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SCANNED AUG 1 4 2012

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2011

OMB No 1545-0052

		ndar year 2011 or tax year beginning	, ai	ıd ending					
Nam	e of f	oundation			A	Em	ployer identification nu	ımber	
Schl	ınge	r Family Foundation					52-2390	970 _	
		and street (or P O box number if mail is not delivered to street add	iress)	Room/suite	В	Tele	ephone number (see inst	tructions)	
1250	N.	Lakeview Avenue		В_	1		(800) 839-	1754	
City	or tov	vn, state, and ZIP code	-	•	С	If ex	emption application is pe	ending, chec	k here 🕨 🗌
Anal	heim	<u> </u>	CA	92807					
G	Chec	ck all that apply 🔲 Initial return 🔲 Initia	I return of a former p	ublic charity	D	1. F	oreign organizations, che	eck here	▶□
		☐ Final return ☐ Ame	nded return			2. F	oreign organizations med	eting the 85	% test,
		X Address change Nam	e change		1	cl	heck here and attach cor	mputation	▶∐
		ck type of organization X Section 501(c)(3) exer			E	If pri	vate foundation status w	as terminat	ed
	Sect	tion 4947(a)(1) nonexempt charitable trust 🏻 🔲 C	ther taxable private	foundation		unde	er section 507(b)(1)(A), o	check here	▶∐
T F	aır r	market value of all assets at end J Accounting n		Accrual	F	If the	e foundation is in a 60-m	onth termin	ation
		ar (from Part II, col (c),				unde	er section 507(b)(1)(B), o	check here	▶∐
	_	16) ▶\$ 1,887,273 (Part I, column (c	l) must be on cash basi	ıs)	<u>!</u>	_		I (4) Die	
Par	t I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investm	nent		(c) Adjusted net		bursements haritable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	ıncome		1	income		rposes
						+		(cash	basis only)
İ	1	Contributions, gifts, grants, etc , received (attach schedule)	692,780		_	+			
	2	Check I if the foundation is not required to attach Sch B	298		20	98			
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	41,919	Δ.	1,91	$\overline{}$		 	
	-	Gross rents	41,515		1,5	'		 	
_ [Net rental income or (loss)			-	1	······································		
<u>a</u>		Net gain or (loss) from sale of assets not on line 10	92,857						
e le		Gross sales price for all assets on line 6a 1,736,353							
Revenue	7	Capital gain net income (from Part IV, line 2)		92	2,85	57		,	
-	8	Net short-term capital gain				_			
	9	Income modifications				4			<u>-</u>
		Gross sales less returns and allowances				_		<u> </u>	
		Less Cost of goods sold				+			
		Gross profit or (loss) (attach schedule)	55 A11			65	RECEIV	FN	
	11 12	Other income (attach schedule) Total. Add lines 1 through 11	55,411	42		39 g			ပ္က
-			883,265	13:	<u>ی ۱</u> ۰	3		12	3
اذة	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages				╫.	- AUG 1 0 20	1'-	'S
Si S	15	Pension plans, employee benefits				11"	<u> </u>	!	=
Š		Legal fees (attach schedule)				#	OGDEN.	HIT	
		Accounting fees (attach schedule)	3,000			4		-	3,000
.≝		Other professional fees (attach schedule)	8,033		8,0	33			
ā	17	Interest				_			
isi	18	Taxes (attach schedule) (see instructions)	_3,431			31			
-	19	Depreciation (attach schedule) and depletion	447		4	47		 	
회	20	Occupancy				-+		-	
9	21	Travel, conferences, and meetings				\dashv		+	
ام	22 23	Printing and publications Other expenses (attach schedule)	12,644		1	70	· · · · · · · · · · · · · · · · · · ·	 	12,405
21	23 24	Total operating and administrative expenses.	12,044	<u> </u>		╧		 	.2, .50
äti	-7	Add lines 13 through 23	27,555		9,3	81		I_	15,405
ber	25	Contributions, gifts, grants paid .	286,250						286,250
이	26	Total expenses and disbursements Add lines 24 and 25	313,805		9,3	81			301,655
\rightarrow	27	Subtract line 26 from line 12	3.0,000			寸			
		Excess of revenue over expenses and disbursements	569,460						
		Net investment income (if negative, enter -0-)			5,7	58			
	C	Adjusted net income (if negative, enter -0-)		L	_			<u> </u>	

For Paperwork Reduction Act Notice, see instructions.

Da	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments .	322,796	379,609	379,609
	3	Accounts receivable	r 66 99		k en n
		Less allowance for doubtful accounts			
	4	Pledges receivable		_	,
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	İ	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	· ·	. ''	*
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10 a	a Investments—U S and state government obligations (attach schedule)			
	1	b Investments—corporate stock (attach schedule) .	928,465	1,517,642	1,507,664
	(c Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis		;	
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans .			
	13	Investments—other (attach schedule)	76,083		
	14	Land, buildings, and equipment basis ► 7,919			
		Less accumulated depreciation (attach schedule) ► 7,919	447	0	0
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,327,791	1,897,251	1,887,273
	17	Accounts payable and accrued expenses		**	
Ś	18	Grants payable			
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>-</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here			
ö		and complete lines 24 through 26 and lines 30 and 31.			
ä	24	Unrestricted			
Balances	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds			1
et	28	Paid-in or capital surplus, or land, bldg , and equipment fund		1.000.00	-
SS	29	Retained earnings, accumulated income, endowment, or other funds	1,327,791	1,897,251	=1
7	30	Total net assets or fund balances (see instructions)	1,327,791	1,897,251	
Š	31	Total liabilities and net assets/fund balances (see	4 007 704	4 007 054	·
D	- 1111	Instructions)	1,327,791	1,897,251	
	rt III		30 (must agree with	- <u> </u>	
1		net assets or fund balances at beginning of year—Part II, column (a), line	oo (must agree with	1	1,327,791
2		of-year figure reported on prior year's return)		2	569,460
_		r amount from Part I, line 27a			309,400
3 ₄				4	1,897,251
		ines 1, 2, and 3		5	_1,097,231
		eases not included in line 2 (itemize) ► net assets or fund balances at end of year (line 4 minus line 5)—Part II, o		6	4 007 054
ס	iotal	net assets of fund balances at end of year (line 4 minus line 5)—Part II, 0	olullii (b), iiile 30		1,897,251

