

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1580 City or town, state or country, and ZIP + 4 SAN LUIS OBISPO, CA 93406 <b>F Name and address of principal officer:</b> WENDY BROWN SAME AS C ABOVE	<b>D Employer identification number</b> 77-0496500 <b>E Telephone number</b> 805-543-2323 <b>G Gross receipts \$</b> 23,552,633. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ WWW.SLOCCF.ORG	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1998 <b>M State of legal domicile:</b> CA	

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>TO BUILD AN ENDOWMENT AND USE THE EARNINGS IN THE COMMUNITY FOR NON-PROFIT ORGANIZATIONS.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	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 employees (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,931,912.
9 Program service revenue (Part VIII, line 2g)		19,797.	17,150.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,053,926.	-255,212.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,106,990.	-388,065.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-3,101,355.	3,629,200.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,851,832.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	357,375.	322,089.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 164,369.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	496,338.	218,635.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,705,545.	1,737,753.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,806,900.	1,891,447.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,262,427.	End of Year 28,116,511.
	21 Total liabilities (Part X, line 26)	3,693,866.	3,542,225.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,568,561.	24,574,286.

**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.

<b>Sign Here</b>	Signature of officer BARRY VANDERKELEN, EXECUTIVE DIRECTOR Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CALIBER ACCOUNTING & TAX, LLP 575 PRICE STREET, SUITE 312 PISMO BEACH, CA 93449	EIN ▶	Preparer's identifying number (see instructions) Phone no. ▶ (805) 888-0200

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO BUILD AN ENDOWMENT AND USE THE EARNINGS IN THE COMMUNITY FOR NON-PROFIT ORGANIZATIONS. HELP INDIVIDUAL DONORS DIRECT THEIR CHARITABLE GIVING.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,197,029. including grants of \$ 1,197,029. ) (Revenue \$ 0. ) GRANT MAKING: OUR PRIMARY MISSION IS TO BUILD AN ENDOWMENT. THE EARNINGS ARE USED TO MAKE GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS.

4b (Code: ) (Expenses \$ 231,900. 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 \$ 1,428,929.

**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

**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 Schedule B, Schedule of Contributors? .....	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> .....		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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	
<b>23</b> 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
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**SAN LUIS OBISPO COUNTY COMMUNITY  
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Form 990 (2009)

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

			Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable .....	11		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		X	
<b>2a</b>	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 .....	6		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....		X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....			
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....			X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....			
<b>6a</b>	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? .....			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....			X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....			X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966? .....			X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders .....	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b		

Form **990** (2009)

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1a</b>	14		
<b>b</b>	Enter the number of voting members that are independent .....		
<b>1b</b>	14		
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>8b</b>			
<b>9</b>	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 .....		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? .....	X	
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	X	
<b>10b</b>			
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12b</b>			
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>12c</b>			
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>13</b>			
<b>14</b>	Does the organization have a written document retention and destruction policy? .....		X
<b>14</b>			
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization .....	X	
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		
<b>16b</b>			

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
KATHY EVANS - (805) 543-2323  
1401 HIGUERA STREET, SAN LUIS OBISPO, CA 93401

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

**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
WENDY BROWN PRESIDENT	2.00	X		X				0.	0.	0.
DEE LACEY VICE PRESIDENT	2.00	X		X				0.	0.	0.
BILL RAVER CFO, TREASURER	2.00	X		X				0.	0.	0.
BARBARA BELL SECRETARY	2.00	X		X				0.	0.	0.
LYN BAKER DIRECTOR	2.00	X						0.	0.	0.
BARBIE BUTZ DIRECTOR	2.00	X						0.	0.	0.
NANCY DE PUE DIRECTOR	2.00	X						0.	0.	0.
JOHN DUNN DIRECTOR	2.00	X						0.	0.	0.
LEE F. HOLLISTER, D.D.S. DIRECTOR	2.00	X						0.	0.	0.
STEVE JOBST DIRECTOR	2.00	X						0.	0.	0.
MIKE MINER DIRECTOR	2.00	X						0.	0.	0.
BARBARA PARTRIDGE DIRECTOR	2.00	X						0.	0.	0.
ANN ROBINSON DIRECTOR	2.00	X						0.	0.	0.
NICK THILLE DIRECTOR	2.00	X						0.	0.	0.
BARRY VANDERKELEN EXECUTIVE DIRECTOR	40.00				X			131,820.	0.	0.



