| | | | | Shor | <u>t</u> Form | - | | | – | _ | ОМВ | No. 1545-1150 |
|----------|---------------------------|------------------------------|--|--|--|---------------------|---------------------|---------------------|-------------------------|------------|-------------|---------------------------|
| orm | 99 | 0-ЕZ | Return of C Under section 501(c), 5 | Organization E 27, or 4947(a)(1) of the Inte private f | EXEMPT ernal Revenue C foundation) | Frc ode (| om in except bla | ck lung bei | e I ax | t or | 2 | 2009 |
| | | of the Treasury | ther organizations with gross rec | private f lonor advised funds and controllin ceipts less than \$500,000 and tota | al assets less than \$ | defined 51,250,0 | 000 at the e | nd of the year | st file Forn may use | this form. | Op | en to Public nspection |
| | | | ar year, or tax year begi | nay have to use a copy of a nning JAN 26, | | | and endi | | C 31 | | | nspection |
| С | heck if | C Na | me of organization | ining OAN 20, | 2005 | | | | - | | ntificatior | number |
| a | Addres | | • | JNDATION OF S | AN LUIS | | | | | • | | |
| | lchange Name change | | ISPO COUNTY | | | | | | 80 | -038 | 83894 | ł |
| Х | Initial return | type. NL | | ox, if mail is not delivered to s | street address) | | R | oom/suite | E Telep | | | |
| |]Termi ated | | 01 HIGUERA ST | FREET | | | | | 80 | 5-54 | 43-23 | 323 |
| | - | ded tions Cit | ty or town, state or country, | | | | | | F Grou | p Exemp | tion | |
| | Applica pendin | ttion SAI | N LUIS OBISPO | | | | | | | ber ► | | |
| | • Sec | tion 501(c)(3) org | | nonexempt charitable trust orm 990 or 990-EZ). | ts must attach a | comp | leted | G Accour Other (| nting me specify) | | Cash | X Accr |
| ۷ | /ebsit | e: ▶ <mark>N/A</mark> | | | | | | H Check | | if the | organizati | ion is not |
| Т | ax-ex | empt status (chec | ck only one) 🗕 🔀 501(c | i) (3 🛛) ◀ (insert no.) 🗌 | 4947(a)(1) | or | 527 | required to | o attach S | Schedule | B (Form 99) | 0, 990-EZ, or 990- |
| C | heck | ▶ 🛄 if the or | ganization is not a section 5 | i09(a)(3) supporting organiza | ation and its gro | ss rec | eipts are r | ormally no | t more th | ian \$25,0 | 000. A For | m 990-EZ o |
| | | Form 99 | 90 return is not required, bu | t if the organization chooses | to file a return, b | be sur | e to file a c | complete re | turn. | | | |
| A | dd lin | | | s receipts; if \$500,000 or mo | | | | | | | | 10,00 |
| Pa | rt I | Revenue, | Expenses, and Ch | anges in Net Asset | ts or Fund E | Bala | nces (S | ee the instr | uctions f | or Part I. | .) | |
| | 1 | | fts, grants, and similar amou | | | | | | | 1 | | 10,00 |
| | 2 | Program service | revenue including governm | ent fees and contracts | | | | | | 2 | | |
| | 3 | Membership due | s and assessments | | | | | | | 3 | | |
| | 4 | Investment incor | | | | | | | | 4 | | |
| | 5a | Gross amount fro | om sale of assets other than | inventory | | 5a | | | | | | |
| | b | Less: cost or oth | er basis and sales expenses | ; | | 5b | | | | | | |
| | C | Gain or (loss) fro | m sale of assets other than | inventory (Subtract line 5b fr | rom line 5a) | | | | | 5c | | |
| 2 | 6 | | | cable parts of Schedule G). If | | | | | | | | |
| | a | Gross revenue (n | not including \$ | of contribu | utions | | | | | | | |
| | | | | | | 6a | | | | | | |
| • | b | | | expenses | | 6b | | | | | | |
| | | | | l activities (Subtract line 6b fi | rom line 6a) | | | | _ | 6c | | |
| | | , | , . | owances | | 7a | | | ····· - | | | |
| | | | | | | 7b | | | | | | |
| | | | | (Subtract line 7b from line 7 | | | | | _ | 7c | | |
| | 8 | Other revenue (d | | | u) | | | | , F | 8 | | |
| | q | | | c, and 8 | | | | | <u> </u> | 9 | | 10,00 |
| _ | 10 | | | edule) | | | | | | 10 | | 10,00 |
| | 11 | | | | | | | | | 11 | | |
| | 12 | Salaries other co | mansation and employee | benefits | | | | | | 12 | | |
| Ś | 13 | | | ependent contractors | | | | | | 13 | | |
| | 14 | | | | | | | | | 14 | | |
| 5 | 15 | | | | | | | | | 15 | | |
| | 16 | Other expenses (| | | | ਸ ਪ | ምልጥፑ | мемт | <u> </u> | 16 | | 7,82 |
| | | | | | | | IAID | | <u>∸_</u> ′⊢ | | | 7,82 |
| _ | 17 | | | 17 from line 0) | | | | | | 17 18 | | 2,17 |
| 3 | 18 | | | 17 from line 9) | | | | | ····· | 10 | | 2,17 |
| | 19 | | | year (from line 27, column (A | | | | | | 10 | | |
| | ~~ | | | l on prior year's return) | | | | | | 19 | | |
| | 20 | | | s (attach explanation) | | | | | | 20 | | 0 17 |
| | 21 | | | Combine lines 18 through 20 | | | | | | 21 | | 2,17 |
| Pa | rt II | Balance S | | n line 25, column (B) are \$1,2 | 250,000 or more | , file F | 1 | | | ·ΕΖ. | | |
| | | | (See the instructions | , | | | | Beginning o | | | (B) En | d of year |
| 22 | | | | | | | | | 0. | | | 2,17 |