(a) List and describe the kil	Losses for Tax on Invest nd(s) of property sold (e g , real estate or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date (mo , d		(d) Date sold (mo , day, yr)
1a Publicly-traded Securities						
b Passthrough K1 Capital Gain						
c Section 751 Gain on Sale of P	artnership - Reclass					
_d						
			<u> </u>			
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss)) minus (g)
_a1,736,353			1,594,306			142,047
b						156
<u>c</u>	·					-49,346
d e						·
Complete only for assets showing	a dain in column (b) and owned by	v the foundati	on on 12/31/60			(h)
Complete only for assets showing	(j) Adjusted basis		ess of col (i)			(h) gain minus less than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	` '	ol (j), if any			om col (h))
a						142,047
b						156
С						-49,346
d						
e		<u> </u>				
2 Capital gain net income or (ne	et capital loss) { If gain, also	o enter in Pa iter -0- in Pa		2		92,857
3 Net short-term capital gain or						
If gain, also enter in Part I, line in Part I, line 8	e 6, column (c) (see instructio	ns) II (loss),	, enter -0-	3		
Part V Qualification Under	Section 4940(e) for Ped	uced Tay o	n Net Investme			
If section 4940(d)(2) applies, leav Was the foundation liable for the s If "Yes," the foundation does not described.	section 4942 tax on the distrib		* *	the base _l	period?	Yes X No
	nt in each column for each yea			making a	ny entries	
(a)	(b)		(c)			(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of nonchantable-use a	ssets		ribution ratio livided by col. (c))
2010	287,9	26	1.134	.425	0 25380	
2009	254,2		786	6,611		0 323164
2008	315,7	87	833	3,777		0 378743
2007	296,6			,947		0 308707
	222,0	20	912	2,239		0 243379
2 Total of line 1, column (d)				2		1 507801
3 Average distribution ratio for t the number of years the found				'. <u>3</u>		0 301560
4 Enter the net value of noncha	ritable-use assets for 2011 fro	om Part X, III	ne 5	4		1,422,715
5 Multiply line 4 by line 3				5		429,034
6 Enter 1% of net investment in	come (1% of Part I, line 27b)			6	-	1,258
7 Add lines 5 and 6				7	_	430,292
8 Enter qualifying distributions f If line 8 is equal to or greater the Part VI instructions		Part VI, line 1	1b, and complete	that part u		301,655 6 tax rate See

Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948–	-see	instruc	tions	i)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			^		
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		~* (2	ì	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		2	,515	
	here ▶ ☐ and enter 1% of Part I, line 27b		* ;			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%		-22	À 4	,	'
_	of Part I, line 12, col (b).	_			اہ	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			E 1 E	
3	Add lines 1 and 2	3			,515	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<u>4</u> 5			,515	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	3			,5 15	
6	Credits/Payments 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 2,794				~	
	Exempt foreign organizations—tax withheld at source . 6b		* \$		* .	*
	Tax paid with application for extension of time to file (Form 8868) 6c 0	1,3		,	ŀ	ŝ
	Backup withholding erroneously withheld 6d		ź (#		`	4
7	Total credits and payments Add lines 6a through 6d	7	7 %	2	,794	
8	Enter any penalty for underpayment of estimated tax. Check here	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			279	
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 279 Refunded ▶	11			0	
Pai	t VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			×^	Yes	No
	participate or intervene in any political campaign?			1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
-	instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities				,×. 14	
c	Did the foundation file Form 1120-POL for this year?			1c		Χ
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				'n.	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				7	,
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			l ^	3 *	:
	on foundation managers. \$			١.	15. 1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities			2		. ,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3 4a	Х	_ X_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?			4b	x	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	^	Х
J	If "Yes," attach the statement required by General Instruction T	•		<u> </u>	4,3	<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				\$. ` .	ŀ
	By language in the governing instrument, or					_
	By state legislation that effectively amends the governing instrument so that no mandatory directions				à	1
	that conflict with the state law remain in the governing instrument?			6	X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd P	art XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				۶ ,	
	CA			12 3	,	
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			w		
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9	_	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					1
	their names and addresses			10	<u> </u>	X

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions) .	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X	
	Website address	/800		1754
14	The books are in care of ► Foundation Source Telephone no ►		839-	1/54
45	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-1377		· <u>-</u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year . • 15			• 🗀
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
. •	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		,	
	for the benefit or use of a disqualified person)?		*	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a репоd after termination of government service, if terminating within 90 days) Уев Х No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		х
	Organizations relying on a current notice regarding disaster assistance check here	-		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2011?	1c	·	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		14//	
·	> 20 , 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	2.	NI/A	
40	if the foundation had excess business holdings in 2011) .	3b	N/A	×
4a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable.	4a		 ^-

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

Forn	990-PF (2011) Schlinger Family Foundation									52-2	390970	F	Page 6
Pa	rt VII-B Statements Regarding Activitie	es fo	r Which Forn	n 47	20 May Be R	equire	d (cc	ntinu	ed)				
5a	During the year did the foundation pay or incur any	amou	unt to							_		ļ	
	(1) Carry on propaganda, or otherwise attempt to	o ınflu	ence legislation (section	on 4945(e))?			Y	es	X No	,	Į.	
	(2) Influence the outcome of any specific public			955),	or to carry			_		_			
	on, directly or indirectly, any voter registration	n drive	?		•			<u></u>	9 S	X No)		
	(3) Provide a grant to an individual for travel, stu	idy, or	other similar pur	pose	s?			□ Y ₁	es	X No	.		
	(4) Provide a grant to an organization other than	a cha	ırıtable, etc., orga	anızat	ion described								
	in section 509(a)(1), (2), or (3), or section 49-							□ Y	es	X No	,		1
	(5) Provide for any purpose other than religious,	charit	able, scientific, li	terary	, or			_					
	educational purposes, or for the prevention of			_				□ Y	es	X No	,		
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	ransa	ctions fail to qual	ify un	der the exceptio	ns desc	cnbed	ın					
	Regulations section 53 4945 or in a current notice										5b	N/A	<u> </u>
	Organizations relying on a current notice regarding	disas	ster assistance ch	neck l	here				ightharpoons		-		
С	If the answer is "Yes" to question 5a(4), does the fe												
	tax because it maintained expenditure responsibilit	ty for t	he grant?					□ Y	es	☐ No	,		1
	If "Yes," attach the statement required by Regulation	ons se	ection 53 4945–5	(d)							Ì		
6a	Did the foundation, during the year, receive any ful	nds, d	rectly or indirect	ly, to	pay								
	premiums on a personal benefit contract?							_ Y	es	X No) .		1
b	Did the foundation, during the year, pay premiums	, direc	tly or indirectly, o	n a p	ersonal benefit o	contract	?				6b		X
	If "Yes" to 6b, file Form 8870							_		_		ŀ	
7a	At any time during the tax year, was the foundation	n a pa	rty to a prohibited	tax :	shelter transaction	n?		∐ Y	es	X No	·		<u> </u>
b	If "Yes," did the foundation receive any proceeds of										7b	N/A	
Р	art VIII Information About Officers,	Dire	ctors, Truste	es,	Foundation	Mana	gers	, High	nly F	Paid E	mploy	ees,	
	and Contractors												
_							:	4 . 4*	1				
_1	List all officers, directors, trustees, founda			_						<u>). </u>			
		(b)	Title, and average	(c)	Compensation	(0	d) Cont	nbution	s to		(e) Expe		
	List all officers, directors, trustees, foundates	(b) h		(c)		(c em	d) Cont ployee		s to plans			nse acco	
SE		(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
SE	(a) Name and address	(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
SE	(a) Name and address	(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
SE	(a) Name and address	(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
SE	(a) Name and address	(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
SE	(a) Name and address	(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
SE	(a) Name and address	(b) h	Fitle, and average ours per week	(c)) Compensation not paid, enter	(c em	d) Cont ployee	nbution: benefit	s to plans				
	(a) Name and address E ATTACHMENT	(b) h	Fitle, and average lours per week voted to position	(c) (If	Compensation not paid, enter -0-)	(c em and d	d) Cont ployee leferred	nbution: benefit I compe	s to plans nsatio	on	other a		
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employ	(b) h	Fitle, and average lours per week voted to position	(c) (If	Compensation not paid, enter -0-)	(c em and d	d) Cont ployee leferred	nbution: benefit I compe	s to plans nsatio	on	other a		
	(a) Name and address E ATTACHMENT	(b) h	Fitle, and average lours per week voted to position	(c) (lf	Compensation not paid, enter -0-)	(c em and d	d) Cont ployee leferred	nbution: benefit compe	s to plans insatio	es). If r	other a		
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE."	(b) h de	Fitte, and average ours per week voted to position (other than the (b) Title, and average	(c) (lf	Compensation not paid, enter -0-)	(c em) and d	d) Cont ployee leferred	nbution: benefit I compe	s to plans nsation	es). If r	other a	nse acc	es ount,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employ	(b) h de	Fitle, and average lours per week voted to position	ose i	Compensation not paid, enter -0-)	(c em) and d	see ii (d) Crempplans	nbution: benefit I compe	s to plans p	es). If r	other a	llowanc	es ount,
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2 (a	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE.") Name and address of each employee paid more than \$50	(b) h de	Title, and average ours per week voted to position (other than the bourse of the country of the	ose i	Compensation not paid, enter -0-)	(c em) and d	see ii (d) Crempplans	nbution: benefit I compe	s to plans p	es). If r	other a	nse acc	es ount,
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2 (a	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE.") Name and address of each employee paid more than \$50	(b) h de	Title, and average ours per week voted to position (other than the bourse of the country of the	ose i	Compensation not paid, enter -0-)	(c em) and d	see ii (d) Crempplans	nbution: benefit I compe	s to plans p	es). If r	other a	nse acc	es ount,
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,	
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensa	ion
NONE	
Total number of others receiving over \$50,000 for professional services ▶	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1	
2	
3	-
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount	
1	
2	
All other program-related investments. See instructions	_
3	
Total. Add lines 1 through 3	0

