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EXTENSION GRANTED TO AUGUST 15, 2012

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 1580 Room/suite

City or town, state or country, and ZIP + 4
SAN LUIS OBISPO, CA 93406

F Name and address of principal officer: DEE LACEY
SAME AS C ABOVE

D Employer identification number
77-0496500

E Telephone number
805-543-2323

G Gross receipts $ 15,098,487.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SLOCCF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,731,929.	3,206,441.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,332,139.	984,349.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,124.	899,453.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,069,192.	5,090,243.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	843,845.	1,098,946.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	351,113.	430,171.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,360.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	321,061.	487,395.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,516,019.	2,016,512.
19	Revenue less expenses. Subtract line 18 from line 12	1,553,173.	3,073,731.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	31,305,311.	33,461,765.
21	Total liabilities (Part X, line 26)	3,476,554.	3,691,861.
22	Net assets or fund balances. Subtract line 21 from line 20	27,828,757.	29,769,904.

RECEIVED
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OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 7/13/12

▶ BARRY VANDERKELEN, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ALANA MAXWELL	Preparer's signature	Date: 6-8-12	Check ☐ if self-employed	PTIN: P00963985
Firm's name ▶ CALIBER ACCOUNTING & TAX, LLP			Firm's EIN ▶	26-2060565
Firm's address ▶ 575 PRICE STREET, SUITE 312 PISMO BEACH, CA 93449			Phone no.	(805) 888-0200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

6 G16

SCANNED SEP 07 2012

Part III Statement of Program Service Accomplishments

• Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
TO PROMOTE AND ENABLE PHILANTHROPY TO IMPROVE THE QUALITY OF LIFE WITHIN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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? ☐ Yes ☒ No
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 and section 4947(a)(1) trusts 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 $ 1,098,946. including grants of $ 1,098,946.) (Revenue $ 0.)
GRANT MAKING: OUR PRIMARY MISSION IS TO BUILD AN ENDOWMENT. THE EARNINGS ARE USED TO MAKE GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS.

4b (Code _____) (Expenses $ 324,613. including grants of $ _____) (Revenue $ 0.)
DONOR SERVICES: OUR MISSION IS TO HELP INDIVIDUAL DONORS TO FULFILL THEIR CHARITABLE GIVING GOALS.

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 1,423,559.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included in 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 (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			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 any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
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 in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

