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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

2012**Open to Public
Inspection****A For the 2012 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)

550 DANA STREET

Room/suite

City, town, or post office, state, and ZIP code

SAN LUIS OBISPO, CA 93401**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 \$****23,064,667.****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**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
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	14				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14				
5	Total number of individuals employed in calendar year 2012 (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.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	3,206,441.	6,306,230.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	984,349.	1,771,840.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	899,453.	-171,905.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,090,243.	7,906,165.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,098,946.	5,744,157.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	430,171.	354,003.				
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 190,479.	0.	0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	487,395.	273,661.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,016,512.	6,371,821.				
19	Revenue less expenses. Subtract line 18 from line 12	3,073,731.	1,534,344.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	33,461,765.	36,353,519.				
22	Net assets or fund balances. Subtract line 21 from line 20	3,691,861.	3,663,716.				
		29,769,904.	32,689,803.				

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

BARRY VANDERKELEN, EXECUTIVE DIRECTOR

Type or print name and title

Paid

Print/Type preparer's name

KIMBERLYN SPILLER

Preparer's signature

Kim Spiller

Date

5/6/13

Check if self-employed

☐

PTIN

P01491937**Preparer Use Only**

Firm's name

CALIBER AUDIT & ATTEST, LLP

Firm's EIN

26-2350873

Firm's address

**4051 BROAD STREET, SUITE 120
SAN LUIS OBISPO, CA 93401**

Phone no.

805-888-0240

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION****6-16 14**RECEIVED
MAY 21 2013
SLOCCF, UT

SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION

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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 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 \$ 5,744,157. including grants of \$ 5,744,157.) (Revenue \$ _____)
**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 \$ 273,924. including grants of \$ _____) (Revenue \$ _____)
**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 **6,018,081.**

**SAN LUIS OBISPO COUNTY COMMUNITY
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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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FOUNDATION**

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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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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.	9		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
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)?			X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			X
b Did the organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? 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.			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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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 14		
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 14		
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.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, 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

232006
12-10-12

Form **990** (2012)

**SAN LUIS OBISPO COUNTY COMMUNITY
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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 (list any hours for related organizations below line)	(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) BARRY VANDERKELEN EXECUTIVE DIRECTOR	40.00	X						117,185.	0.	0.
(6) JIM BRABECK	2.00	X						0.	0.	0.
(7) CLAIRE CLARK	2.00	X						0.	0.	0.
(8) LEE F. HOLLISTER	2.00	X						0.	0.	0.
(9) STEVE JOBST	2.00	X						0.	0.	0.
(10) STEVE MCCARTY	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) JOHNNIE TALLEY	2.00	X						0.	0.	0.
(15) NICK THILLE	2.00	X						0.	0.	0.

**SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

Form 990 (2012)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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								117,185.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								117,185.	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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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

**SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

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Part VIII Statement of Revenue

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

			(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	1 a 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	6,306,230.			
	g Noncash contributions included in lines 1a-1f \$		1,193,570.			
	h Total. Add lines 1a-1f		6,306,230.			
Program Service Revenue	2 a _____		Business Code			
	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)			950,279.	950,279.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7 a Gross amount from sales of assets other than inventory		15,980,063.			
	b Less: cost or other basis and sales expenses		15,158,502.			
	c Gain or (loss)		821,561.			
	d Net gain or (loss)			821,561.	821,561.	
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19		a			
	b Less direct expenses		b			
	c Net income or (loss) from gaming activities					
	10 a 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			
11 a INCOME FROM INVESTMENT IN REF		900099	99,638.	99,638.		
b OTHER REVENUE		900099	37,008.	37,008.		
c MISC - SPLIT INTEREST		900099	24,164.	24,164.		
d All other revenue		900099	-332,715.	-332,715.		
e Total. Add lines 11a-11d			-171,905.			
12 Total revenue. See instructions.			7,906,165.	1,599,935.	0.	0.