Pa	Minimum Investment Return (All domestic foundations must complete this part Foreign	founda	itions,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,209,466
b	Average of monthly cash balances	1b	234,915
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c) .	1d	1,444,381
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,444,381
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions) .	4	21,666
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,422,715
6	Minimum investment return. Enter 5% of line 5	6	71,136
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	71,136
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI) . 2b 2,671		
C	Add lines 2a and 2b	2c	5,186
3	Distributable amount before adjustments Subtract line 2c from line 1	3	65,950
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	65,950
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	65,950
Par	t XII Qualifying Distributions (see instructions)		<u> </u>
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	301,655
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		_
	purposes .	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	301,655
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	301,655
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	dation	

qualifies for the section 4940(e) reduction of tax in those years

In	1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
a Enter amount for 2010 only b Total for proy rears 20		line 7				65,950
b Total for pror years 20	2	Undistributed income, if any, as of the end of 2011				
3 Excess distributions carryover, if any, to 2011 a From 2007 b From 2007 c From 2008 d From 2009 e From 2009 o From 2010 f Total of fines 3 at brough e 4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 301.655 XXII, line 4 ▶ \$ 301.655 Applied to 2010, but not more than line 2a b Appled to ground—see instructions) c Treated as distributions out of corpus (Election required—see instructions) d Appled to 2011 distributiable amount e Remaining amount distributed ut of corpus Excess distributions carryover applied to 2011 (if an amount appears in column (a), the same amount must be aboven in column (a)) f Enter the net total of each column as indicated below: a Corpus Add lines 31, 40, and 4e Subtract line 5 b Pror years' undistributed once Subtract line 4b from line 2b b Pror years' undistributed once Subtract line 4b from line 2b d Subtract line 6c from line 6b Taxable amount—see instructions f Undistributed income for vinch in section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount—see instructions f Undistributed income for vinch and the distributions f Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2011 Subtract line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a from line 6b Total line 4a	•	•			54,015	
a From 2006 b From 2007 c From 2008 d From 2009 d From 2009 d From 2009 0 Fro	ł	Total for prior years 20, 20, 20		0		
b From 2007	3	Excess distributions carryover, if any, to 2011				
C From 2008	•					
d From 2009	ı				1	
From 2010	•					
f Total of lines 3a through e 4 Qualifying distributions for 2011 from Part XII, line 4 ₱ \$ 301,655 a Applied to 2010, but not more than line 2a b Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 (if an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed mome Subtract line 4 from line 2b c Enter the amount of prior years' undistributed mome for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount—see instructions f Undistributed income for 2010 Subtract line 4 from line 2a Taxable amount—see instructions 0 Undistributed income for 2011 Subtract line 4 from line 2a Taxable amount must be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(f)(f) or 4942(g)(3) (see instructions) 8 Excess distributions carryover for 2006 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 8a 10 Analysis of line 9 a Excess from 2007	•	f From 2009 0				
4 Qualifying distributions for 2011 from Part XI, line 4	•	<u> </u>		i		
XII, line 4		<u> </u>				
a Applied to 2010, but not more than line 2a	4		λ.			
b Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 (If an amount appears in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount—see instructions e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) Excess fistributions carryover to 2012. Subtract lines 4d and 8 from line 6a O Analysis of line 9 a Excess from 2007 D Excess from 2000 C Excess from 2001 C Excess from 2001 C Excess from 2001 C Excess from 2001 C Excess from 2001 C Excess from 2001					5 4 6 4 5	
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f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 0 65,950 247,640 247,640 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4a from line 2a Taxable amount—see				
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be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 0 655,950 247,640 5 0 0 7 0 0 8 0 0 9	1	Undistributed income for 2011 Subtract	, ,		-	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007		lines 4d and 5 from line 1. This amount must			ļ	
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8		be distributed in 2012		,		65,950
section 170(b)(1)(F) or 4942(g)(3) (see instructions) 247,640 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) 0 9 Excess distributions carryover to 2012. 0 Subtract lines 7 and 8 from line 6a 0 10 Analysis of line 9 0 a Excess from 2007 0 b Excess from 2008 0 c Excess from 2009 0 d Excess from 2010 0 e Excess from 2011 0	7	Amounts treated as distributions out of				*
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) 0 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 0 10 Analysis of line 9 0 a Excess from 2007 0 b Excess from 2008 0 c Excess from 2009 0 d Excess from 2010 0 e Excess from 2011 0		corpus to satisfy requirements imposed by				
not applied on line 5 or line 7 (see instructions) 9		section 170(b)(1)(F) or 4942(g)(3) (see instructions)	247,640			
9	8	Excess distributions carryover from 2006				
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 0		not applied on line 5 or line 7 (see instructions)	0			····
10 Analysis of line 9 a Excess from 2007 0 b Excess from 2008 0 c Excess from 2009 0 d Excess from 2010 0 e Excess from 2011 0	9	Excess distributions carryover to 2012.				
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b Excess from 2008 0 c Excess from 2009 0 d Excess from 2010 0 e Excess from 2011 0	10	Analysis of line 9				
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d Excess from 2010 0 e Excess from 2011 0	- 1	Excess from 2008				
e Excess from 2011 0	,	Excess from 2009	1			
	(4			
		Excess from 2011 0	L			