HOLLY CORBETT - (805) 543-2323
550 DANA STREET, SAN LUIS OBISPO, CA 93401

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEE LACEY PRESIDENT	2.00	X		X				0.	0.	0.
(2) ANN ROBINSON VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) BILL RAVER CFO/TREASURER	2.00	X		X				0.	0.	0.
(4) BARBARA BELL SECRETARY	2.00	X		X				0.	0.	0.
(5) WENDY BROWN	2.00	X						0.	0.	0.
(6) NANCY DEPUE	2.00	X						0.	0.	0.
(7) LEE F. HOLLISTER	2.00	X						0.	0.	0.
(8) STEVE JOBST	2.00	X						0.	0.	0.
(9) STEVE MCCARTY	2.00	X						0.	0.	0.
(10) NORMAN MENDEL	2.00	X						0.	0.	0.
(11) MIKE MINER	2.00	X						0.	0.	0.
(12) BARBARA PARTRIDGE	2.00	X						0.	0.	0.
(13) MIKE PATRICK	2.00	X						0.	0.	0.
(14) JOHNINE TALLEY	2.00	X						0.	0.	0.
(15) NICK THILLE	2.00	X						0.	0.	0.
(16) BARRY VANDERKELEN EXECUTIVE DIRECTOR	40.00					X		139,112.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								139,112.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								139,112.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,206,441.			
	g Noncash contributions included in lines 1a-1f $ 746,999.					
	h **Total.** Add lines 1a-1f	▶	3,206,441.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	975,881.			975,881.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	10016712				
	b Less: cost or other basis and sales expenses	10008244				
	c Gain or (loss)	8,468.				
	d Net gain or (loss)	▶	8,468.	8,468.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a INCOME FROM INVESTMENT	900099	847,214.			847,214.
	b INVESTMENT INCOME HELD	900099	27,468.			27,468.
	c OTHER REVENUE	900099	17,226.			17,226.
	d All other revenue	900099	7,545.			7,545.
	e **Total.** Add lines 11a-11d	▶	899,453.			
	12 **Total revenue.** See instructions.	▶	5,090,243.	8,468.	0.	1875334.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,098,946.	1,098,946.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	139,112.	41,734.	48,689.	48,689.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	201,094.	60,328.	70,383.	70,383.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	63,120.	18,936.	21,461.	22,723.
10	Payroll taxes	26,845.	8,054.	9,127.	9,664.
11	Fees for services (non-employees):				
a	Management				
b	Legal	4,312.		4,312.	
c	Accounting	12,485.		12,485.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	195,573.	91,919.	68,451.	35,203.
g	Other	42,756.		42,756.	
12	Advertising and promotion	15,213.	1,673.	2,130.	11,410.
13	Office expenses	21,474.	10,093.	7,516.	3,865.
14	Information technology	25,804.		25,804.	
15	Royalties				
16	Occupancy	31,832.	14,961.	11,141.	5,730.
17	Travel	9,681.		9,681.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,755.	5,995.	4,464.	2,296.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,214.		17,214.	
23	Insurance	11,716.	1,307.	8,841.	1,568.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FUND OPERATION EXPENSE	54,890.	25,798.	19,212.	9,880.
b	MISCELLANEOUS	29,537.	13,883.	10,337.	5,317.
c	ADMINISTRATIVE FEES	24,756.	21,042.	2,971.	743.
d	MEMBERSHIP DUES AND SUB	10,494.	1,994.	6,611.	1,889.
e	All other expenses	-33,097.	6,896.	-39,993.	
25	**Total functional expenses.** Add lines 1 through 24e	2,016,512.	1,423,559.	363,593.	229,360.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	9,478.	1	119,860.
	2	Savings and temporary cash investments	4,515,486.	2	4,688,449.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,000.	4	18,000.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	100,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,701.	9	2,992.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 1,822,248.			
	b	Less: accumulated depreciation — 10b: 58,484.	9,446.	10c	1,763,764.
	11	Investments - publicly traded securities	14,681,204.	11	14,090,752.
	12	Investments - other securities. See Part IV, line 11	11,467,199.	12	11,337,646.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	597,797.	15	1,340,302.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	31,305,311.	16	33,461,765.
Liabilities	17	Accounts payable and accrued expenses	31,172.	17	35,848.
	18	Grants payable	107,061.	18	98,276.
	19	Deferred revenue	147,220.	19	48,221.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	333,390.
	24	Unsecured notes and loans payable to unrelated third parties		24	50,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,191,101.	25	3,126,126.
	26	**Total liabilities.** Add lines 17 through 25	3,476,554.	26	3,691,861.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,524,196.	27	4,139,852.
	28	Temporarily restricted net assets	8,669,815.	28	8,507,401.
	29	Permanently restricted net assets	16,634,746.	29	17,122,651.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	27,828,757.	33	29,769,904.
	34	Total liabilities and net assets/fund balances	31,305,311.	34	33,461,765.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,090,243.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,016,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,073,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,828,757.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,132,584.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,769,904.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION	77-0496500

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2180975.	2931912.	4255327.	1731929.	3206441.	14306584.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2180975.	2931912.	4255327.	1731929.	3206441.	14306584.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						14306584.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2180975.	2931912.	4255327.	1731929.	3206441.	14306584.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	847,306.	1054069.	1085935.	1149158.	975,881.	5112349.
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 IV)						
11 **Total support.** Add lines 7 through 10						19418933.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	73.67 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	78.71 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Employer identification number: 77-0496500

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	78	
2	Aggregate contributions to (during year)	851,270.	
3	Aggregate grants from (during year)	414,495.	
4	Aggregate value at end of year	10,049,104.	