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12-10-12

Form **990** (2012)

SAN LUIS OBISPO COUNTY COMMUNITY

Form 990 (2012)

FOUNDATION

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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)

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	5,616,875.	5,616,875.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	127,282.	127,282.		
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	117,185.	35,155.	41,015.	41,015.
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	168,083.	50,425.	58,829.	58,829.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,691.	3,207.	3,635.	3,849.
9 Other employee benefits	34,778.	10,433.	11,825.	12,520.
10 Payroll taxes	23,266.	6,980.	7,910.	8,376.
11 Fees for services (non-employees):				
a Management				
b Legal	8,135.		8,135.	
c Accounting	13,000.		13,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	181,560.	85,333.	63,546.	32,681.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,831.		1,831.	
12 Advertising and promotion	16,475.	1,812.	2,307.	12,356.
13 Office expenses	13,483.	6,337.	4,719.	2,427.
14 Information technology	22,937.		22,937.	
15 Royalties				
16 Occupancy	10,413.	4,894.	3,645.	1,874.
17 Travel	2,005.		2,005.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	17,223.	8,095.	6,028.	3,100.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,736.		47,736.	
23 Insurance	5,431.	715.	3,858.	858.
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	42,190.	19,829.	14,767.	7,594.
b ADMINISTRATIVE FEES	36,192.	30,763.	4,343.	1,086.
c MISCELLANEOUS	11,862.	5,564.	4,167.	2,131.
d MEMBERSHIP DUES AND SUB	9,904.	1,882.	6,239.	1,783.
e All other expenses	-166,716.	2,500.	-169,216.	
25 Total functional expenses. Add lines 1 through 24e	6,371,821.	6,018,081.	163,261.	190,479.
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)

**SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

Form 990 (2012)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	119,860.	1	159,220.
	2 Savings and temporary cash investments	4,688,449.	2	3,762,730.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,000.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Loans and other 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 instr). Complete Part II of Sch L.		6	
	7 Notes and loans receivable, net	100,000.	7	100,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,992.	9	7,646.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	1,839,310.		
	b Less: accumulated depreciation	106,243.		
		1,763,764.	10c	1,733,067.
	11 Investments - publicly traded securities	14,090,752.	11	15,219,280.
	12 Investments - other securities. See Part IV, line 11	11,337,646.	12	14,565,175.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,340,302.	15	806,401.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,461,765.	16	36,353,519.	
Liabilities	17 Accounts payable and accrued expenses	35,848.	17	36,047.
	18 Grants payable	98,276.	18	111,216.
	19 Deferred revenue	48,221.	19	2,359.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	3,190,202.
	22 Loans and other 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	333,390.	23	322,792.
	24 Unsecured notes and loans payable to unrelated third parties	50,000.	24	
	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.	3,126,126.	25	1,100.
	26 Total liabilities. Add lines 17 through 25	3,691,861.	26	3,663,716.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		4,139,852.	27	4,722,248.
28 Temporarily restricted net assets		8,507,401.	28	9,765,050.
29 Permanently restricted net assets		17,122,651.	29	18,202,505.
Organizations that do not follow SFAS 117 (ASC 958), 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		29,769,904.	33	32,689,803.
34 Total liabilities and net assets/fund balances		33,461,765.	34	36,353,519.

Form **990** (2012)

**SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

Form 990 (2012)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,906,165.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,371,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,534,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,769,904.
5	Net unrealized gains (losses) on investments	5	1,385,555.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,689,803.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	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.	X	
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?		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		

Form **990** (2012)

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

2012

Open to Public
Inspection

Name of the organization **SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

Employer identification number
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 - Non-functionally integrated
- 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?
- (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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

SAN LUIS OBISPO COUNTY COMMUNITY

Schedule A (Form 990 or 990-EZ) 2012 **FOUNDATION**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2931912.	4255327.	1731929.	3206441.	6306230.	18431839.
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	2931912.	4255327.	1731929.	3206441.	6306230.	18431839.
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						18431839.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2931912.	4255327.	1731929.	3206441.	6306230.	18431839.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1054069.	1085935.	1149158.	975,881.	950,279.	5215322.
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						23647161.

