the Control of the Co				
	ments in stock		72		•	
8 Mortga	nge loans		378,056		6000	195,270
9 Utiler i	nvestments STMT 6	1,180,381	370,030	1,178,8		193,210
10 a Depi	reciable assets s accumulated depreciation	(605,147)	575,234 (541,350
		(003,147)	503,333	037,33	•	503,333
12 Other a	assets STMT 7		4,563			5,205
			1,592,423			1,554,010
	and net worth		1,332,123			1,331,010
	nts payable		31,078		•	26,271
	outions, gifts, or grants payable		02/010		88	
	and notes payable		5			
		SECURITY CONTRACTOR OF THE SAID			8000	
18 Other I	ages payable liabilities STMT 8		1,853			
19 Capital	stock or principal fund		_,000			
	or capital surplus. Attach reconciliation		4		•	
	ed earnings or income fund	961	1,559,492		•	1,527,739
	iabilities and net worth	21.76 W. 13.1 (23.1 to 10.1 to	1,592,423	the state of the		1,554,010
Schedu		per books with income per retu				
		dule if the amount on Schedule I		than \$50,000.		
1 Net inc	come per books	-31,7	53 7 Income recorded or	n books this year	100	
	l income tax			return. Attach schedul	e •	
	of capital losses over capital gains		8 Deductions in this			
	e not recorded on books this year.		against book incom	-	E.A.	
	schedule				•	
	ses recorded on books this year not	Act of Tales	9 Total. Add line 7 an			
	ted in this return. Attach schedule		10 Net income per reti		138	
-		-31,7				-31,753

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ARTHUR N RUPE FOUNDATION	3700 STATE ST., SUITE 300 SANTA BARBARA, CA 93105-3126		60,000.
GAZIN FOUNDATION	1757 KYLE CT. NIPOMO, CA 93444-6626		15,616.
WEYHRICH CHARITABLE FUND	75 SANTA ROSA STREET SAN LUIS OBISPO, CA 93405-1887		7,631.
DONALDA JENSEN	PO BOX 2438 AVILA BEACH, CA 93424-2438		12,489.
RICHARD & MARY LEVERSEE	1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401		27,099.
MITCHELL & PHOEBE LIPARI	PO BOX 97 CAMBRIA, CA 93428-0097		25,000.
PETER AND MARY RUSSO FOUNDATION	42 N 5TH ST. SURF CITY, NJ 08008-5276		20,000.
CHARLES & MARY BAUER FOUNDATION	5121 DONNINGTON RD. CLARENCE, NY 14031-1501		20,000.
THE MOCA FOUNDATION	7500 MONTEREY ST. GILROY, CA 95020-5826		52,500.
TOTAL INCLUDED ON LINE 3			240,335.

CA 199 GROSS AMO	OUNT FROM SA	ALE OF ASS	SETS	S	TATEMENT 2
DESCRIPTION		DATE QUIRED	DATE SOLD	ACQ	THOD UIRED CHASED
	COST OR OTHER BASIS	S DEPRE		EXPENSE OF SALE	GROSS SALES PRICE
1	196,261	,	0.	0.	207,694
TOTAL TO FORM 199, PAGE 2, LN 6	196,261		0.	0.	207,694
CA 199	OTHER INCO	OME		S	татемент з
DESCRIPTION					AMOUNT
UNREALIZED GAINS/LOSSES					-58,089
TOTAL TO FORM 199, PART II, LINE	7				-58,089

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SHANNON MCOUAT 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	EXECUTIVE DIRECTOR 40.00	71,846.
LINDSEY FAUCETTE 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	DIRECTOR 2.00	0.
ABE LINCOLN 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	SECRETARY 2.00	0.
RENEE HOWARD 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	TREASURER 0.00	0.
TERRY HOUSINGER 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	CHAIRMAN 2.00	0.
RICK BERARD 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	DIRECTOR 2.00	0.
JANICE MEHRING 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	DIRECTOR 2.00	0.
LEN JARROTT 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	DIRECTOR 2.00	0.
SARA BARTLETT 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	DIRECTOR 2.00	0.
DEBRA TROUT 1304 PACIFIC STREET SAN LUIS OBISPO, CA 93401	DIRECTOR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		71,846.