| 23 | Lan | d and buildings _. | | | | | | | | 23 | | 10 00 |
| 24 | | | | ERTY HELD FOR | |) | | | 0. | | | 10,00 |
| ~ - | Tota | al assets | | | | | | | 0. | | | 12,17 |
| 25 | Tota | • | cribe LOAN PAY | | |) | | | 0. | | | 10,00 |
| 25 26 | | access or fund he | Janaga (ling 97 of column (| B) must agree with line 21) | | | 1 | | 0. | 27 | | 2,17 |
| 26 27 | | | | duction Act Notice, see the | | | | | | | | 90-EZ (2 |

| _ | REAL ESTATE FOUNDATION OF | SAN LUIS | | ~ ~ | | 0.4 | D 0 |
|------|---|---------------------------------|----------------------------|----------|-----------------------------|---------------------------|---------------|
| | n 990-EZ (2009) OBISPO COUNTY | | | 80- | 03838 | | Page 2 |
| | art III Statement of Program Service Accomplishmer | | Part III.) | | - | (penses r section 501(| (c)(3) |
| | at is the organization's primary exempt purpose? SEE STATEMENT | | | | and 501(c)(4 |) organization | is and |
| | cribe what was achieved in carrying out the organization's exempt purp services provided, the number of persons benefited, and other relevan | | | ibe | section 494 for others.) | 7(a)(1) trusts; (| optional |
| - | GRANT MAKING: EARNINGS ARE USED TO | | | | | | |
| 20 | OBISPO COUNTY COMMUNITY FOUNDATION. | DOLLOKI III | | | | | |
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| | | rante chock horo | | | 28a | 1,3 | 54. |
| 29 | | | | | 200 | ± / 3 | <u> </u> |
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| | | ranta abaak bara | > | | 29a | | |
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| | | | | | | | |
| | (Grants \$) If this amount includes foreign g | rante chock horo | | | 30a | | |
| 31 | Other program services (attach schedule) | | | | | | |
| • | (Grants \$) If this amount includes foreign g | | | | 31a | | |
| 32 | | | | | 32 | 1.3 | 54. |
| P | art IV List of Officers, Directors, Trustees, and Key E | mplovees. List each one ev | ven if not compensated | (See the | | | <u> </u> |
| | | | | | ontributions | | |
| | | (b) Title and average hours | | to e | employee | (e) Expe | |
| | (a) Name and address | per week devoted to position | (If not paid, enter -0) | | fit plans & eferred | account other allow | |
| | | position | -0) | | pensation | | ances |
| WF | NDY BROWN | PRESIDENT | | | | | |
| | | 1.00 | 0. | | 0. | | 0. |
| BA | RRY VANDERKELEN | VICE PRESIDEN | | URE | | | |
| | | 1.00 | 0. | | 0. | | Ο. |
| BI | LL BROADBENT | SECRETARY | | | | | |
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| 9321 | 72 8-10 | | | | Form | 990-EZ | (2000) |

| REAL | ESTATE | FOUNDATION | OF | SAN | LUIS |
|------|--------|------------|----|-----|------|
|------|--------|------------|----|-----|------|

| Part V Other Information (Note the statement requirements in the instructions for Part V.) Vesi No 33 Did the organization engage in any activity not previously reported to the IRS? IT Yes," attach a detailed description of each activity 33 X 34 Were any changes made to the organization documents? If Yes," attach a conformed copy of the changes 34 X 35 If the organization have include business grows use as the steer product on lines 2, da, and 7 (among others), but not reported to form 990-1. 35 N/A 36 If we any change made to business grows use of \$1,000 or more or was it subject to section 6035(e) notics, reporting, and proxy tax requirements? 36 X 37 If we organization if form 102-POL for this year? 36 X 38 If we organization if or m122-POL for this year? 36 X 39 If we organization form 102-POL for this year? 36 X 30 If we organization. Form 102-POL for this year? 36 X 30 If we organization. Form 102-POL for this year? 36 N/A 34 If we organization. Form 102-POL for this year? 36 N/A 35 If we organization. Form 102-POL for this year? 36 N/A 36 If X | Forn | n 990-EZ (2009) OBISPO COUNTY 80-0383 | 894 | F | ² age 3 |
|---|------|---|------|----------|---------------------------|
| 33 Did the organization anging in any activity or previously reported to the HSP (1 Yes,* tatch a detailed description of each activity | Pa | art V Other Information (Note the statement requirements in the instructions for Part V.) | | | |