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 exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	24,439,862.	21,533,669.	17,533,109.		
b	Contributions	846,741.	932,547.	1,336,064.		
c	Net investment earnings, gains, and losses	-125,775.	2,710,723.	3,454,898.		
d	Grants or scholarships	1,435,488.	737,077.	790,402.		
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	23,725,340.	24,439,862.	21,533,669.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 66.00 %
c Temporarily restricted endowment ▶ 34.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		425,000.		425,000.
b Buildings		1,275,000.	10,625.	1,264,375.
c Leasehold improvements				
d Equipment				
e Other		122,248.	47,859.	74,389.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	1,763,764.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HALL CAPITAL HEDGE FUND	1,223,556.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME/MUTUAL FUNDS	7,485,572.	END-OF-YEAR MARKET VALUE
(C) US GOVERNMENT AND		
(D) CORPORATE BONDS	2,628,518.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	11,337,646.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	4,804.
(3)	FUNDS HELD FOR OTHERS	412,252.
(4)	AGENCY FUNDS HELD FOR OTHERS	2,709,070.
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		3,126,126.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,090,243.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,016,512.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,073,731.
4	Net unrealized gains (losses) on investments	4	-1,132,584.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-1,132,584.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,941,147.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,003,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-1,132,586.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	45,485.		
e	Add lines **2a** through **2d**			2e	-1,087,101.
3	Subtract line **2e** from line **1**			3	5,090,243.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	5,090,243.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,061,997.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	45,485.		
e	Add lines **2a** through **2d**			2e	45,485.
3	Subtract line **2e** from line **1**			3	2,016,512.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,016,512.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4: INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO USE THE EARNINGS IN THE COMMUNITY FOR NON-PROFIT ORGANIZATIONS AND HELP INDIVIDUAL DONORS DIRECT THEIR CHARITABLE GIVING. THE SAN LUIS OBISPO COMMUNITY FOUNDATION ENCOURAGES DONORS AND AGENCIES TO OPEN ENDOWMENT FUNDS FOR THE PURPOSE OF ENSURING FUTURE SUPPORT FOR THE NON-PROFIT AGENCIES WITHIN THE REGION. AT THIS TIME, THE AMOUNT OF EARNINGS DISTRIBUTED IS DETERMINED BY THE FOUNDATION'S SPENDING POLICY WHICH IS TO DISBURSE 4.25% PER ANNUM OF THE PRECEDING 12 QUARTER TRAILING AVERAGE

Part XIV Supplemental Information *(continued)*

INVESTED IN THE POOL.

PART X, LINE 2: THE FOUNDATION ADOPTED THE PROVISIONS OF FIN 48, ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS, AS OF JULY 1, 2009. THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE IN THE AUDITED FINANCIAL STATEMENTS NOR WAS THERE A TAX LIABILITY RECORDED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF SUPPORTING ORGANIZATION NETTED WITH EXPENSES ON FORM 990

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF SUPPORTING ORGANIZATION NETTED WITH INCOME ON FORM 990

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Employer identification number 77-0496500

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED LIST			757,273.	0.			ALLOCATIONS/DESIGNATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 41.