CA 199	OTHER EXPENS	ES 	STATEMENT 5
DESCRIPTION			AMOUNT
CONTRACT SERVICES		4,5	32,209
REPAIRS AND MAINTENANCE			12,126
UTILITIES			8,683
BOOKKEEPING			6,033
DIRECT EXPENSES OF FUNDRAISING	EVENTS		19,532
OTHER EMPLOYEE BENEFITS			20,957
ACCOUNTING FEES			8,780
INVESTMENT MANAGEMENT FEES			3,687
ADVERTISING AND PROMOTION			10,006
OFFICE EXPENSES			8,822
TRAVEL			663
INSURANCE			24,139
ALL OTHER EXPENSES			16,069
TOTAL TO FORM 199, PART II, LIN	NE 17		171,706
CA 199	OTHER INVESTM	ENTS	STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SLO COMMUNITY FOUNDATION (L)		79,273	19,701
CHARLES SCHWAB WORKING CAPITAL		85,361	
CHARLES SCHWAB ENDOWMENT FUND		189,956	
CHARLES SCHWAB LONG TERM INVEST	PMENT	23,466	
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	378,056	195,270
CA 199	OTHER ASSET	S	STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED (CHARGES	4,563	5,205

			
CA 199	A 199 OTHER LIABILITIES		
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		1,853.	0.
TOTAL TO FORM 199, SCHEDULE L, I	LINE 18	1,853.	0.
CA 199	FUND BALANCES		STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTION		1,496,061. 63,431.	1,468,897. 58,842.
THOMAS NO BODY 100 COURDING I			
TOTAL TO FORM 199, SCHEDULE L, I	LINE 21	1,559,492.	1,527,739.

2021 COL	rporation d Amortiz	Depreciation	n					CALIFORN 38	IIA FORM
Attach to Form 100 or Form 1		· ·	FORM 199	 .		1	FEIN	95-31	95126
Corporation name	<u>-</u>						Califo	rnia corporati	on number
HOSPICE OF SA	N LIITS O	RISPO COINTY	,					830522	0
Part I Election To Expense (·					030322	<u> </u>
Maximum deduction under							1		\$25,00
2 Total cost of IRC Section		d in conside					2		ψεοισο
3 Threshold cost of IRC Sec	25 ' ' '						3		\$200,00
4 Reduction in limitation. Su							4		-
5 Dollar limitation for taxable		The second secon	FITTER CONTRACTOR CONT	torresonana.			5		
	escription of prop		(b) Cost (business use or	ıly) (d) Elected	cost			
6							136		
7 Listed property (elected IF	C Section 179 cos	st)		7					
8 Total elected cost of IRC S	Section 179 proper	ty. Add amounts in colum	n (c), line 6 and line 7	*************			8		
9 Tentative deduction. Enter	the smaller of lin	e 5 or line 8					9		
O Carryover of disallowed de			***************************************				10		
			less than zero) or line 5				11		
2 IRC Section 179 expense	deduction. Add line	e 9 and line 10, but do not	enter more than line 11				12		
3 Carryover of disallowed di	eduction to 2022.	Add line 9 and line 10, less	s line 12	13	15.016.000	200000	U.E. 3.	Television of	
art II Depreciation and Ele	ction of Additiona	I First Year Depreciation	Deduction Under R&TC Secti	on 24356					
(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life rat	or		(g) eciation his year	(h) Additional first year depreciation
14									
								·	
		(0							
SEE STATEMENT		1,683,715.			<u> </u>				
	nn (g) and column	(h). The total of column (l	h) may not exceed \$2,000.						
15 Add the amounts in colun	4			***************************************		15		33,883	
15 Add the amounts in colum See instructions for line 1	4, column (n)								
See instructions for line 1									
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre	electing: add the amount or ciation under R&T	C Section 24356, add the	amounts on line 15, columns (46		33 RR
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election	electing: add the amount o ciation under R&T n is made), enter t	C Section 24356, add the he amount from line 15, c	amounts on line 15, columns (olumn (g)						
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed)	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos	C Section 24356, add the he amount from line 15, c ses from federal Form 456	amounts on line 15, columns (olumn (g) 12, line 22						33,88 33,88
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment.	electing: add the amount o ciation under R&T n is made), enter t I for federal purpos If line 17 is greater	C Section 24356, add the he amount from line 15, co ses from federal Form 456 than line 16, enter the dif	amounts on line 15, columns (olumn (g) 52, line 22 ference here and on Form 100	or Form 100\	W, Side 1	, line 6.			
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment. If line 17 is less than line	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos If line 17 is greater 16, enter the differ	C Section 24356, add the he amount from line 15, coses from federal Form 456 than line 16, enter the difence here and on Form 10	amounts on line 15, columns (olumn (g) i2, line 22 ference here and on Form 100 i0 or Form 100W, Side 2, line	or Form 100\ 12. (If Californ	V, Side 1,	, line 6.	17		33,88
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment. If line 17 is less than line amounts are used to deter	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos If line 17 is greater 16, enter the differ	C Section 24356, add the he amount from line 15, coses from federal Form 456 than line 16, enter the difence here and on Form 10	amounts on line 15, columns (olumn (g) 52, line 22 ference here and on Form 100	or Form 100\ 12. (If Californ	V, Side 1,	, line 6.			33,88
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment. If line 17 is less than line amounts are used to deter	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos if line 17 is greater 16, enter the differ mine net income b	C Section 24356, add the he amount from line 15, coses from federal Form 456 than line 16, enter the difference here and on Form 10 pefore state adjustments of the content	amounts on line 15, columns (olumn (g) i2, line 22 ference here and on Form 100 i0 or Form 100W, Side 2, line	or Form 100\ 12. (If Caliform adjustment i	V, Side 1, ia deprecs necessa (e) R&TO Sectio	, line 6. iation	17	(i	
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment. If line 17 is less than line amounts are used to deter Part IV Amortization (a) Description of prope	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos if line 17 is greater 16, enter the differ mine net income b	C Section 24356, add the he amount from line 15, coses from federal Form 456 than line 16, enter the difference here and on Form 10 pefore state adjustments of the content	amounts on line 15, columns of column (g) 12, line 22 ference here and on Form 100 10 or Form 100W, Side 2, line on Form 100 or Form 100W, no line of f	or Form 100\ 12. (If Caliform adjustment i	V, Side 1, ia deprec s necessa (e) R&TO	, line 6. iation	17 18 (f) Period or	(i	33,88
See instructions for line 1 Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment. If line 17 is less than line amounts are used to detel Part IV Amortization (a) Description of propersists.	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos if line 17 is greater 16, enter the differ mine net income b	C Section 24356, add the he amount from line 15, coses from federal Form 456 than line 16, enter the difference here and on Form 10 pefore state adjustments of the content	amounts on line 15, columns of column (g) 12, line 22 ference here and on Form 100 10 or Form 100W, Side 2, line on Form 100 or Form 100W, no line of f	or Form 100\ 12. (If Caliform adjustment i	V, Side 1, ia deprecs necessa (e) R&TO Sectio	, line 6. iation	17 18 (f) Period or	(i	33,88
Part III Summary 16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election 17 Total depreciation claimed 18 Depreciation adjustment. If line 17 is less than line amounts are used to determand the line 17 is less than line amounts are used to determand the line 17 is less than line amounts are used to determand the line line 17 is less than line amounts are used to determand the line line line line line line line lin	electing: add the amount o ciation under R&T n is made), enter ti for federal purpos if line 17 is greater 16, enter the differ mine net income b	C Section 24356, add the he amount from line 15, coses from federal Form 456 than line 16, enter the difference here and on Form 10 pefore state adjustments of the content	amounts on line 15, columns of column (g) 12, line 22 ference here and on Form 100 10 or Form 100W, Side 2, line on Form 100 or Form 100W, no line of f	or Form 100\ 12. (If Caliform adjustment i	V, Side 1, ia deprecs necessa (e) R&TO Sectio	, line 6. iation	17 18 (f) Period or	(i	33,88