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 2012 (line 6, column (f) divided by line 11, column (f))	14	77.95 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	73.67 %

16a **33 1/3% support test - 2012.** 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 - 2011.** 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 - 2012.** 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 - 2011.** 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 ► ☐

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012Open to Public
InspectionName 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	79	
2 Aggregate contributions to (during year)	5,550,527.	
3 Aggregate grants from (during year)	379,734.	
4 Aggregate value at end of year	11,316,271.	

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? ☒ 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? ☒ 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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a 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 XIII, 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 XIII, 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	▶ \$ _____

**SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

Schedule D (Form 990) 2012

77-0496500 Page **2**

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 XIII.
- 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 XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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	23,725,340.	24,439,862.	21,533,669.	17,533,109.	
b Contributions	1,593,977.	846,741.	932,547.	1,336,064.	
c Net investment earnings, gains, and losses	2,818,887.	-125,775.	2,710,723.	3,454,898.	
d Grants or scholarships	558,681.	1,435,488.	737,077.	790,402.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	27,579,523.	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 ☐ %
 - b** Permanent endowment ☒ 69.00 %
 - c** Temporarily restricted endowment ☒ 31.00 %
- 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:
- (i) unrelated organizations
 - (ii) related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|---------------|--------------------------|-------------------------------------|
| 3a(i) | ☐ | ☒ |
| 3a(ii) | ☐ | ☒ |
| 3b | ☐ | ☐ |

4 Describe in Part XIII 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.	42,500.	1,232,500.
c Leasehold improvements				
d Equipment				
e Other		139,310.	63,743.	75,567.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,733,067.

Schedule D (Form 990) 2012

**SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION**

Schedule D (Form 990) 2012

77-0496500 Page **3**

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	1,338,626.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME/MUTUAL FUNDS	10,078,934.	END-OF-YEAR MARKET VALUE
(C) US GOVERNMENT AND		
(D) CORPORATE BONDS	3,147,615.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,565,175.	

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	1,100.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,100.

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

SAN LUIS OBISPO COUNTY COMMUNITY

Schedule D (Form 990) 2012

FOUNDATION

77-0496500 Page **4**

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

1	Total revenue, gains, and other support per audited financial statements	1	9,373,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	1,385,555.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	82,024.
e	Add lines 2a through 2d	2e	1,467,579.
3	Subtract line 2e from line 1	3	7,906,165.
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 XIII.)	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	7,906,165.

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

1	Total expenses and losses per audited financial statements	1	6,453,845.
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 XIII.)	2d	82,024.
e	Add lines 2a through 2d	2e	82,024.
3	Subtract line 2e from line 1	3	6,371,821.
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 XIII.)	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	6,371,821.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: THE ORGANIZATION HOLDS AMOUNTS ON BEHALF OF OTHERS AND

UNAFFILIATED NON-PROFIT ORGANIZATIONS FOR THEIR DESIGNATED USE, WHICH FOR FINANCIAL STATEMENT PURPOSES IS ACCOUNTED FOR BY THE ORGANIZATION SUBJECT TO THE GUIDANCE PROVIDED BY THE FASB CODIFICATION TOPIC RELATED TO AGENCY TRANSACTIONS (FASB ASC 985-605-25, PARAGRAPHS 21 THROUGH 33).

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

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

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 INVESTED IN THE POOL PER FUND.

PART X, LINE 2: FROM AUDITED FINANCIAL STATEMENTS FOOTNOTE:
THE FOUNDATION'S ACTIVITIES ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA FRANCHISE TAX CODE. SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE.