3 Enter total number of other organizations listed in the line 1 table ▶ 6.

SAN LUIS OBISPO COMMUNITY FOUNDATION
FEIN 77-0496500
2011 TAX YEAR
SCHEDULE I - PART II

(a) Name, Address, and Zip Code	(b) EIN	(c) IRC Code	(d) Amount of Cash Grant	(e) Non-Cash Grant	(f) Method of Valuation	(g) Description of Non-cash Assistance	Purpose of Grant or Assistance
Senior Nutrition Program of SLO County,2180 Johnson Avenue San Luis Obispo, CA 93401	77-0279528	501(c)(3)	$ 108,500	$ -	N/A	N/A	Operations, Meals for Seniors
Five Cities Homeless Coalition,P O Box 558 Grover Beach, CA 93483-0558	27-0413593	501(c)(3)	78,974	-	N/A	N/A	Fund Development Feasibility and Board Development Consultancies
Hospice Partners of the Central Coast,277 South Street, Ste R San Luis Obispo, CA 93401	77-0475425	501(c)(3)	72,129	-	N/A	N/A	Mission View Hospice Inpatient Unit, Capital Campaign
Food Bank Coalition of San Luis Obispo County,P O Box 2070 Paso Robles, CA 93447-2070	77-0210727	501(c)(3)	36,163	-	N/A	N/A	unrestricted
San Luis Coastal Unified School District,Administrative Offices 1500 Lizzie Street San Luis Obispo, CA 93401		Government	33,987	-	N/A	N/A	SLCUSD Grant Requests
St Rose School,900 Tucker Ave Paso Robles, CA 93446	94-1658139	Religious	30,000	-	N/A	N/A	restricted per budget as presented for athletic equipment & school ground improvement
Community Action Partnership of San Luis Obispo County,1030 Southwood Drive San Luis Obispo, CA 93401	95-2410253	501(c)(3)	23,105	-	N/A	N/A	Unrestricted, Maxine Lewis Shelter, Prado Road Day Care Center, Senior Health Screening
Cal Poly Foundation,1 Grand Ave , Bldg 15 San Luis Obispo, CA 93407	20-4927897	501(c)(3)	19,750	-	N/A	N/A	Bakan Project, Music Department, PAFY, International Education Scholarship
SLO Child Development Center,1720 Bishop Street San Luis Obispo, CA 93401	23-7111804	501(c)(3)	19,430	-	N/A	N/A	unrestricted, Mental Health Therapy, Family Resource Center
AIDS Support Network of SLO County,P O Box 12158 San Luis Obispo, CA 93406	77-0205717	501(c)(3)	18,500	-	N/A	N/A	HIV Counseling, Testing and Referral, SLO Syringe Exchange Program
Central Coast LINK dba THE LINK,6500 Morro Road, Suite A Atascadero, CA 93422	91-2022036	501(c)(3)	15,614	-	N/A	N/A	The Grub Club, Crisis Intervention - Paso Cares, San Miguel, Atascadero
Jack's Helping Hand,P O Box 14718 San Luis Obispo, CA 93406	20-4731313	501(c)(3)	15,500	-	N/A	N/A	unrestricted, Little Swimmers
League of California Community Foundations,P O Box 1303 Jamestown, CA 95326			15,000	-	N/A	N/A	Board Boot Camp
Peoples' Self-Help Housing,3533 Empleo Street San Luis Obispo, CA 93401	95-2750154	501(c)(3)	15,000	-	N/A	N/A	Supportive Housing Program, Homeless Placement, Prevention and Stablization, Low-Income Sports Program
Friends of Prado Day Center,P O Box 12444 San Luis Obispo, CA 93406	77-0540323	501(c)(3)	14,420	-	N/A	N/A	unrestricted, Warming Shelter, Fast Forward Home
SLO County Office of Education,3350 Education Drive San Luis Obispo, CA 93405		Government	14,000	-	N/A	N/A	Raising a Reader 2011
Transitions-Mental Health Association,P O Box 15408 San Luis Obispo, CA 93406	95-3509040	501(c)(3)	13,250	-	N/A	N/A	unrestricted, SLO Hotline, Mental Health and Wellness Ally Training
Cuesta College Foundation,P O Box 8106 San Luis Obispo, CA 93403-8106	23-7225601	501(c)(3)	13,079	-	N/A	N/A	Unrestriced, Nursing Scholarship, Cuesta College Choirs
SLO Symphony,P O Box 658 San Luis Obispo, CA 93406	95-2493144	501(c)(3)	13,076	-	N/A	N/A	unrestricted, Youth Symphony, Sponsorship of Dilworth
SLO County Child Abuse Prevention Council,P O Box 16036 San Luis Obispo, CA 93406-6036	77-0206822	501(c)(3)	11,500	-	N/A	N/A	Beginnings Shared Leadership, Partnership for Excellence in Family Support
Opera San Luis Obispo,P O Box 14760 San Luis Obispo, CA 93406	77-0086873	501(c)(3)	10,500	-	N/A	N/A	unrestricted, Opera SLO To Go
Coast Caregiver Resource Center,1528 Chapala Street, Suite 302 Santa Barbara, CA 93101	95-1644629	501(c)(3)	10,000	-	N/A	N/A	Respite Care
Friends of Hearst Castle,700 Hearst Castle Road San Simeon, Ca 93452	77-0068533	501(c)(3)	10,000	-	N/A	N/A	unrestricted
Partnership for the Children of SLO County,P O Box 15259 San Luis Obispo, CA 93406	77-0346861	501(c)(3)	9,200	-	N/A	N/A	Pediatric Dental Surgical Care, Early Childhood Cares Prevention
Woods Humane Society,875 Oklahoma Ave San Luis Obispo, CA 93405	95-2058587	501(c)(3)	8,379	-	N/A	N/A	unrestricted
South County Youth Coalition,P O Box 371 Arroyo Grande, CA 93421	77-0495870	501(c)(3)	8,000	-	N/A	N/A	Helping Hand Fund, Healthy Living
Foundation for the Performing Arts Center,P O Box 1137 San Luis Obispo, CA 93406	77-0129605	501(c)(3)	7,500	-	N/A	N/A	Unrestricted, YOPAC
Clark Center Foundation,P O Box 1114 Arroyo Grande, CA 93421	77-0150216	501(c)(3)	7,079	-	N/A	N/A	Annual Designated Distribution