20 Total. Add the amounts in column (g)

21 Total amortization claimed for federal purposes from federal Form 4562, line 44

22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,

Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100W, Side 2, line 12

22

CA 3885		DEPRECIATION			STATEMENT 10			
ASSET DESCRI	NO./ IPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	FURNITURE	00/01/00	05.410	0.7.410		10.00		
2	RAIN GUTTERS	02/01/02 ;	27,419.	27,419.	SL	10.00	0.	
3	TILE OF LIFE	03/01/02 REPRO.	1,185.	1,185.	SL	10.00	0.	
	LAND - P	03/01/02	2,638.	2,638.	SL	10.00	0.	
		12/20/01	501,534.			.000	0.	
5	BUILDING - F	12/20/01	902,930.	451,464.	SL	39.00	23,152.	
6	IMPROVEMENTS		32,702.	-				
7	TILE OF LIFE	E	•	15,521.		39.00		
8	PAINTING	07/31/04	17,890.	17,890.	SL	10.00	0.	
	CARPET & CHA	10/27/06	16,800.	16,800.	SL	10.00	0.	
		03/29/10	1,106.	1,106.	SL	7.00	0.	
10	COMPUTER UPG	RADE 07/29/09	1,853.	1,853.	SL	3.00	0.	
11	BURIAL PLOTS	5 - LOVMP 06/30/10	1,800.	-		.000	0.	
12	SHELVING		·	4				
13	LEATHER COUC	06/30/11 H & LOVESE	1,037. CAT	1,037.	SL	7.00	0.	
14	RECLINER	08/26/10	1,469.	1,469.	SL	7.00	0.	
		09/07/10	300.	300.	SL	7.00	0.	
	46" FLAT SCR	05/11/11	500.	500.	SL	5.00	0.	
16	ELECTRIC SCO	OTER 12/19/11	1,500.	1,500.	ST.	7.00	0.	
17	CARPET (DOWN	ISTAIRS)	·					
18	HEATER	12/12/12	4,157.	4,157.	SL	7.00	0.	
19	SERVER	06/27/13	10,301.	8,240.	SL	10.00	1,030.	
		04/01/15	1,796.	1,796.	SL	5.00	0.	
20	CARPET	11/04/14	9,815.	9,347.	SL	7.00	468.	
21	PAINTING (EX	TERIOR) 11/05/14	18,475.	12,320.	SI.	10.00	1,848.	
22	VINYL FLOORI	NG	-	-			•	
23	WHEELCHAIR F	02/25/15 RAMP	5,025.	4,547.	SL	7.00	478.	
24	LANDSCPAING	06/30/15	77,148.	11,868.	SL	39.00	1,978.	
		10/30/15	1,798.	680.	SL	15.00	120.	
	SIGNAGE	12/31/15	1,674.	616.	SL	15.00	112.	
26	A/C UNIT	06/30/18	11,374.	2,274.		15.00	758.	
27	PHONE SYSTEM	1		-				
		01/31/18	13,606.	6,642.	SL	7.00	1,944. STATEME	NT(S)