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, MANAGEMENT OF THE FOUNDATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE ACCOUNTED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE.

ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX

Part XIII Supplemental Information (continued)

EXAMINATIONS FOR YEARS BEFORE 2009 OR STATE INCOME TAX EXAMINATIONS FOR
YEARS BEFORE 2008.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF SUPPORTING ORGANIZATION NETTED WITH EXPENSES ON
FORM 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF SUPPORTING ORGANIZATION NETTED WITH INCOME ON
FORM 990

Name of the organization

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?
- 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. 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			5,616,875.	0.			ALLOCATIONS/DESIGNATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							64.
3 Enter total number of other organizations listed in the line 1 table							5.

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

Schedule I (Form 990) (2012)

SAN LUIS OBISPO COUNTY COMMUNITY

FOUNDATION

77-0496500

Page 2

Schedule I (Form 990) (2012)

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	63	54,299.	0.		
HUMAN SERVICES	2	59,209.	0.		
EDUCATION	1	1,000.	0.		
COMMUNITY ENHANCEMENT	2	12,774.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.

**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

2012

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	17	1,192,745.	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				
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 ► (FURNITURE)	X	1	825.	FAIR VALUE
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		

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Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

SAN LUIS OBISPO COUNTY COMMUNITY
FOUNDATION

Employer identification number
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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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 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

2012
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 (if applicable) 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	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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

FOUNDATION

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.)

[illegible]

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)

[illegible]

SAN LUIS OBISPO COUNTY COMMUNITY

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		☒
b Gift, grant, or capital contribution to related organization(s)		☒
c Gift, grant, or capital contribution from related organization(s)	☒	
d Loans or loan guarantees to or for related organization(s)		☒
e Loans or loan guarantees by related organization(s)		☒
f Dividends from related organization(s)		☒
g Sale of assets to related organization(s)		☒
h Purchase of assets from related organization(s)		☒
i Exchange of assets with related organization(s)		☒
j Lease of facilities, equipment, or other assets to related organization(s)		☒
k Lease of facilities, equipment, or other assets from related organization(s)		☒
l Performance of services or membership or fundraising solicitations for related organization(s)	☒	
m Performance of services or membership or fundraising solicitations by related organization(s)		☒
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	☒	
o Sharing of paid employees with related organization(s)	☒	
p Reimbursement paid to related organization(s) for expenses		☒
q Reimbursement paid by related organization(s) for expenses	☒	
r Other transfer of cash or property to related organization(s)		☒
s Other transfer of cash or property from related organization(s)		☒

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-s)	(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.

[illegible]