Form	990-PF (2011) Schlinger Family Foundation				52-239	0970 Page 10
Par	t XIV Private Operating Foundations (s		and Part VII-A, q	uestion 9)		N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2011, entitled to the ruling its effective for 2011, entitled to		•	•		
b	Check box to indicate whether the foundation is a	orivate operating fou	indation described in	n section	4942(J)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for each year listed	0	(5) 25.0	(0, 2000	(-,	0
h	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed	-				0
d	Amounts included in line 2c not used directly	0				-
	for active conduct of exempt activities					0
C	for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter		5			
a	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3				<u>-</u>	
_	of minimum investment return shown in		-			_
	Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter			<u> </u>		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	t XV Supplementary Information (Cor assets at any time during the ye			ndation had \$5,	,000 or more in	
1	Information Regarding Foundation Manag		itions.j			
-	List any managers of the foundation who have cor		2% of the total contri	butions received by	the foundation	
_	before the close of any tax year (but only if they ha					
Міс	hael Stewart Schlinger					
	List any managers of the foundation who own 10%				ortion of the	
	ownership of a partnership or other entity) of which	n the foundation has	a 10% or greater in	terest		
<u>NO</u>		4 Cift Loon Sol	olombin etc. Pr	· · · · · · · · · · · · · · · · · · ·		
2	Information Regarding Contribution, Grant Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d.	contributions to pre	selected charitable	organizations and do		
а	The name, address, and telephone number of the	person to whom ap	plications should be	addressed		
b	The form in which applications should be submitted	d and information a	nd materials they sho	ould include		
	Anna shara and de disas					
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as factors	oy geographical are	as, charitable fields,	kınds of institutions,	or other	

Part XV Supplementary Information (continued)

Recipient	3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment	
Name and address (home or business) A	Recipient	show any relationship to	status of	, ,	Amount
A STEPPING STONE FOUNDATION PO BOX 87149 PHOEMIX AZ 85090 ALLIANCE FOR THE ARTS 2100 E THOUSAND CAKS BLVD E THOUSAND CAKS CA 91362 AMERICAN NATIONAL RED CROSS 850 ARLINGTON BLVD FAIRFAX VA 22031 ANGELS FOSTER CARE OF SANTA BARBARA 3905 STATE ST 7-116 SANTA BARBARA CA 93105 BOY'S SCUTIS OF AMERICA 1211 E DYER RD SANTA BARBARA CA 93103 BOY'S A GIRLS CLUB OF SANTA BARBARA INC 802'S E CANON PERDID OS T SANTA BARBARA CA 93103 BOY'S A GIRLS CLUB S-SANGORGONIO PASS PO BOX 655 BEALMONT CA 92223 CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORD OR OCEANSIDE CA 92057 CASAS FOR KIDS FUNDINC PO BOX 4074 LFAYETTE 108 CASAS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRASS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRASS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRASS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRASS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 109 CREANS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 109 CREANS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 109 CREANS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 109 CREANS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 109 CREANS FOR KIDS FUNDING PO BOX 4074 LFAYETTE 108 CRANGE CA 92885 CHILDREN PROJECT 1 300 STATE ST 1 300 ST 1 300 ST 1 300 ST 1	Name and address (home or business)		recipient		
PHOEMIX AZ 85090 ALLIANCE FOR THE ARTS 2100 E THOUSAND CAKS BLVD E THOUSAND CAKS CA 91362 AMERICAN NATIONAL RED CROSS 850 ARLINGTON BLVD FAIRFAX VA 2031 ANCELS FOSTER CARE OF SANTA BARBARA 3905 STATE ST 7-116 SANTA BARBARA CA 93105 BOY'S COUTS OF AMERICA 1211 E DYER RD SANTA BARBARA CA 93105 BOY'S S GIRLS CLUB D'S SANTA BARBARA INC 8025 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOY'S A GIRLS CLUB S- SANGORGONIO PASS PO BOX 855 BEALMONT CA 92223 CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORD OR OCEANSIDE CA 92057 CASAS FOR KIDS FUNDINC PO BOX 4074 LFAYETTE IN 47903 CHILDREN SIVING GIFTS INC SANTA BARBARA CA 93105 DCASS TO SANGORGONIO PASS N/A 509(a)(1) General & Unrestricted 500 G	A STEPPING STONE FOUNDATION	N/A	509(a)(1)	General & Unrestricted	5,000
ALLIANCE FOR THE ARTS 2100 E THOUSAND OAKS CA 91362 THOUSAND OAKS CA 91362 AMERICAN NATIONAL RED CROSS 8550 ARLINGTON BLVD FAIRFAX VA 22031 FAIRFAX VA 22031 FAIRFAX VA 22031 FAIRFAX VA 22031 FAIRFAX VA 22031 SOUTS OF AMERICA 1,000 SANTA BARBARA CA 93105 BOY S COUTS OF AMERICA 1211 E DVER RD SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BARBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BARBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 632 E CANON PERDIDO ST SANTA BARBARA CA 93103 BOYS & GIRLS CLUB OF SANTA BORBARA INC 634 GIRLS CLUB OF SANTA BORBARA INC 635 BEAUMONT CA 92232 CANINE COMPANIONS FOR INDEPENDENCE N/A 509(a)(1) General & Unrestricted 5,000 CCANISE COMPANIONS FOR INDEPENDENCE N/A 509(a)(1) General & Unrestricted 5,000 CCANISE COMPANIONS FOR INDEPENDENCE N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CA 92865 CHILDREN PROJECT N/A 509(a)(1) General & Unrestricted 5,000 CRANGE CANON CANON CANON CANON CANON CANON CANON CA					
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AMERICAN NATIONAL RED CROSS SS50 ARLINGTÓN BLVD FAIFRAX VA 22031 ANGELS FOSTER CARE OF SANTA BARBARA N/A S09(a)(1) General & Unrestricted 500 SONTA TRUE AND A 29705 BOYS SCUTIS OF AMERICA 1211 E DYER RD SANTA BARBARA CA 39105 BOYS & GIRLS CLUB OF SANTA BARBARA INC 1221 E DYER RD SANTA ANA CA 29705 BOYS & GIRLS CLUB OF SANTA BARBARA INC 1232 E CANON PERDIDO ST SANTA BARBARA CA 39103 BOYS & GIRLS CLUB S-SANGORGONIO PASS PO BOX 655 BEAUMONT CA 92232 CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORO DR OCCANISDIE CA 92057 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 General & Unrestricted 500 General & Unrestricted 500 General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 CASAS FOR KIDS FUNDINC N/A S09(a)(1) General & Unrestricted 500 Approved for future payment Total Total Total Total Total					
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BEAUMONT CA 92223		N/A	509(a)(1)	General & Unrestricted	500
CANINE COMPANIONS FOR INDEPENDENCE 124 RANCHO DEL ORO DR OCEANSIDE CA 92057 CASAS FOR KIDS FUND INC PO BOX 4074 LAFAYETTE IN 47903 CHILDREN GIVING GIFTS INC 2322 N BATAVIA ST STE 108 ORANGE CA 92865 CHILDRENS PROJECT 3905 STATE ST SANTA BARBARA CA 93105 Total See Attached Statement Approved for fulture payment Total					
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OCEANSIDE CA 92057 CASAS FOR KIDS FUND INC N/A 509(a)(1) General & Unrestricted 500 PO BOX 4074 LAFAYETTE IN 47903 N/A 509(a)(1) General & Unrestricted 5,000 CHILDREN GIVING GIFTS INC N/A 509(a)(1) General & Unrestricted 5,000 2322 N BATAVIA ST STE 108 N/A 509(a)(1) General & Unrestricted 1,500 3905 STATE ST SANTA BARBARA CA 93105 See Attached Statement ▶ 3a 286,250 b Approved for future payment ▶ 3a 286,250		N/A	509(a)(1)	General & Unrestricted	5,000
CASAS FOR KIDS FUND INC PO BOX 4074 LAFAYETTE IN 47903 CHILDREN GIVING GIFTS INC 2322 N BATAVIA ST STE 108 ORANGE CA 92865 CHILDRENS PROJECT N/A 3905 STATE ST SANTA BARBARA CA 93105 Total See Attached Statement Approved for future payment Total					
PO BOX 4074 LAFAYETTE IN 47903 CHILDREN GIVING GIFTS INC 2322 N BATAVIA ST STE 108 ORANGE CA 92865 CHILDRENS PROJECT 3905 STATE ST SANTA BARBARA CA 93105 Total See Attached Statement ▶ 3a 286,250 ▶ Approved for future payment Total Total See National Statement ▼ 3a 286,250 ▼ 3a 286,250 ▼ 3a 286,250 ▼ 3a 286,250		NI/A	500(a)(1)	Ganaral & Unrestricted	500
LAFAYETTE IN 47903 CHILDREN GIVING GIFTS INC 2322 N BATAVIA ST STE 108 ORANGE CA 92865 CHILDRENS PROJECT 3905 STATE ST SANTA BARBARA CA 93105 Total See Attached Statement Approved for future payment Total		IN/A	509(a)(1)	General & Officsurcted	500
CHILDREN GIVING GIFTS INC 2322 N BATAVIA ST STE 108 ORANGE CA 92865 CHILDRENS PROJECT 3905 STATE ST SANTA BARBARA CA 93105 Total See Attached Statement ▶ 3a 286,250 Description of future payment Total See Total See Attached Statement ▶ 3a 286,250 ■ Total See Attached Statement					
2322 N BATAVIA ST STE 108 ORANGE CA 92865 CHILDRENS PROJECT SANTA BARBARA CA 93105 Total See Attached Statement Approved for future payment Total Total See Attached Statement Total See Attached Statement Approved for future payment Total See Attached Statement Approved for future payment Total See Attached Statement Approved for future payment Total See Attached Statement Description: Description: Total See Attached Statement Description: Desc		N/A	509(a)(1)	General & Unrestricted	5.000
ORANGE CA 92865 CHILDRENS PROJECT N/A 509(a)(1) General & Unrestricted 1,500 3905 STATE ST SANTA BARBARA CA 93105 ▶ 3a 286,250 b Approved for future payment ▶ 3a 286,250		1,,,,,			0,000
CHILDRENS PROJECT 3905 STATE ST SANTA BARBARA CA 93105 N/A 509(a)(1) General & Unrestricted 1,500 Total See Attached Statement ▶ 3a 286,250 b Approved for future payment Image: Control of the control					
3905 STATE ST SANTA BARBARA CA 93105 Total See Attached Statement b Approved for future payment Total Total See Attached Statement b 3a 286,250		N/A	509(a)(1)	General & Unrestricted	1,500
Total See Attached Statement ▶ 3a 286,250 b Approved for future payment Image: Control of the control					
b Approved for future payment Total Total Description: Approved for future payment Solve the payment of th	SANTA BARBARA CA 93105				
Total ▶ 3b 0	Total See Attached Statement			► 3a	286,250
	b Approved for future payment		1		
					:
			ļ		
			1		
			1		
000 PF	Total	· · ·		▶ 3b	