НО	SPICE OF SAN LUIS OBISPO	COUNTY			95-31951	.26
	28 HVAC					
[2]	10/08/19	14,601.	1,703. SL	15.00	973.	
2	29 WATER HEATER 12/18/19	1,282.	275. SL	7.00	183.	
TO	TAL TO FORM 3885	1,683,715.	605,147.	_	33,883.	

STATE OF CALIFORNIA

(Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

	800, plus interest, and/or fines or filing penalties. I 13; Government Code section 12586.1. IRS extens					
HOSPICE OF SAN LUIS OBISPO COUNTY Name of Organization Check if: Change of address Amended report						
List all DBAs and names the organization uses or has used 1304 PACIFIC STREET		State Che	rity Registration Numb	07033100		
Address (Number and Street)		State Cria	inty Hegistration Numb	per C1 033103		
SAN LUIS OBISPO, CA 934	01	Corporation	on or Organization No.	8305220		
805-544-2266 Telephone Number E-mail Address		Federal E	mployer ID No. 95-	3195126		
ļ	NEWAL FEE SCHEDULE (11 Cal. C	ode Regs	. sections 301-307, 3	11. and 312)	<u></u>	
	Make Check Payable to Departme					
	otal Revenue etween \$250,001 and \$1 million	<u>Fee</u> \$100	Total Revenue Between \$20,000,00	01 and \$100 million	Fee \$80	_
Between \$50,000 and \$100,000 \$50 B	etween \$1,000,001 and \$5 million	\$200	Between \$100,000,0	001 and \$500 million		000
Between \$100,001 and \$250,000 \$75 B PART A - ACTIVITIES	etween \$5,000,001 and \$20 million	\$400	Greater than \$500 n	million	\$1,	200
For your most recent full accounting per	riod (beginning 07/01/202	1 end	ing 06/30/20)22) list:		
Total Revenue (including noncash contributions) \$ 554,20 Program Expenses \$	7 Noncash Contributions \$	Total Expe	0 Total Assets	\$ 1,55 585,960	4,0	<u>10</u>
PART B - STATEMENTS REGARDING ORGAN	IZATION DURING THE PERIOD OF	F THIS RE	PORT			
Note: All questions must be answered. If you providing an explanation and details for	u answer "yes" to any of the quest or each "yes" response. Please rev	ions belov view RRF-	v, you must attach a : 1 instructions for info	separate page	Yes	No
During this reporting period, were there any and any officer, director or trustee thereof, any financial interest?	y contracts, loans, leases or other fin- either directly or with an entity in whi	ancial tran	sactions between the ch officer, director or to	organization rustee had		x
During this reporting period, was there any or funds?	theft, embezzlement, diversion or mi	isuse of the	e organization's charit	able property		x
During this reporting period, were any organ	nization funds used to pay any pena	lty, fine or	judgment?			
During this reporting period, were the service commercial coventurer used?	ces of a commercial fundraiser, fund	raising cou	insel for charitable pur	rposes, or		Х
5. During this reporting period, did the organiz	zation receive any governmental func	ding?			х	
6. During this reporting period, did the organiz	zation hold a raffle for charitable purp	poses?				Х
7. Does the organization conduct a vehicle do		<u> </u>				Х
Did the organization conduct an independe generally accepted accounting principles for the second seco	ent audit and prepare audited financia or this reporting period?	al stateme	nts in accordance with	1		Х
9. At the end of this reporting period, did the	organization hold restricted net asse	ts, while re	porting negative unres	stricted net assets?		х
I declare under penalty of perjury that I have e and belief, the content is true, correct and cor	mplete, and I am authorized to sig	n. _			viedge	
Signature of Authorized Agent Printed	NON MCOUAT		EXECUTIVE DI	IRECTOR Date		
129291						