SAN LUIS OBISPO COMMUNITY FOUNDATION
FEIN 77-0496500
2011 TAX YEAR
SCHEDULE I - PART II

(a) Name, Address, and Zip Code	(b) EIN	(c) IRC Code	(d) Amount of Cash Grant	(e) Non-Cash Grant	(f) Method of Valuation	(g) Description of Non-cash Assistance	Purpose of Grant or Assistance
Grover Beach Community Library,240 N 9th Street Grover Beach, CA 93433	43-2024995	501(c)(3)	7,079	-	N/A	N/A	Annual Designated Distribution
Kids' Cancer Research Foundation,1150 Fuller Road San Luis Obispo, CA 93401	90-0648733		7,016	-	N/A	N/A	General Operations
Transitional Food and Shelter, Inc ,3770 N River Road Paso Robles, CA 93446	77-0489535	501(c)(3)	7,000	-	N/A	N/A	unrestricted, Temporary Emergency Shelter for Medically Fragile Homeless
ALPHA Pregnancy & Parenting Support,11549 Los Osos Valley Road Ste 104 San Luis Obispo, CA 93405	95-3570504	501(c)(3)	6,500	-	N/A	N/A	Building Strong Families, Post Partum Depression Support Line
SLO Museum of Art,P O Box 813 San Luis Obispo, CA 93406	95-6134270	501(c)(3)	6,300	-	N/A	N/A	unrestricted, Brains-On Art Classes, Forbes Challenge, Annual Fund
Assistance League of San Luis Obispo County,P O Box 14904 San Luis Obispo, CA 93406	77-0337378	501(c)(3)	5,500	-	N/A	N/A	Operation School Bell, Books for Packs, Fiesta by the Sea
Friends of Hapitok,P O Box 12441 San Luis Obispo, CA 93406	95-3739659	501(c)(3)	5,500	-	N/A	N/A	unrestricted, Camp Hapitok
Community Counseling Center,1129 Marsh Street San Luis Obispo, CA 93401	95-2906369	501(c)(3)	5,385	-	N/A	N/A	Lift Now, unrestricted
Sierra Club Foundation,85 Second Street, Suite 750 San Francisco, CA 94105	94-6069890	501(c)(3)	5,358	-	N/A	N/A	Operations, Santa Lucia Chapter High School Projects
Atascadero Education Foundation,Post Office Box 642 Atascadero, CA 93423	77-0273964	501(c)(3)	5,000	-	N/A	N/A	Atascadero High School Robotics
Boys & Girls Club of South SLO County,P O Box 1005 Oceano, CA 93445	77-0390117	501(c)(3)	5,000	-	N/A	N/A	TEEN MATES
Canzona Womens Ensemble,2264 Bushnell Street San Luis Obispo, CA 93401	45-2478301	501(c)(3)	5,000	-	N/A	N/A	unrestricted
Central Coast Junior Golf, Inc dba First Tee Central Coast,P O Box 1611 Summerland, CA 93067	77-0524816	501(c)(3)	5,000	-	N/A	N/A	The First Tee
Central Coast Polo Club (CCPC),2320 Clark Valley Road Los Osos, CA 93402	71-0891330	501(c)(3)	5,000	-	N/A	N/A	unrestricted
Fair Trade San Luis Obispo DBA HumanKind Fair Trade,982 Monterey Street San Luis Obispo, CA 93401	20-8982199	501(C)3	5,000	-	N/A	N/A	unrestricted
Ron Castle,P O Box 430 Nipomo, CA 93444	95-3253302	501(c)(3)	5,000	-	N/A	N/A	Fitness Revoution Youth Leadership Program
Sexual Assault Recovery & Prevention Center,51 Zaca Lane, Suite 140 San Luis Obispo, CA 93401-7353	95-3415650	501(c)(3)	5,000	-	N/A	N/A	unrestricted, Sexual Assault Counseling Program
SLO Children's Museum,1010 Nipomo Street San Luis Obispo, CA 93401	77-0261830	501(c)(3)	5,000	-	N/A	N/A	unrestricted
Special Olympics,Post Office Box 1164 San Luis Obispo, CA 93406	95-4538450	501(c)(3)	5,000	-	N/A	N/A	Sports Training & Competition Programs
			$ 757,273	$ -			