nter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(e)
4 December control control	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue	-				
a					
b	-	-			
C					
d	-				
e	•				
	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments	-		4.4	200	
3 Interest on savings and temporary cash investments			14	298	
4 Dividends and interest from securities			14	41,919	
5 Net rental income or (loss) from real estate				8	
a Debt-financed property .					·
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	92,857	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue a Federal Tax Refund			01	6,847	
b K-1 Pass-Through Income/(Loss)	525990	-847	14	61	
c Section 751 Gain on Sale of Partnerships	525990	49,346			
d Foreign Tax Refund	-		01	4	
e				444.000	
2 Subtotal Add columns (b), (d), and (e)		48,499		141,986	
3 Total. Add line 12, columns (b), (d), and (e)		•		13	190,485
See worksheet in line 13 instructions to verify calculations)		<u></u> -			 -
Part XVI-B Relationship of Activities to the Ac					
Line No. Explain below how each activity for which incom					
the accomplishment of the foundation's exempt	purposes (otner tha	in by providing tu	nas for such purp	oses) (See Instru	ections)
			· · · · · · · · · · · · · · · · · · ·		
					
				<u> </u>	
					
	·				
· · · · · · · · · · · · · · · · · · ·					
				<u> </u>	
1					
· · ·	-		·		
				<u>.</u>	
					

Form 99	0-PF (20	11) Schlinger Fa	amily Foundat	on				52-2390	970	Pag	e 13
Part >	VII			sfers To and Trai	nsactions a	nd Rela	ationships Wit	h Noncharita	ble		
		Exempt Organiza									
ın		501(c) of the Code	•	ngage in any of the ection 501(c)(3) org	-	-	_			Yes	No
a Tra		from the reporting	foundation to	a noncharitable exe	mpt organiza	tion of			1a(1)		X
		r assets							1a(2)		X
		nsactions							14(-7		
		of assets to a none	charitable exe	mpt organization					1b(1)		Χ_
(2)	Purcl	nases of assets fron	n a noncharita	ıble exempt organız	ation				1b(2)		X
(3)	Rent	al of facilities, equip	ment, or other	assets					1b(3)		<u>X</u>
		bursement arrange							1b(4)		Х
		s or loan guarantee					•		1b(5)		X
• •				ip or fundraising sol					1b(6)		X
	-	• •	-	ts, other assets, or p			(I.X I I.I I		1c		<u> </u>
va	lue of t	he goods, other ass	sets, or service	complete the follow es given by the repo ement, show in colui	rting foundati	on If the	e foundation rece	eived less than	fair ma	ırket	
(a) Line	no	(b) Amount involved	(c) Name	of noncharitable exempt o	rganization	(d) Des	scription of transfers,	ransactions, and st	naring arr	angem	ents
	-					 _					
										-	
		•						-			
	_		 -								—
											