**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

Form 990 (2009)

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<b>Part VIII Statement of Revenue</b>					
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues .....	<b>1b</b>			
	<b>c</b> Fundraising events .....	<b>1c</b>			
	<b>d</b> Related organizations .....	<b>1d</b>			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 4,255,327.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....				
	<b>h Total.</b> Add lines 1a-1f .....		4,255,327.		
<b>Program Service Revenue</b>	<b>2 a</b> <u>PROGRAM INCOME</u> .....	Business Code 900099	17,150.		17,150.
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue .....				
	<b>g Total.</b> Add lines 2a-2f .....		17,150.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,085,935.		1085935.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....				
	<b>5</b> Royalties .....				
	<b>6 a</b> Gross Rents .....	(i) Real (ii) Personal			
	<b>b</b> Less: rental expenses .....				
	<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses .....				
	<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....		-1341147.	-1341147.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>			
	<b>b</b> Less: direct expenses .....	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>			
<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
<b>b</b> Less: cost of goods sold .....	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11 a</b> <u>MISC - SPLIT INTEREST</u> .....	900099	30,516.		30,516.	
<b>b</b> <u>OTHER REVENUE</u> .....	900099	6,782.		6,782.	
<b>c</b> <u>INCOME FROM INVESTMENT</u> .....	900099	2,172.		2,172.	
<b>d</b> All other revenue .....	900099	-427,535.		-427,535.	
<b>e Total.</b> Add lines 11a-11d .....		-388,065.			
<b>12 Total revenue.</b> See instructions. ....		3,629,200.	-1341147.	0.	715,020.

**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

Form 990 (2009)

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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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 U.S. See Part IV, line 21 .....	1,197,029.	1,197,029.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	131,820.	39,546.	46,137.	46,137.
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 .....	132,486.	39,746.	46,370.	46,370.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	37,538.	11,262.	12,762.	13,514.
10 Payroll taxes .....	20,245.	6,074.	6,883.	7,288.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	113.		113.	
c Accounting .....	7,360.		7,360.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	155,303.	72,992.	54,356.	27,955.
g Other .....	63,583.		63,583.	
12 Advertising and promotion .....	2,600.	286.	364.	1,950.
13 Office expenses .....	13,797.	6,485.	4,829.	2,483.
14 Information technology .....	15,664.		15,664.	
15 Royalties .....				
16 Occupancy .....	38,739.	18,207.	13,559.	6,973.
17 Travel .....	3,763.		3,763.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	374.	176.	131.	67.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	8,084.		8,084.	
23 Insurance .....	3,866.	865.	1,963.	1,038.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>MISCELLANEOUS</b> .....	27,895.	13,001.	9,757.	5,137.
b <b>FUND OPERATION EXPENSE</b> .....	19,226.	9,036.	6,729.	3,461.
c <b>PROGRAM EXPENSE</b> .....	15,460.	15,460.		
d <b>MEMBERSHIP DUES AND SUB</b> .....	11,773.	2,237.	7,417.	2,119.
e <b>ADMINISTRATIVE FEES</b> .....	-4,086.	-3,473.	-490.	-123.
f All other expenses .....	-164,879.		-164,879.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,737,753.	1,428,929.	144,455.	164,369.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	27,377.	1	31,120.	
	<b>2</b> Savings and temporary cash investments .....	3,214,633.	2	5,360,016.	
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....		4	22,794.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			6	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....			8	
	<b>9</b> Prepaid expenses and deferred charges .....	3,336.	9	4,467.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	71,567.			
	<b>b</b> Less: accumulated depreciation .....	55,073.			
		24,578.	10c	16,494.	
	<b>11</b> Investments - publicly traded securities .....	18,743,465.	11	22,402,300.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
<b>15</b> Other assets. See Part IV, line 11 .....	249,038.	15	279,320.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	22,262,427.	16	28,116,511.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	35,320.	17	31,633.	
	<b>18</b> Grants payable .....	202,800.	18	173,850.	
	<b>19</b> Deferred revenue .....	420,015.	19	172,369.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	3,035,731.	25	3,164,373.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,693,866.	26	3,542,225.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,031,861.	27	1,052,160.	
	<b>28</b> Temporarily restricted net assets .....	5,761,698.	28	7,348,999.	
	<b>29</b> Permanently restricted net assets .....	11,775,002.	29	16,173,127.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	18,568,561.	33	24,574,286.	
<b>34</b> Total liabilities and net assets/fund balances .....	22,262,427.	34	28,116,511.		