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	77	180,533.	0.		
HUMAN SERVICES	1	1,000.	0.		
EDUCATION	1	2,000.	0.		
COMMUNITY ENHANCEMENT	1	8,649.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL FOUNDATION GRANTS ARE REQUIRED TO FILE, AT MINIMUM, A FINAL WRITTEN GRANT REPORT AT THE END OF THE GRANT TERM. FOR MULTI-YEAR GRANTS, INTERIM WRITTEN REPORTS ARE REQUIRED IN ADDITION TO THE FINAL REPORT. GRANT REPORT REQUIREMENTS INCLUDE BOTH A NARRATIVE STATUS REPORT AND FINANCIAL ACCOUNTING OF THE USE OF THE FUNDS. ALL FOUNDATION GRANTS ARE SUBJECT TO AN INTERIM SITE VISIT, USUALLY HALF-WAY THROUGH THE GRANT TERM, BY FOUNDATION PROGRAM STAFF. THESE SITE VISITS ARE RECORDED IN THE GRANT FILE.

SAN LUIS OBISPO COMMUNITY FOUNDATION
FEIN 77-0496500
2011 TAX YEAR
SCHEDULE I - PART III

(a) Type of Grant or Assistance		(b) Number of Recipients	(c) Amount of Cash Grant	(d) Amount of non-cash Assistance	(e) Method of Valuation	(f) Description of Non-Cash Assistance
Community Enhancement	PCLOCD Documentary	1	$ 8,649	$ -	N/A	N/A
Scholarship	2011 David B Gianas Memorial Scholarship	1	1,000	-	N/A	N/A
Scholarship	2010 David B Gianas Memorial Scholarship	1	(1,000)	-	N/A	N/A
Scholarship	2010 Orfalea Migrant Scholarship	1	(1,500)	-	N/A	N/A
Scholarship	2010 Richard J Weyhrich Leadership Scholarship	2	(417)	-	N/A	N/A
Scholarship	2011 Moss Memorial Scholarship in Journalism	1	1,500	-	N/A	N/A
Scholarship	2011 Alex Madonna Memorial Award- JB Dewar Tractor Comp	1	2,000	-	N/A	N/A
Scholarship	2011 AVID Region VII Scholarship	9	19,800	-	N/A	N/A
Scholarship	2011 Brian Waterbury Memorial Scholarship Fund	1	1,000	-	N/A	N/A
Scholarship	2011 Collins/Salsbury Troop 60 Eagle Scholarship	1	1,000	-	N/A	N/A
Scholarship	2011 David B Gianas Memorial Scholarship	5	4,500	-	N/A	N/A
Scholarship	2011 Ian Purdon Memorial Scholarship	1	1,000	-	N/A	N/A
Human Services	2011 Isabel P Ruiz Humanitarian Award	1	1,000	-	N/A	N/A
Scholarship	2011 Justin McCutcheon Memorial Scholarship	1	1,000	-	N/A	N/A
Scholarship	2011 Kelly A McAdams Memorial Scholarship	3	5,500	-	N/A	N/A
Scholarship	2011 Lauren Tipton Slaughter Scholarship Fund	1	1,000	-	N/A	N/A
Scholarship	2011 Orfalea Renewal Scholarship	20	50,000	-	N/A	N/A
Scholarship	2011 Paso Robles HS Class of '55 Scholarship	2	2,000	-	N/A	N/A
Scholarship	2011 Weyhrich Leadership Scholarship	21	48,300	-	N/A	N/A
Scholarship	2011 Yeager Science Scholarship	2	40,000	-	N/A	N/A
Education	CAFES Center for Sustainability	1	2,000	-	N/A	N/A
Scholarship	Don Floyd Memorial Scholarship	2	1,000	-	N/A	N/A
Scholarship	Other Scholarships	1	2,850	-	N/A	N/A
		80	$ 192,182	$ -		