											
	_										
		-				 					
	_					<u>. </u>					
	_					-					
			 								
de	scribed		of the Code (o	ated with, or related ther than section 50				ons	es X] No	
		(a) Name of organization		(b) Type of	f organization		(c) i	Description of relation	onship		
	•										
									-		
										-	
	Under	penalties of penury. I declare	that Large exampled	this return, including accompar	nving schedules and	statements.	and to the best of my know	dedge and belief, it is tr	ue,		
C:~-	Correc	t, and complete Declaration o	parer (other than	taxpayer) is based on all inform	nation of which prepa	rer has any	knowledge	May the IRS		hie rot:	m
Sign			// .	-1.1.	N D or	مامند	. 1	with the prepa			
Here	• •	///	1_	1/30//	2 × 1/2	side	<u>/(</u>	instructions)?			No No
	Sig	mature of officer or truste		Date	Title						
Paid		Print/Type preparer's n	iame	Preparer's signature			Date	Check If	PTIN		
Pren	arer	Jeffrey D Haskell		Jeffrey D. Has	kell		7/25/2012	self-employed	P0134	<u> 5770</u>	l

► Foundation Source

Firm's address ► 55 Walls Drive, Fairfield, CT 06824

Firm's name

Preparer

Use Only

(800) 839-1754

Firm's EIN **51-0398347**

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

►Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization			Employer identification number
Cablinger Female Face date			52-2390970
Schlinger Family Foundati Organization type (check			52-2390970
Filoso of	Canting		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)()) (enter number) organization	
	4947(a)(1) none	exempt charitable trust not treated as a prive	ate foundation
	527 political org	ganization	
Form 990-PF	X 501(c)(3) exem	npt private foundation	
	4947(a)(1) none	exempt charitable trust treated as a private f	oundation
			Januarion
	501(c)(3) taxab	ole private foundation	
• •	•	ral Rule or a Special Rule. ation can check boxes for both the General I	Rule and a Special Rule See
General Rule			
	n filing Form 990, 990-E one contributor Comple	Z, or 990-PF that received, during the year, ete Parts I and II	\$5,000 or more (in money or
Special Rules			
sections 509(a)(1)	and 170(b)(1)(A)(vi) and	Form 990 or 990-EZ that met the 33 1/3% su d received from any one contributor, during t i) Form 990, Part VIII, line 1h, or (ii) Form 99	he year, a contribution of the greater
the year, total con	ributions of more than \$	zation filing Form 990 or 990-EZ that receive 31,000 for use <i>exclusively</i> for religious, chari f cruelty to children or animals Complete Pai	table, scientific, literary, or
the year, contribut total to more than year for an <i>exclus</i>	ons for use exclusively \$1,000 If this box is che vely religious, charitable	zation filing Form 990 or 990-EZ that receive for religious, charitable, etc., purposes, but tecked, enter here the total contributions that e, etc., purpose Do not complete any of the eived nonexclusively religious, charitable, etc.	these contributions did not were received during the parts unless the General Rule
990-EZ, or 990-PF), but it	must answer "No" on Pa	e General Rule and/or the Special Rules doe art IV, line 2, of its Form 990, or check the booes not meet the filing requirements of Sche	ox on line H of its Form 990-EZ or on

Name of organization Employer identification number Schlinger Family Foundation 52-2390970

Part I	Contributors (see instructions) Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Michael S Schlinger Trust dated October 12, 2000 c/o Trustee, 5792 Grandview Avenue Yorba Linda CA 92886 Foreign State or Province Foreign Country	\$ 292,780	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Warren and Katherine Schlinger Foundation c/o Warren Schlinger, 3835 Shadow Grove Road Pasadena CA 91107 Foreign State or Province Foreign Country	\$400,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution)

Name of organizationEmployer Identification numberSchlinger Family Foundation52-2390970

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) UNITED PARCEL SERVICE UPS, 4000 sh ...1... \$ 292,780 12/23/2011 (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Name of or				Employer identification number
	amily Foundation		4-th41 42	52-2390970
Part III	Exclusively religious, charitable, etc., i			
	total more than \$1,000 for the year. Cor	•		_
	For organizations completing Part III, enter			structions) > \$ 0
	Use duplicate copies of Part III if additions	•		structions) • \$
(a) No.	Use duplicate copies of Part III if additional	ai space is nee	ue <u>u</u>	
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I				
			•••••••	
			••••••	
		(e) T	ransfer of gift	
		` ,	J	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
(=\ AI =	For Prov Country			
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I	(a) t ui peed et gire			(1)
			•••••	
		(a) T	ransfer of gift	
		(6) 1	iansier of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	Turiore of Humo, auditor, and			
			*	
	For Prov Country		·	
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I	(b) i dipose oi giit	(0)		(a) Boothplan of their gire is not
		(a) T	ransfer of gift	
		(e) i	ransier or gilt	
	Transferee's name, address, and	7IP + 4	Relationsh	ip of transferor to transferee
	Transieree 3 hame, address, and	<u>-11 · -7 · -1 · -1 · -1 · -1 · -1 · -1 ·</u>	Relations	inp of daniologo to daniologo
		• • • • • • • • • • • • • • • • • • • •		
	For Prov Country			
(a) No. from	(h) Burnoco of gift	(0)) lies of gift	(d) Description of how gift is held
Part	(b) Purpose of gift	(6)) Use of gift	(a) Description of now gift is field
		L	reporter of city	
		(е) і	ransfer of gift	
	Transference marrie address and	71D ± 4	Dalational	in of transforce to transforce
	Transferee's name, address, and	<u> </u>	Relations	ip of transferor to transferee
	For Prov Country			

Form 990-PF, Part I, Line 11 - Other Income

l	TOTAL:	55,411	65	0	
		(a)	(<u>a</u>	(2)	
		Revenue	Net Investment	Adjusted	
	Description	per Books	Income	Net Income	_
_	1 BUCKEYE PARTNERS, LP K-1 Pass-Through Share of Partnership Income	112	15	0	_
124	2 BUCKEYE PARTNERS, LP Section 751 Gain on Sale of Partnership	5,741	0	0	_
ال	3 ENBRIDGE ENERGY PARTNERS LP K-1 Pass-Through Share of Partnership Loss	-343	-3	0	_
4	4 ENBRIDGE ENERGY PARTNERS LP Section 751 Gain on Sale of Partnership	7,593	0	0	_
S	5 ENTERPRISE PRODUCTS PARTNERS LP K-1 Pass-Through Share of Partnership Loss	68-	23	0	
9	6 ENTERPRISE PRODUCTS PARTNERS LP Section 751 Gain on Sale of Partnership	13,288	0	0	_
	7 Federal Tax Refund	6,847	0	0	
	8 Foreign Tax Refund	4	4	0	_
	9 KINDER MORGAN ENERGY PARTNERS LP K-1 Pass-Through Share of Partnership Income/(Loss)	-560	26	0	
Ę	10 KINDER MORGAN ENERGY PARTNERS LP Section 751 Gain on Sale of Partnership	969'6	0	Ö	<u> </u>
+	11 MAGELLAN MIDSTREAM PARTNERS LP K-1 Pass-Through Share of Partnership Income	49	0	0	_
<u>+</u>	12 MAGELLAN MIDSTREAM PARTNERS LP Section 751 Gain on Sale of Partnership	4,783	0	0	_
Ε,	13 ONEOK PARTNERS LP K-1 Pass-Through Share of Partnership Income	45	0	0	_
÷	14 ONEOK PARTNERS LP Section 751 Gain on Sale of Partnership	8,245	0	0	_
J					