| 44 We earry changes made to the expanzing or governing documents? If Yes,' attach a conformed copy of the changes 34 X 15 If the organization had income from busines activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on PoPC, Tattan as atterment explaining why the organization did not report the income on Form 90-T. 10 <td< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></td<> | | | | Yes | No |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but net reported on Form 990-T, attach a statement explaining why the organization of dio report the income on Form 990-T, attach a statement explaining why the organization of norme on was it subject to section 6033(e) note, reporting, and proxy tax requirements? 36 bif the organization have undered business grows income of \$1,000 or more or was it subject to section 6033(e) note, reporting, and proxy tax requirements? 35a N/A 36 bif the organization inder on before 900-Tor this year? 35a N/A 36 bif the organization inder on one or was it subject to section 6033(e) note, reporting, and proxy tax requirements? 35a N/A 37b X atter and mouthers, first of the instructions. 37a 0. 37b X atter and multiple section 10 first year? 38a N/A 37b X atter and undergo a Houdation, first on on male any such loans made any such loans made any or made any haunt to any or prove any and still outstanding at the end of the period covered by this return? 38a N/A 38a N/A 38a N/A 38a N/A 38a N/A 38a N/A 38a X 38a< | 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | |
| reported on Form 990-T, attach a statement explaining why the organization duo report the income on Form 990-T. a bid the organization have unrelated business gross income of \$1,000 or more ow as it subject to section 6033(e) notice, reporting, and proxy star requirements? 35a X b (1' Yes, 'this it liked as treturn on Form 990-T) for this year? 35b N/A 36a Did the organization undergo a highdabin, dissolution, resignificant disposition of net assets during the year? If 'Yes,' complete applicable parts of Sch. N 37a 10'' Yes,' complete applicable parts of Sch. N 37a 10'' Yes,' complete applicable parts of Sch. N 37b X 37a Inter amount of political expenditures, direct or indirect, as described in the instructions. 137a 0. 37b X 38a Did the organization borow from, or make any bans to, any officer, director, truste, or key employee or were any such loans made in a parts of and applicant thitobins included on line 9 38b N/A 39a N / A 38a X 40a Section 501(c)(2) organizations. Enter 0. 38b N/A 40a Section 501(c)(2) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers 0. 0. 0. 40a Section 501(c)(2) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. 0.< | 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | Х |
| a bit the organization have unrelided business gross income of \$1,000 or more or was it subject to section 6034(e) notice, reporting, and proxy tax requirements? b) if 'ves, 'has filed a tax return on Form 990-1for this year? 36 bit the organization undergo a liquidation, dissolution, terrination, or significant disposition of net assets during the year? If 'ves,' complete parts of Sto. N. 37 a Enter arround of political expenditures, direct or indirect, as described in the instructions. b) did the organization brom, or make any loans to, any officer, furstee, or key employee or were any such hans made in a prior year and still outstanding at the end of the period covered by this return? b) did the organization brom torm, or make any loans to, any officer, furstee, or key employee or were any such hans made in a prior year and still outstanding at the end of the period covered by this return? b) dir wes, 'complete Schedule L, Part II and enter the total amount involved 38 a N / A 38 a N / A 39 Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year and still outstanding at the end of the period covered by this return? b) dir wes, 'complete Schedule L, Part II and enter the total amount involved 38 a N / A 39 Bit N / A 39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers o. b) Section 501(c)(4) and 501(c)(4) organizations. Enter amount of tax imposed on reganization managers o. c) status 404 bit (10) Hit organizations. Enter amount of tax on line 40c relimbursed by the organization managers or using anization is books are in car or > KATHY EVANS Tolephone no. > (8055) 543–232323 Located at > 140(4) Hit organization have an interest in or a signature or other manoil during the averant 440 bit outright expending an organization managers o a 1 any mite during the taxee with the organization have an int | 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | | | |