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Employer identification number: 77-0496500

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	10	237,999.	FV OF SECURITIES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	509,000.	APPRAISAL VALUE
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE M, LINE 32B: THE FOUNDATION MAINTAINS BROKERAGE ACCOUNTS TO ENABLE DONORS TO TRANSFER STOCK. THE GIFTS OF STOCK ARE THEN SOLD AND THE PROCEEDS DEPOSITED INTO THE FOUNDATION'S ACCOUNTS.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2011 Open to Public Inspection

Name of the organization	Employer identification number
SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION	77-0496500

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSPIRED BY THE COMMUNITY'S RICH TRADITION OF GENEROSITY, THE SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER IN ORDER TO ENHANCE THE QUALITY OF LIFE NOW AND FOR FUTURE GENERATIONS.

THE SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION FULFILLS ITS MISSION BY:

-ENGAGING PRIVATE GIVING FOR PUBLIC GOOD;

-BUILDING AND MAINTAINING PERMANENT ENDOWMENTS TO RESPOND TO CHANGING COMMUNITY NEEDS;

-PROVIDING FLEXIBLE TAX-EXEMPT VEHICLES FOR DONORS WITH VARIED CHARITABLE INTERESTS AND ABILITIES TO GIVE;

-SERVING AS A CATALYST AND RESOURCE TO EFFECTIVELY RESPOND TO COMMUNITY NEEDS THROUGH SCHOLARSHIPS; AND

-STRENGTHENING THE NON-PROFIT SECTOR THROUGH GRANTS AND DEVELOPMENT ASSISTANCE.

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

FOUNDATION'S DIRECTOR OF FINANCE, EXECUTIVE DIRECTOR, AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW TAX RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY.

EACH EMPLOYEE, BOARD MEMBER, GRANT REVIEWER, GRANT AND SCHOLARSHIP

Name of the organization SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Employer identification number 77-0496500

COMMITTEE MEMBER COMPLETES AND SIGNS A WRITTEN CONFLICT OF INTEREST DISCLOSURE DOCUMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE FULL BOARD PERIODICALLY CONDUCTS A FORMAL REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR AND ALSO REVIEWS SALARY AND AGREES ON ANY SALARY ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 19: OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE.

A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS, POLICIES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, ON GUIDESTAR.ORG AND UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,132,584.

FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS AND REPORTING:

THE OVERSIGHT PROCESS BY THE AUDIT COMMITTEE DID NOT CHANGE THIS YEAR.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION

Employer identification number: 77-0496500

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY - 80-0383894, 550 DANA STREET, SAN LUIS OBISPO, CA 93401	SUPPORTING ORGANIZATION - CONDUCTING ACTIVITIES FOR THE BENEFIT OF SLOCCF	CALIFORNIA	501(C) (3)	PUBLIC CHARITY -	SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION	X	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n Sharing of paid employees with related organization(s)	1n	X	
o Reimbursement paid to related organization(s) for expenses	1o		X
p Reimbursement paid by related organization(s) for expenses	1p	X	
q Other transfer of cash or property to related organization(s)	1q		X
r Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION	[X] 77-0496500
	Number, street, and room or suite no. If a P O. box, see instructions P.O. BOX 1580	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN LUIS OBISPO, CA 93406	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ HOLLY CORBETT 550 DANA STREET - SAN LUIS OBISPO, CA 93401
  Telephone No ▶ (805) 543-2323 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2012)

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01-04-12