Form 990-PF, Part I, Line 16b - Accounting Fees

		TOTAL: 3,000	0	0	3,000
		(a)	(q)	(2)	(p)
	Description	Expenses per Books	Income	Adjusted Net	Purpose
Ψ-	Preparation of annual return and tax consultations	3,000	0	0	3,000
2					
3					
4					
2					
9					
7					
8					
6					
10					

Form 990-PF, Part I, Line 16c - Other Professional Fees

0		0		-		1					
	(d) Charitable Purpose										
0	(c) Adjusted Net Income	0									
8,033	(b) Net Investment Income	8,033									
8,033	(a) Expenses per Books	8,033									
TOTAL:	Description										
		1	2	3	4	2	9	7	æ	6	10

Schlinger Family Foundation

Form 990-PF, Part I, Line 18 - Taxes

TOTAL: 3,431 731 0 0 (d) (d) (d) (Expenses per Books Income Income Income Income Purpose Income In	اص		ਨਾ	<u></u>	I	-1	ī	- 1		_	{	_
Coreign Tax Coreign Tax		(d) Charitable Purpose										
Coreign Tax Coreign Tax	0	(c) Adjusted Net Income	0	0								
Estimated Tax for 2011 Foreign Tax Estimated Tax for 2011 Foreign Tax Tax Tax Tax Tax Tax Tax Tax	731	(b) Net Investment Income	0	731								
Description Foreign Tax	3,431	(a) Expenses per Books	2,700	731								
Descrip Foreign Tax	TOTAL											
		Description	imated Tax for 2011	eign Tax								
			1 Es	2 Fo	6	+	ls.	(O	~	80	6	0

Amount of depreciation included in cost of goods sold____

이

Form 990-PF, Part I, Line 19 - Depreciation and Depletion

Method of Computation Life Asset Cost or Computation Life Accumulated Expenses per Net Investment Adjusted Net Income In	
7. 6,264 5,81 5. 1,655 1,65	Date M
1,655	1
	Various S/L

Form 990-PF, Part I, Line 23 - Other Expenses

	TOTAL:	12,644	170	0	12,405
		(a)	(p)		(p)
		Expenses per	Net Investment	Adjusted Net	Charitable
Description		Books	Income	-	Purpose
1 Administrative Fees		12,384	0	0	12,384
2 Bank Charges		157	157	0	0
3 BUCKEYE PARTNERS, LP K-1 Expenses		3	1	0	0
4 ENBRIDGE ENERGY PARTNERS LP K-1 Expenses		5	1	0	0
5 ENTERPRISE PRODUCTS PARTNERS LP K-1 Expenses		2	0	0	0
6 KINDER MORGAN ENERGY PARTNERS LP K-1 Expenses		71	11	0	0
7 ONEOK PARTNERS LP K-1 Expenses		1	0	0	ō
8 Postage		21	0	0	21

Form 990-PF, Part II, Line 10b - Investments - Corporate Stock

		TOTAL:	1,517,642	1,507,664
			Book Value	FMV
	Description	Shares	End of Year	End of Year
-	ABBOTT LABS (ABT)	200	23,517	28,115
7	BROADCOM CORPORATION (BRCM)	850	24,535	24,956
က	CENTURY TEL INC (CTL)	929	21,207	21,204
4	CISCO SYSTEMS INC (CSCO)	1,600	27,508	28,928
જ	CONOCOPHILLIPS (COP)	425	31,068	30,970
ဖ	CORNING INC (GLW)	1,300	19,456	16,874
7	EATON VANCE FLOATING RATE INCOME TRUST (EFT)	800	13,392	11,384
∞	EATON VANCE TAX ADV GLBL DIV INC FD (ETG)	1,000	15,176	12,220
െ	FAIRHOLME FD (FAIRX)	1,497	51,309	34,648
10	FRANCE TELECOM ADS (FTE)	2,000	41,472	31,320
11	11 HEWLETT PACKARD CO (HPQ)	775	17,674	19,964
12	12 HUDSON CITY BANCORP INC COMMON (HCBK)	8,700	56,217	54,375
73	13 ISHARES S&P U S PREFERRED STOCK INDEX FUND (PFF)	850	32,731	30,277
14	JP MORGAN CHASE & CO (JPM)	380	12,528	12,635
15	LAZARD INTERNATIONAL (LZSIX)	13,145	103,011	94,515
16	LOOMIS SAYLES BOND FUND INSTITUTIONAL SHARES (LSBDX)	6,208	87,890	86,474
17	17 MERCK & CO INC. (MRK)	1,200	42,499	45,240
18	18 PIMCO HIGH INCOME FUND (PHK)	2,000	27,632	24,040
19	ST. JUDE MED INC. (STJ)	1,270	42,620	43,561
8	20 TARGET CORPORATION (TGT)	375	19,388	19,208
7	21 UNITED PARCEL SERVICE (UPS)	8,275	581,525	605,646
22	22 WESTERN ASSET MANAGED HIGH Y (MHY)	6,500	41,415	39,260
23	23 YACKTMAN FUND, INC. (THE) (YACKX)	10,957	183,872	191,850

Schlinger Family Foundation

Form 990-PF, Part II, Line 14 - Land, Buildings, and Equipment

1	_	_										_
0	FMV	End of Year	0)		:						
0	Book Value	End of Year	0	0								
TOTAL:		Asset Description	1 Office Furniture	2 Computer Equipment								
	-		ō	<u>2</u>	က	₩	2	9	_	8	6	10
	<u>_</u>	_				4	<u> </u>	٣	<u> </u>		٠,	7