| and provy tax requirements? 53.6 X b II' Yes; 'tax it fied a tax return on Form 990-Tor this year? 53.6 N/A 50 Uit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II 'Yes,' complete applicable parts of Sch. N 36 X 37.0 27.1 0.1 57.2 0.1 b lid the organization to policia Segmendiums, direct or indirect, as described in the instructions. 27.2 0.1 38.0 Uit the organization to prove from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory sura and still outstanding at the end of the period covered by this return? 38.8 X 39 Section 501(c)(1) organizations. Entrer: 10.1 38.8 N/A 39 Section 501(c)(1) organizations. Entre amount of tax imposed on the organization during the year, and that the transaction the section 501(c)(1) organizations. Entre amount of tax imposed on organization managers or disqualified persons during the year or is it avary entre on a prory section 4955 0 40.1 X Section 501(c)(3) and 501(c)(4) organizations. Entre amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year or its its with sections 4912, 4955, and 4958 0 40.1 Section 501(c)(3) and 501(c)(4) organizations. Entrer amount of tax on line 40c reimbursed by | | reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| b If "Yes," has it lifed a tax return on Form 990-T for this year? 38b N/A 36 Did the organization undergo a liquidation, dissolution, direntimization, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37a Complete Applicable parts of Sch. N 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a Complete Applicable parts of Sch. N 37b X 38a Did the organization horew from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b N/A 38a N/A 38b N/A 38b N/A 38a N/A 38b N/A 38b N/A 38a N/A 38b N/A 38a X 40a Section 501(c)(3) organizations. Enter amount of tax imposed on reparization apple in any section 4915 0. 0. 0. 40a Section 501(c)(4) organizations. Enter amount of tax impo | a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, | | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 38 X 37a Enter amount of polical expenditures, direct or indirect, as described in the instructions. 57a 0. 37a Did the organization floe Form 1120-POL for this year? 57a 0. 38a Did the organization floe Form 1120-POL for this year? 38a X 37b Yes," complete Schedule L, Part II and enter the total amount involved 38a N/A 38 Section 501(c)(3) organizations. Enter 38a N/A 39 Section 501(c)(3) organizations. Enter 0. yestion 4955 0. 39 Section 501(c)(3) organizations. Enter 0. yestion 4955 0. 39 Section 501(c)(3) organizations. Enter 0. yestion 4955 0. 30 Gross receipts, included on line 9, for public use of club facilities 0. yestion 4955 0. 30 Section 501(c)(3) organizations requiration engage in any section 4955 0. 0. yestion 4955 0. 40 X Section 501(c)(3) and 501(c)(4) organizations ind ling rorganization mangers or disqualified person | | | 35a | | |
| complete applicable parts of Sch. N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a 0. 37b X 38 Did the organization the Form 1120-POL tor this year? 37b X 37b X 39 Did the organization the form 1120-POL tor this year? 38b X 37b X 39 Did the organization the form 1120-POL tor this year? 38b X/A 38a X 9 First, complete Schedule L, Part I and enter the total amount involved 38b N/A 38a X 9 Gross receipts, included on line 9, for public use of club facilities 39b N/A 39b N/A 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \bigcirc 0.; section 4912 \bigcirc 0. 0. <td>b</td> <td></td> <td>35b</td> <td>N/</td> <td>A</td> | b | | 35b | N/ | A |
| 37a 1 | 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made 38a X b If "Yes," complete Schedule L, Part I and enter the total amount involved 38a N/A 39a Section 501(c)(7) organizations. Enter: 38a N/A 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0.; section 4955 ▶ 0. 0. 50 Section 501(c)(3) organizations. Did the organization engage in any section 4955 ▶ 0. 0. 50 50 10 Section 501(c)(3) organizations. Did the organization mage in any section 4955 ▶ 0. 0. 50 50 11 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquilified persons during the year under sections 491(4) organizations. Enter amount of tax inposed on organization managers or disquilified persons during the year under sections 491(4) NONE 0. 20 12 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inposed on reganization managers or disquilified persons during the year, under sections 491(4) NONE 10 20 12 The organizations Nokas are in care of ▶ KATHY E | | | | | Х |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b N/A 39a Ecion 501(c)(7) organizations. Enter: 38b N/A 39a Ecion 501(c)(7) organizations. Enter: 38b N/A 40 Bross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0. 5 Section 501(c)(3) organizations. Enter amount of tax imposed on organization angage in any section 4936 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization maagers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 40b X 41 List the states with which a copy of this return is filed. ▶ NONE 0. 140e X 42a The organizations to copy of this return is filed. ▶ NONE Telephone no. ▶ (805) 5 543 - 23232 Located at ▶ 1401 HIGUERA STREET, SAN LUIS OBISPO, CA 21P + 4 ▶ 93401 b At any time during the calendar year, did the organization maintain an office outside of the LS.? 1'Yes, 'enter the name of the foreign country: ▶ <td< td=""><td></td><td></td><td></td><td></td><td></td></td<> | | | | | |