Form 990 (2009)

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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>3b</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 (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5273449.	6984309.	2180975.	2931912.	4255327.	21625972.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5273449.	6984309.	2180975.	2931912.	4255327.	21625972.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						21625972.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	5273449.	6984309.	2180975.	2931912.	4255327.	21625972.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	558,766.	755,267.	847,306.	1054069.	1085935.	4301343.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						25927315.

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	83.41	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	84.90	%

**16a 33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

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

Employer identification number  
**77-0496500**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Employer identification number  
**77-0496500**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>389,534.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>1,001,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>1,695,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	89	
2 Aggregate contributions to (during year) .....	1,373,418.	
3 Aggregate grants from (during year) .....	169,950.	
4 Aggregate value at end of year .....	7,620,428.	
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? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 pleasure)       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 .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11775002.	12822051.			
b Contributions	342,534.	1,440,813.			
c Net investment earnings, gains, and losses	4,055,591.	-2487862.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	16173127.	11775002.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations  Yes  No
  - (ii) related organizations  Yes  No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		66,061.	51,874.	14,187.
e Other		5,506.	3,199.	2,307.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,494.



**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,629,200.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,737,753.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,891,447.
4	Net unrealized gains (losses) on investments	4	4,114,278.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	4,114,278.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,005,725.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,751,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,114,277.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	7,828.
e	Add lines 2a through 2d	2e	4,122,105.
3	Subtract line 2e from line 1	3	3,629,200.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,629,200.

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

1	Total expenses and losses per audited financial statements	1	1,745,581.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	7,828.
e	Add lines 2a through 2d	2e	7,828.
3	Subtract line 2e from line 1	3	1,737,753.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,737,753.

**Part XIV Supplemental Information**

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

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**INCOME OF SUPPORTING ORGANIZATION NETTED WITH EXPENSES ON FORM**

990

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**EXPENSES OF SUPPORTING ORGANIZATION NETTED WITH INCOME ON FORM**

990

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

Employer identification number  
**77-0496500**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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			847,226.	0.			ALLOCATIONS/DESIGNATIONS

**2** Enter total number of section 501(c)(3) and government organizations ..... **36.**

**3** Enter total number of other organizations ..... **0.**

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

Schedule I (Form 990) 2009

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION  
 FEIN 77-0496500  
 2009 TAX YEAR  
 SCHEDULE I - PART II