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

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
SCHEDULE I - PART II

TAX YEAR 2012
FEIN 77-0496500

(a) Name, Address, and Zip Code	(b) EIN	(c) IRC Code	(d) Amount of		(e) Non-Cash Grant	(f) Method of Valuation	(g) Description of Non-Cash Assistance	Purpose of Grant or Assistance
Achievement House, Inc., 3003 Cuesta College Road San Luis Obispo, CA 93405	95-2078260	501(c)(3)	25,402 99	-	-	N/A	N/A	Unrestricted
AIDS Support Network of SLO County, P O Box 12158 San Luis Obispo, CA 93406	77-0205717	501(c)(3)	9,000 00	-	-	N/A	N/A	Social Media Prevention Project
American Red Cross, SLO County Chapter, 225 Prado Road, Suite A San Luis Obispo, CA 93401	53-0196605	501(C)3	106,961 96	-	-	N/A	N/A	unrestricted
Boy Scouts of America National Council, P O Box 152079 Irving, TX 75015-2079	22-1576300	501(C)3	25,402 99	-	-	N/A	N/A	BSA Los Padres Council
Braille Institute of America, 741 North Vermont Avenue Los Angeles, CA 90029	95-1641426	501(C)3	152,417 94	-	-	N/A	N/A	Braille Institute of America
Cal Poly Arts, 1 Grand Ave, Bldg 15, San Luis Obispo, CA 93407-0334	95-1648180	Government	5,850 00	-	-	N/A	N/A	unrestricted
Cal Poly Foundation, 1 Grand Ave, Bldg 15 San Luis Obispo, CA 93407	20-4927897	501(c)(3)	1,605,138 37	-	-	N/A	N/A	Polin Agricultural Scholarship Fund
California Institute for Medical Research, 2260 Clove Drive San Jose, CA 95128	94-6109289	501(C)3	76,208 97	-	-	N/A	N/A	AIDS Research
CAP Child Care Resource Connection, 805-A Fiero Lane San Luis Obispo, CA 93401	95-2410253	501(C)3	41,075 00	-	-	N/A	N/A	Business Management Training for Child Care Providers
Carter Center, One Copenhill Avenue Atlanta, GA 30307	58-1454716	501(C)3	25,402 99	-	-	N/A	N/A	Carter Center
CASA/Count Appointed Special Advocates of SLO County, P O Box 1168 San Luis Obispo, CA 93406	77-0316227	501(c)(3)	9,623 00	-	-	N/A	N/A	unrestricted
Cayucos Land Conservancy, P O Box 336 Cayucos, CA 93430	77-0506896	501(c)(3)	6,000 00	-	-	N/A	N/A	unrestricted
Central Coast Polo Club (CCPC), 2320 Clark Valley Road Los Osos, CA 93402	71-0891330	501(c)(3)	9,500 00	-	-	N/A	N/A	unrestricted
Child Development Resource Center of the Central Coast, 1720 Bishop Street San Luis Obispo, CA 93401	23-7111804	501(c)(3)	5,250 00	-	-	N/A	N/A	unrestricted

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
SCHEDULE I - PART II

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(a) Name, Address, and Zip Code	(b) EIN 95-3435919 501(C)3	(d) Amount of Cash Grant 25,000 00	(e) Non-Cash Grant -	(f) Method of Valuation N/A	(g) Description of Non-Cash Assistance N/A	Purpose of Grant or Assistance to benefit the Department of Hematology & Hematopoietic Cell Transplantation research w/ PET scans
City of Hope, 1055 Wilshire Blvd - 12th Floor Los Angeles, CA 90017	95-1644629 501(c)(3)	5,000 00	-	N/A	N/A	Counseling for Unpaid Caregivers
Coast Caregiver Resource Center, 1528 Chapala Street, Suite 302 Santa Barbara, CA 93101	95-2410253 501(c)(3)	24,100 00	-	N/A	N/A	Cultural Competency Training for Health and Prevention Division
Community Action Partnership of San Luis Obispo County, 1030 Southwood Drive San Luis Obispo, CA 93401	95-2906369 501(c)(3)	27,102 99	-	N/A	N/A	unrestricted
Community Counseling Center of San Luis Obispo County, 1129 Marsh Street San Luis Obispo, CA 93401	95-3253302 501(c)(3)	5,000 00	-	N/A	N/A	Fitness Youth Trainer
Community Health Centers, P O Box 430 Nipomo, CA 93444	23-7725601 501(c)(3)	214,223 92	-	N/A	N/A	\$500.00 Cuesta College Chorus - SLO Campus & \$1,000 Cuesta College No Co Chorus for Magnificat performance
Cuesta College Foundation, P O Box 8106 San Luis Obispo, CA 93403-8106	94-6114235 501(c)(3)	5,000 00	-	N/A	N/A	unrestricted
Esalen Institute, 55000 Highway One Big Sur, CA 93920	47-0376606 501(C)3	25,402 99	-	N/A	N/A	Father Flannigan's Boys School
Father Flanagan's Boys Home dba Boys Town, P O Box 145 Boys Town, NE 68010	27-0413593 501(c)(3)	129,000 00	-	N/A	N/A	Organizational Capacity Building Matching Grant
Five Clues Homeless Coalition, P O Box 558 Grover Beach, CA 93483-0558	77-0210727 501(c)(3)	34,868 92	-	N/A	N/A	unrestricted
Food Bank Coalition of San Luis Obispo County, 2212 Golden Hill Road Paso Robles, CA 93446	77-0129605 501(c)(3)	6,500 00	-	N/A	N/A	unrestricted
Foundation for the Performing Arts Center, P O Box 1137 San Luis Obispo, CA 93406	20-3256125 501(c)(3)	315,035 88	-	N/A	N/A	Heart Disease Care and Treatment
French Hospital Medical Center Foundation and Public Affairs, 1911 Johnson Avenue San Luis Obispo, CA 93401	77-0540323 501(c)(3)	10,898 38	-	N/A	N/A	unrestricted
Friends of Prado Day Center, P O Box 12444 San Luis Obispo, CA 93406	91-1914868 501(C)3	25,402 99	-	N/A	N/A	Unrestricted
Habitat for Humanity International, 121 Habitat Street Americus, GA 31709-3498						