Schlinger Family Foundation

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

						Ţ	TOTAL:	0	0	0
	Name	Street	City	State	Zıp Code	Title	Avg Hrs	Comp	Benefits	Expense Acct
-	Greg S Schlinger	1250 N. Lakeview Avenue, B	Anaheim	Q V	92807	Vice President	-	0	0	0
2	2 Leanne M Schlinger	1250 N. Lakeview Avenue, B	Anaheim	CA	92807	Vice President	-	0	0	0
<u>د</u>	Michael Stewart Schlinger	1250 N. Lakeview Avenue, B	Anaheim	ر ک	92807	President / Director	~	0	0	0
4	Stacy S Schlinger*	1250 N Lakeview Avenue, B	Anaheim	CA	92807	Vice President / Secretary / Treasurer / CFO	-	0	0	0
5	*Stacy S Schlinger, Vice President/Secretary/Treasurer/CFO of Schlinger Family Foundation (the "Foundation"), is the owner of Stacy S. Schling Accountancy Corp. which provided accounting services to the Foundation. Such firm is a disqualified person in respect of the Foundation. During the taxable year ending December 31, 2011, the Foundation paid \$3,000 for accounting services rendered by this firm as reported in Part I, Line 16 Such firm billed the Foundation at the same rate or below the rate at which it charges its other clients	sident/Secretary/Treasivided accounting serviender 31, 2011, the Foundation at the same rai	urer/CFO of Schlir ices to the Founda undation paid \$3,(nger Fan ation. Su 300 for a	nily Foun ich firm is accountin ch it char	Secretary/Treasurer/CFO of Schlinger Family Foundation (the "Foundation"), is the owner of Stacy S. Schlinger accounting services to the Foundation. During 31, 2011, the Foundation paid \$3,000 for accounting services rendered by this firm as reported in Part I, Line in at the same rate or below the rate at which it charges its other clients	the owr pect of t firm as r	ner of Sta the Founted :	acy S. Sc dation. D in Part I,	hlinger uring Line
9										
7										
8										
ச										
10										

Form 990-PF, Part XIII, Line 4c - Qualifying Distribution Made Out of Corpus

Pursuant to IRC Section 4942(h) and Regulation 53 4942(a)-3(d)(2), the Foundation hereby elects to treat \$247,640 of its current year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of corpus

Slaned

Schlinger Family Foundation 2011 Form 990-PF

Part XIII, Line 7

Schlinger Family Foundation received grants of \$250,000 in the taxable year ending 12/31/2010 and \$400,000 in the taxable year ending 12/31/2011 from the Warren & Katherine Schlinger Foundation. As reported on Part XIII, Line 7, Schlinger Family Foundation elects to treat all of its 2011 qualifying distributions in excess of the prior year's undistributed income, \$247,640, as distributions out of corpus to satisfy requirements imposed by Section 4942(g)(3) as follows: (1) \$235,363 is applied to the balance of the amount received in 2010, and (2) \$12,277 is applied to the amount received in 2011. This leaves a balance to be redistributed in 2012 from the grant received in 2011 of \$387,723 (\$400,000-\$12,277).

Schlinger Family Foundation				52-239		6 of 10
Form 990-PF, Part XV, Line	<u> 3a - Grants and</u>	Cont	tributions Pa	aid During the	Year	
Recipient(s) paid during the year						
Name						
SANTA BARBARA YOUTH PROJECT Street	-					
1 N CALLE CEASAR CHAVEZ STE 21						
City		State	Zip Code	Foreign Coun	try	
SANTA BARBARA	_	CA	93103			
Relationship	Foundation Status					
N/A Purpose of grant/contribution	509(a)(1)				Amount	
General & Unrestricted					Amount	2,000
Name	- " # \$. 1 '',"					
SANTA BARBARA ZOOLOGICAL FOU	NDATION					
Street	N.D. C.					
500 NINOS DR						
City			Zip Code	Foreign Coun	try	
SANTA BARBARA Relationship	Foundation Status	CA	93103			
N/A	509(a)(1)					
Purpose of grant/contribution	1000(0)(1)				Amount	
General & Unrestricted						4,300
Name	The same of the sa	2.5 25 1		arrangement in the same that the same three in t	Charles and the Charles of State of Sta	Thursday and the second
SEGERSTROM CENTER FOR THE AF	RTS					
Street						
600 TOWN CENTER DR City		Stata	Zip Code	Foreign Coun	4m.	
COSTA MESA		CA	92626	Foreign Coun	try	
Relationship	Foundation Status	<u> </u>	102020	L		
N/A	509(a)(2)					
Purpose of grant/contribution				· <u>-</u>	Amount	47.500
General & Unrestricted	սունումեաներերել է ուր լասիրակ Անե մյու մյու միուներեն	siel bilt van Gibie bes	ijaansense samenaaringas Elisebese samena	ภูลโ <u>เมเกรเรียกซัตก</u> ซัตกรัฐการสมรัฐมายกรัฐการ	Amount	17,500
General & Unrestricted Name				nd programment armeter a	Amount	17,500
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U			CONFERENCE	ed emasteritus incarimentalismostin a	Amount	17,500
General & Unrestricted Name			CONFERENCE	รณ์ แบบของรับเหรือกก็ ก็บะ ของกอบกอนที่สามารถที่รักก แ	Amount	17,500
Name ST JUDE MEMORIAL FOUNDATION U Street		THOLIC	CONFERENCE Zip Code	Foreign Coun	genda steminishler kusmanentikat	17,500
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON	INITED STATES CAT	THOLIC		Foreign Coun	genda steminishler kusmanentikat	17,500
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship	INITED STATES CAT	HOLIC State	Zip Code	Foreign Coun	genda steminishler kusmanentikat	17,500
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A	INITED STATES CAT	HOLIC State	Zip Code	Foreign Coun	try	17,500
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship	INITED STATES CAT	HOLIC State	Zip Code	Foreign Coun	genda steminishler kusmanentikat	17,500
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted	Foundation Status	HOLIC State	Zip Code	Foreign Coun	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name	Foundation Status 509(a)(1)	State CA	Zip Code	Foreign Coun	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street	Foundation Status 509(a)(1)	State CA	Zip Code	Foreign Coun	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7	Foundation Status 509(a)(1)	State CA	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City	Foundation Status 509(a)(1)	State CA State	Zip Code 92835	Foreign Coun	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS	Foundation Status 509(a)(1) FOUNDATION	State CA	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution	Foundation Status 509(a)(1) FOUNDATION	State CA State	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	evilad smoult dinesses
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name N/A	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE DREAM FOUNDATION	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE DREAM FOUNDATION Street	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE DREAM FOUNDATION Street 1528 CHAPALA ST , STE 304	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State TX	Zip Code 92835 Zip Code 75244	Foreign Coun	try Amount try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE DREAM FOUNDATION Street 1528 CHAPALA ST , STE 304 City SANTA BARBARA	Foundation Status 509(a)(1) FOUNDATION Foundation Status	State CA State TX	Zip Code 92835	empant mat telen mat type 1 in byggefendelin james Middelet i	try Amount try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE DREAM FOUNDATION Street 1528 CHAPALA ST , STE 304 City SANTA BARBARA Relationship	Foundation Status 509(a)(1) FOUNDATION Foundation Status 509(a)(1)	State CA State TX	Zip Code Sip Code	Foreign Coun	try Amount try	6,400
General & Unrestricted Name ST JUDE MEMORIAL FOUNDATION U Street 1440 N HARBOR BLVD STE 200 City FULLERTON Relationship N/A Purpose of grant/contribution General & Unrestricted Name SUSAN G KOMEN BREAST CANCER Street 5005 LBJ FWY STE 370 LB7 City DALLAS Relationship N/A Purpose of grant/contribution General & Unrestricted Name THE DREAM FOUNDATION Street 1528 CHAPALA ST , STE 304 City SANTA BARBARA	Foundation Status 509(a)(1) FOUNDATION Foundation Status 509(a)(1)	State CA State TX	Zip Code Sip Code	Foreign Coun	try Amount try	6,400