(a) Name, address, and zip code	(b) EIN	(c) IRC Code	(d) Amount of Cash Grant	(e) Non-Cash Grant	(f) Method of Valuation	(g) Descr. of Non-cash Assistance	(h) Purpose of Grant or Assistance
ACORN (A Community Org Recognizing Need),P.O. Box 2097 Paso Robles, CA 93447	77-0028251	501(C)3	\$ 14,000.00	\$ -	N/A	N/A	Getting About Town Program
Atascadero Community Link,P.O. Box 3157 Atascadero, CA 93423-3157	91-2022036	501(C)3	\$ 30,000.00	\$ -	N/A	N/A	Teens at Work
Big Brothers Big Sisters of San Luis Obispo County,Post Office Box 12644 San Luis Obispo, CA 93406	77-0348487	501(C)3	\$ 31,000.00	\$ -	N/A	N/A	unrestricted
Bishop Amat High School,14301 Fairgrove Avenue La Puente, CA 91746	95-2056602	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	Unrestricted
Cal Poly Corporation,1 Grand Avenue Grants Development Office San Luis Obispo, CA 93407-0035	95-1648180	501(C)3	\$ 104,994.00	\$ -	N/A	N/A	College of Engineering Pre-College Outreach Fund
Camp Fire USA, Central Coast Council,P.O. Box 1269 340 Pomeroy Arroyo Grande, CA 93421	13-1623921	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	Camp Natoma Resident Camp
Catholic Charities: Diocese of Monterey,922 Hilby Avenue, Suite C. Seaside, CA 93955	77-0042961	501(C)3	\$ 8,759.09	\$ -	N/A	N/A	Helping our Neighbors in Tough Economic Times
Cayucos Educational Foundation,Post Office Box 566 Cayucos, CA 93430	75-3067531	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	Purchase 2 Science Tables-new school
Center for Obesity Prevention and Education/Kinesiology Departmen,Cal Poly State University San Luis Obispo, CA 93407	94-6001347	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	HANDS on Health Symposium Sponsorship
Central Coast Natural History Association,1320 Van Beurden Drive Ste 202 Los Osos, CA 93402	51-0198869	501(C)3	\$ 13,125.00	\$ -	N/A	N/A	Spooner House only
Central Coast Polo Club (CCPC),P.O. Box 4201 San Luis Obispo, CA 93403-4201	71-0891330	501(C)3	\$ 7,500.00	\$ -	N/A	N/A	Unrestricted
Community Action Partnership of San Luis Obispo County,1030 Southwood Drive San Luis Obispo, CA 93401	95-2410253	501(C)3	\$ 42,160.19	\$ -	N/A	N/A	Homeless Shelter & Health Services Programs
Cuesta College Foundation,P.O. Box 8106 San Luis Obispo, CA 93403-8106	23-7225601	501(C)3	\$ 9,000.00	\$ -	N/A	N/A	Project Educate
Direct Relief International,27 South La Patera Lane Santa Barbara, CA 93117	95-1831116	501(C)3	\$ 10,000.00	\$ -	N/A	N/A	Unrestricted
First Five Commission of San Luis Obispo County,3220 S. Higuera St, Ste 232 San Luis Obispo, CA 93401-6985		Government	\$ 5,008.62	\$ -	N/A	N/A	Raising a Reader-Oceano sites
Food Bank Coalition of San Luis Obispo County,P.O. Box 2070 Paso Robles, CA 93447-2070	77-0210727	501(C)3	\$ 7,200.00	\$ -	N/A	N/A	Unrestricted
Fort Hope, Inc.,P.O. Box 132 Arroyo Grande, CA 93421	55-0861220	501(C)3	\$ 5,500.00	\$ -	N/A	N/A	unrestricted
Friends of the Cambria Library,900 Main Street Cambria, CA 93428	77-0285477	501(C)3	\$ 8,472.67	\$ -	N/A	N/A	Cambria Library Project
Friends of the Prado Day Center,P.O. Box 12444 San Luis Obispo, CA 93406	77-0540323	501(C)3	\$ 6,113.20	\$ -	N/A	N/A	Unrestricted
Jack's Helping Hand,P.O. Box 14718 San Luis Obispo, CA 93406	20-4731313	501(C)3	\$ 32,500.00	\$ -	N/A	N/A	Unrestricted
Kansas University Endowment Association,The Chancellors Club Post Office Box 928 Lawrence, KS 66044-0928	48-0547734	501(C)3	\$ 8,000.00	\$ -	N/A	N/A	Alumni Association
Old Mission Church/Mission San Luis Obispo,751 Palm Street San Luis Obispo, CA 93401	94-1658203	501(C)3	\$ 6,000.00	\$ -	N/A	N/A	Earthquake Retrofit
San Luis Coastal Unified School District,Administrative Offices 1500 Lizzie Street San Luis Obispo, CA 93401		Government	\$ 21,609.02	\$ -	N/A	N/A	Spring 2009 Grants
Senior Nutrition Program of SLO County,2180 Johnson Avenue San Luis Obispo, CA 93401	77-0279528	501(C)3	\$ 151,864.00	\$ -	N/A	N/A	Pathways to Adulthood Employment Training
SLO County Office of Education,3350 Education Drive San Luis Obispo, CA 93405		Government	\$ 96,000.00	\$ -	N/A	N/A	Raising a Reader Expansion Project
SLO International Film Festival,Post Office Box 1449 San Luis Obispo, CA 93406	77-0367414	501(C)3	\$ 6,500.00	\$ -	N/A	N/A	Unrestricted
SLO Little Theatre, Inc,Post Office Box 122 San Luis Obispo, CA 93406	95-2556678	501(C)3	\$ 8,353.79	\$ -	N/A	N/A	Act Production Class
SLO Soccer Club,1241 Johnson Avenue, Box # 157 San Luis Obispo, CA 93401	77-0311615	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	Financial assistance
SLO Symphony,P.O. Box 658 San Luis Obispo, CA 93406	95-2493144	501(C)3	\$ 109,066.00	\$ -	N/A	N/A	Youth Symphony
Special Olympics,Post Office Box 1164 San Luis Obispo, CA 93406	95-4538450	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	Special Olympic Training and Competition
Studios on the Park,Post Office Box 3000 Paso Robles, CA 93447	26-1759872	501(C)3	\$ 15,500.00	\$ -	N/A	N/A	Unrestricted
Transitional Food and Shelter, Inc.,3770 N. River Road Paso Robles, CA 93446	77-0489535	501(C)3	\$ 5,000.00	\$ -	N/A	N/A	Unrestricted
University of Virginia,Dept. Systems & Info Engineer P.O. Box 400747 Charlottesville, VA 22904-4747	54-2009312	501(C)3	\$ 17,500.00	\$ -	N/A	N/A	Computational Finance Research Group
Vision Unida Community Building Institute,P.O. Box 15856 San Luis Obispo, CA 93406-5856	77-0555624	501(C)3	\$ 5,500.00	\$ -	N/A	N/A	Alumni Mobilization
YMCA of SLO County,1020 Southwood Drive San Luis Obispo, CA 93401	95-2147727	501(C)3	\$ 11,000.00	\$ -	N/A	N/A	Jump Rope Competition
Zoological Society of SLO County,9305 Pismo Avenue Atascadero, CA 93422	23-7109171	501(C)3	\$ 20,000.00	\$ -	N/A	N/A	New Entry Building
Total			\$ 847,225.58				

SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION

**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. Use Part IV and Schedule I-1 (Form 990) 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
COMM ENHANCEMENT	3	6,000.	0.		
EDUCATION	3	3,750.	0.		
HEALTH	1	1,000.	0.		
HUMAN SERVICES	1	1,000.	0.		
SCHOLARSHIP	101	240,150.	0.		

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

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

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION  
 FEIN 77-0496500  
 2009 TAX YEAR  
 SCHEDULE I - PART III

(a) Type of Grant or Assistance		(b) Number of Recipients	(c) Amount of Cash Grant	(d) Amt. of non-cash Assistance	(e) Method of Valuation	(f) Descr. of Non-cash Assistance
Comm Enhancement	2009 Sustained Environmental Contribution Award	1	\$ 2,000.00	\$ -	N/A	N/A
Comm Enhancement	2009 Environmental Initiative Award	1	\$ 2,000.00	\$ -	N/A	N/A
Comm Enhancement	2009 Environmental Achievement of the Year	1	\$ 2,000.00	\$ -	N/A	N/A
Education	SARC Silver Sponsorship	1	\$ 2,500.00	\$ -	N/A	N/A
Education	Scholarship Recipient	1	\$ 250.00	\$ -	N/A	N/A
Education	2009 Alex Madonna Memorial Award	1	\$ 1,000.00	\$ -	N/A	N/A
Health	2009 Isabel P. Ruiz Humanitarian Award	1	\$ 1,000.00	\$ -	N/A	N/A
Human Services	A Taste of the Future - Green Sponsor	1	\$ 1,000.00	\$ -	N/A	N/A
Scholarship	2008 Ian Purdon Memorial Scholarship	1	\$ 750.00	\$ -	N/A	N/A
Scholarship	2009 AVID Region VIII Scholarship	8	\$ 4,000.00	\$ -	N/A	N/A
Scholarship	2009 Gary Grossman Scholarship	3	\$ 5,000.00	\$ -	N/A	N/A
Scholarship	2009 Justin McCutcheon Scholarship	1	\$ 1,000.00	\$ -	N/A	N/A
Scholarship	2009 Orfalea Renewal Scholarship	19	\$ 46,500.00	\$ -	N/A	N/A
Scholarship	2009 Orfalea Scholarship	40	\$ 94,500.00	\$ -	N/A	N/A
Scholarship	2009 Richard J Weyhrich Leadership Scholarship	22	\$ 55,000.00	\$ -	N/A	N/A
Scholarship	2009 Yeager Science Scholarship	1	\$ 20,000.00	\$ -	N/A	N/A
Scholarship	Brian Waterbury Memorial Scholarship	1	\$ 1,000.00	\$ -	N/A	N/A
Scholarship	Don Floyd Memorial Scholarship	2	\$ 1,000.00	\$ -	N/A	N/A
Scholarship	Dorothy Ross Scholarship	1	\$ 500.00	\$ -	N/A	N/A
Scholarship	Fisher-McGinty, Rebecca 2009 Orfalea Scholarship	1	\$ 2,500.00	\$ -	N/A	N/A
Scholarship	Orfalea Migrant Scholarship	4	\$ 6,500.00	\$ -	N/A	N/A
Scholarship	PR HS Class of '55 Scholarship	3	\$ 1,500.00	\$ -	N/A	N/A
Scholarship	Other Scholarships	2	\$ 400.00	\$ -	N/A	N/A
Total		117	\$ 251,900.00	\$ -		