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
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(a) Name, Address, and Zip Code	(b) EIN	(c) IRC Code	(d) Amount of		(e) Non-Cash	(f) Method of	(g) Description of	Purpose of Grant or Assistance
Hospice of San Luis Obispo, 1304 Pacific Street San Luis Obispo, CA 93401	95-3195126	501(c)(3)	76,808 97	-	N/A	N/A	unrestricted	
Jack's Helping Hand, P O Box 14718 San Luis Obispo, CA 93406	20-4731313	501(c)(3)	15,000 00	-	N/A	N/A	unrestricted	
Land Conservancy of San Luis Obispo County, P O Box 12206 San Luis Obispo, CA 93406	77-0039294	501(c)(3)	6,250 00	-	N/A	N/A	unrestricted	
Lucia Mar Unified School District, 602 Orchard Street Arroyo Grande, CA 93420		Government	5,000 00	-	N/A	N/A	restricted for Oceano Elementary School to split between books and Science Camp	
Mayo Clinic Arizona, 13400 East Shea Blvd Scottsdale, AZ 85259	86-0800150	501(C)3	38,805 98	-	N/A	N/A	Diabetes Care and Research	
Mayo Clinic, 200 First Street SW Rochester, MN 55905-0001	41-6011702		12,000 00	-	N/A	N/A	Diabetes Care and Research	
Morro Bay Community Foundation, Inc , 1001 Kennedy Morro Bay, CA 93442	77-0336404	501(C)3	11,000 00	-	N/A	N/A	unrestricted	
Newman Catholic Fellowship Center - Cal Poly, 1472 Foothill Blvd San Luis Obispo, CA 93405		Religious	5,000 00	-	N/A	N/A	for construction of the chapel	
North County Women's Shelter and Resource Center, 1030 Vine Street P O Box 630 Paso Robles, CA 93447	77-0068977	501(c)(3)	10,500 00	-	N/A	N/A	Shelter Childcare Program	
Northern California Institute for Research & Education, 4150 Clement Street, 151NC San Francisco, CA 94121-1545	94-3084159	501(C)3	254,029 90	-	N/A	N/A	Parkinson's Disease Research	
One Cool Earth, P O Box 150 San Luis Obispo, CA 93406	34-193404	501(c)(3)	5,000 00	-	N/A	N/A	Opportunity High School Outdoor Classroom	
Opera San Luis Obispo, P O Box 14760 San Luis Obispo, CA 93406	77-0086873	501(c)(3)	10,900 00	-	N/A	N/A	unrestricted	
On!an America, 226 Causeway St , 5th Floor Boston, MA 02114	23-7069110	501(C)3	26,402 99	-	N/A	N/A	unrestricted	
Peoples' Self-Help Housing, 3533 Empleo Street San Luis Obispo, CA 93401	95-2750154	501(c)(3)	10,875 00	-	N/A	N/A	Supportive Housing Program	

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
SCHEDULE I - PART II

TAX YEAR 2012
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(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
Pismo Beach Rotary Club, Five Cities Charitable Foundation, Post Office Box 1835 Pismo Beach, CA 93448-1835	34-1510544	501(C)3	69,406 73	-	N/A	N/A	balance of fund proceeds
Robinson Memorial Hospital, 6847 N Chestnut St. P O Box 1204 Ravenna, OH 44266			5,000 00	-	N/A	N/A	to benefit Physicians Emergency Services Emergency Department Education Fund
Salvation Army/San Luis Obispo Corps ,Post Office Box 14109 San Luis Obispo, CA 93406	13-5562351	501(C)3	76,308 97	-	N/A	N/A	Unrestricted
San Luis Coastal Unified School District,Administrative Offices 1500 Lizzie Street San Luis Obispo, CA 93401		Government	24,582 27	-	N/A	N/A	Fall 2012 Grants
San Luis Obispo County Womenade, 6099 Marshall Way San Luis Obispo, CA 93401	27-0809744	501(C)3	6,500 00	-	N/A	N/A	Meeting Basic Needs
San Luis Obispo Railroad Museum, P O Box 13260 San Luis Obispo, CA 93406	77-0277323	501(C)3	5,000 00	-	N/A	N/A	unrestricted
Sansum Diabetes Research Institute, 2219 Bath St Santa Barbara, CA 93105		501(C)3	254,029 90	-	N/A	N/A	Sansum Diabetes Research Institute
Santa Barbara Cottage Hospital, 320 West Pueblo Santa Barbara, CA 93105	95-1644629	501(C)3	18,000 00	-	N/A	N/A	Cottage Hospital
Scripps Research Institute, 10550 North Torrey Pines Road La Jolla, CA 92037	33-0435954	501(C)3	254,029 90	-	N/A	N/A	Stem Cell Research
Senior Nutrition Program of SLO County ,2180 Johnson Avenue San Luis Obispo, CA 93401	77-0279528	501(c)(3)	49,000 00	-	N/A	N/A	Distribution for Operations
Sexual Assault Recovery & Prevention Center, 51 Zaca Lane, Suite 140 San Luis Obispo, CA 93401-7353	95-3415650	501(c)(3)	5,000 00	-	N/A	N/A	unrestricted
Shriners Hospital for Children, P O Box 31356 Tampa, FL 33631	04-2121399	501(C)3	203,223 92	-	N/A	N/A	Shriners Children's Hospital- unrestricted
SLO Children's Museum, 1010 Nipomo Street San Luis Obispo, CA 93401	77-0261830	501(c)(3)	9,300 00	-	N/A	N/A	unrestricted
SLO County Bicycle Coalition, 860 Pacific Street, Suite 105 San Luis Obispo, CA 93401	75-3021545	501(C)3	7,000 00	-	N/A	N/A	for advocacy development project only