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

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:**

**HELP INDIVIDUAL DONORS DIRECT THEIR CHARITABLE GIVING.**

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

**FOUNDATION'S BOOKKEEPER, 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  
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:**

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

Schedule O (Form 990) 2009

932211  
02-03-10



**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.**

**2009**  
**Open to Public**  
**Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY - 80-0383894, 1401 HIGUERA ST, SAN LUIS OBISPO, CA 93401	CONDUCTING ACTIVITIES FOR THE BENEFIT OF SLO COUNTY COMMUNITY FOUNDATION	CALIFORNIA	501(C) (3)	PUBLIC CHARITY - TYPE 1	SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION



**SAN LUIS OBISPO COUNTY COMMUNITY  
FOUNDATION**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	1a	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	1b	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	1c	X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	1d	X
<b>e</b> Loans or loan guarantees by other organization(s) .....	1e	X
<b>f</b> Sale of assets to other organization(s) .....	1f	X
<b>g</b> Purchase of assets from other organization(s) .....	1g	X
<b>h</b> Exchange of assets .....	1h	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	1i	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	1j	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	1k	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	1l	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	1m	X
<b>n</b> Sharing of paid employees .....	1n	X
<b>o</b> Reimbursement paid to other organization for expenses .....	1o	X
<b>p</b> Reimbursement paid by other organization for expenses .....	1p	X
<b>q</b> Other transfer of cash or property to other organization(s) .....	1q	X
<b>r</b> Other transfer of cash or property from other organization(s) .....	1r	X

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

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



2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	DESK	08/01/99	SL	7.00	HY16	500.				500.	500.		0.	500.
2	CONFERENCE CHAIRS	09/01/99	SL	7.00	HY16	100.				100.	100.		0.	100.
3	CONFERENCE TABLE	09/01/99	SL	7.00	HY16	225.				225.	225.		0.	225.
4	RECEPTION CHAIRS	06/15/99	SL	7.00	HY16	200.				200.	200.		0.	200.
5	DESK	10/31/99	SL	7.00	HY16	200.				200.	200.		0.	200.
6	DESK	06/26/00	SL	7.00	HY16	810.				810.	810.		0.	810.
7	NANTUCKET TABLE AND CHAIRS	10/14/04	SL	7.00	HY16	868.				868.	558.		124.	682.
8	SOFTWARE	01/13/00	SL	5.00	HY16	21,590.				21,590.	21,590.		0.	21,590.
9	LASER PRINTER	04/19/00	SL	5.00	HY16	700.				700.	700.		0.	700.
10	DSL AND DOMAIN	04/19/00	SL	5.00	HY16	463.				463.	463.		0.	463.
11	USER ROUTER	05/15/00	SL	5.00	HY16	509.				509.	509.		0.	509.
12	DIGITAL CAMERA	05/30/00	SL	5.00	HY16	496.				496.	496.		0.	496.
13	FIMS SOFTWARE - ADDITIONAL LICENSE	03/16/04	SL	5.00	HY16	5,813.				5,813.	5,233.		580.	5,813.
14	AVAYA PHONE SYSTEM	07/20/05	SL	7.00	HY16	4,232.				4,232.	2,042.		605.	2,647.
15	IN FOCUS PROJECTOR	08/31/05	SL	7.00	HY16	851.				851.	412.		122.	534.
16	COMPUTER UPGRADE	11/10/05	SL	5.00	HY16	18,158.				18,158.	11,350.		3,632.	14,982.
17	LASERJET COLOR PRINTER	08/07/07	SL	5.00	HY16	596.				596.	169.		119.	288.
18	HP COMPUTER	01/24/08	SL	5.00	HY16	1,325.				1,325.	243.		265.	508.



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FOOTNOTES

STATEMENT 1

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FORM 990 PART VIII LINE 11D:

ALL OTHER REVENUE IS COMPRISED OF INVESTMENT INCOME HELD FOR  
OTHERS OF -427,535.

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

▶ File a separate application for each return.

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

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

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION</b>	Employer identification number <b>77-0496500</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1580</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN LUIS OBISPO, CA 93406</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**KATHY EVANS**

- The books are in the care of ▶ **1401 HIGUERA STREET - SAN LUIS OBISPO, CA 93401**  
Telephone No. ▶ **(805) 543-2323** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

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