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
SCHEDULE I - PART II

TAX YEAR 2012
FEIN 77-0496500

(a) Name, Address, and Zip Code	(b) EIN	(c) IRC Code	(d) Amount of		(e) Non-Cash Grant	(f) Method of Valuation	(g) Description of Non-Cash Assistance	Purpose of Grant or Assistance
SLO County Farm Bureau, 651 Tank Farm San Luis Obispo, CA 93401	95-1659761	501(c)5	19,402.99	-	-	N/A	N/A	Polin Scholarship Fund for Higher Education in Agriculture
SLO County Office of Education, 3350 Education Drive San Luis Obispo, CA 93405		Government	37,500.00	-	-	N/A	N/A	Start Up of Three SLCUSD RAR sites
SLO Museum of Art, P O Box 813 San Luis Obispo, CA 93406	95-6134270	501(c)(3)	254,929.90	-	-	N/A	N/A	unrestricted
SLO Symphony, P O Box 658 San Luis Obispo, CA 93406	95-2493144	501(c)(3)	56,200.00	-	-	N/A	N/A	unrestricted
South County Youth Coalition, P O Box 371 Arroyo Grande, CA 93421	77-0495870	501(c)(3)	15,000.00	-	-	N/A	N/A	The Helping Hand Fund
St. Jude Memorial Foundation, 1440 N Harbor Blvd, Suite 200 Fullerton, CA 92835	95-1643325	501(C)3	254,029.90	-	-	N/A	N/A	St. Jude Children's Research Hospital
St. Rose School, 900 Tucker Ave Paso Robles, CA 93446	94-1658139	Religious	17,000.00	-	-	N/A	N/A	As directed by Parent Advisory Committee
Transitional Food and Shelter, Inc., 3770 N River Road Paso Robles, CA 93446	77-0489535	501(c)(3)	10,000.00	-	-	N/A	N/A	Temporary Emergency Shelter for Medically Fragile Homeless
Turkish American Cultural Association of Florida, P O Box 82129 Tampa, FL 33682	59-2962050	501(C)3	5,000.00	-	-	N/A	N/A	unrestricted
UCLA Department of Neurology - Mary S. Easton Center for Alzheimer's Research, 710 Westwood Boulevard, Suite C153 Reed Neurology Building Los Angeles, CA 90095		Government	254,029.90	-	-	N/A	N/A	Research on the causes of and therapies for Alzheimer's Disease and other forms of dementia
Whitman College, Office of Annual Giving 345 Boyer Ave Walla Walla, WA 99362	91-0567740	501(c)(3)	5,000.00	-	-	N/A	N/A	to benefit the Class of 1962 Reunion Fund
Women's Shelter Program of SLO aka Glinda Services, Inc., P O Box 125 San Luis Obispo, CA 93406	95-3370729	501(c)(3)	66,005.98	-	-	N/A	N/A	Unrestricted
Woods Humane Society, 875 Oklahoma Ave San Luis Obispo, CA 93405	95-2058587	501(c)(3)	26,452.99	-	-	N/A	N/A	unrestricted

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
SCHEDULE I - PART III

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(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	2	\$ 12,773.55	\$ -	N/A	N/A
Education	1	1,000.00	-	N/A	N/A
Human Services	1	1,000.00	-	N/A	N/A
Human Services	1	58,208.97	-	N/A	N/A
Scholarship	1	(1,333.34)	-	N/A	N/A
Scholarship	1	(14,000.00)	-	N/A	N/A
Scholarship	1	(1,000.00)	-	N/A	N/A
Scholarship	1	(767.00)	-	N/A	N/A
Scholarship	2	(35,500.00)	-	N/A	N/A
Scholarship	1	1,000.00	-	N/A	N/A
Scholarship	1	2,000.00	-	N/A	N/A
Scholarship	2	2,000.00	-	N/A	N/A
Scholarship	1	500.00	-	N/A	N/A
Scholarship	7	5,500.00	-	N/A	N/A
Scholarship	1	1,000.00	-	N/A	N/A
Scholarship	1	1,000.00	-	N/A	N/A
Scholarship	3	6,000.00	-	N/A	N/A
Scholarship	1	1,000.00	-	N/A	N/A
Scholarship	1	6,000.00	-	N/A	N/A
Scholarship	1	500.00	-	N/A	N/A
Scholarship	10	25,000.00	-	N/A	N/A
Scholarship	2	2,000.00	-	N/A	N/A
Scholarship	7	7,000.00	-	N/A	N/A
Scholarship	14	22,400.00	-	N/A	N/A
Scholarship	1	1,500.00	-	N/A	N/A
Scholarship	1	20,000.00	-	N/A	N/A
Scholarship	2	2,500.00	-	N/A	N/A
Other Scholarships		\$ 127,282.18	\$ -		