| in a prior year and still outstanding at the end of the period covered by this return? 38a X b If Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(3) and standing at the end of the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. b Gross receipts, included on line 9, included on line 9 0. ; section 4915 ▶ 0. 0. b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization in a prior year, and that the transaction uting the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the transaction of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, "complete Form 8886-T 40e X 41 List the states with which a copy of this return is filed. NONE Telephone no. ► (805) 543-2323 210- \$243-23232 42a The organization sha antifice person a party to a prohibited tax sheller transacial count is a bank account, sor other authority over a financial Accounts. Yes N | | | 37b | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: 39a N/A a Initiation fees and capital contributions included on line 9 99a N/A 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 ▶ 0. 0. b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. 0. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0. 0. d organization Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 0. 40e X 41 List the states with which a copy of this return is filed. ▶ NONE 21P + 4 ▶ 93401 93401 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: ▶ Telephone no. ▶ (805) 543-2323 12P + 4 ▶ 93401 42a The organization maintain an o | 38 a | | | | |
| 39 Section 501(c)(7) organizations. Enter: 39a N/A a initiation fees and capital contributions included on line 9 39b N/A 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4955 ▶ 0. 0. b Section 501(c)(4) organizations. Enter amount of tax imposed on the organization and section 4915 ▶ 0. 0. b Section 501(c)(4) organizations. Did the organization engage in an yesetCon 4915 ▶ 0. 0. b Section 501(c)(4) organizations. Did the organization any section 4915 ▶ 0. 0. c Section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquilified persons during the year under sections 4912, 4955, and 4955 0. c Section 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0. d Autorganizations. At my time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-7 40e X 41 List the states with which a copy of this return is filed. NONE NONE 10e X 42a The organization is cooks are in care of ▶ KATHY EVANS Telephone no. ▶ (805) 543 - 23232 12e + 4 ▶ 93401 b At any time during the calendary year, did the organiz | | | 38a | | Х |
| a Initiation fees and capital contributions included on line 9 39a N/A 30 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 ▶ 0. section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Gross receipts, included on line 9, included on line 9, is section 4955 ▶ 0. 0. b Section 501(c)(3) and 501(c)(4) organizations. Piter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'ves,' complete Form 886-T 0. 0. 11 List the states with which a copy of this return is filed. ▶ NONE X2IP + 4 ▶ 93401 93401 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: ▶ Yees No Section 4947(a) (1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 10 | b | | - | | |
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| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0.; section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organizations prior Forms 990 or 990-E2? If Yes," complete Schedule L, Part I 40b X c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on a prophibiled tax shelter transaction? If "ves," complete Form 8886-T 0. 0. 41 List the states with which a copy of this return is filed. ▶ NONE NONE 10e X 42a The organization's books are in care of ▶ KATHY EVANS Telephone no. ▶ (805) 543-2323 10e X 42a the during the calendar year, did the organization mainters 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 accounts. 1 12b X 42b X 1'Yes," enter the name of the foreign country: ▶ 1 13 1/4 2 X 43 Section 491(a)(1) nonexempt charitable trust | | | | | |
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| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 401 | | v |
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| transaction? If "Yes," complete Form 8886-T 40e X 41 List the states with which a copy of this return is filed. ► NONE 42a The organization's books are in care of ► KATHY EVANS Telephone no. ► (805) 543-2323 Located at ► 1401 HIGUERA STREET, SAN LUIS OBISPO, CA ZIP + 4 ► 93401 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)? Yes No 42b X If "Yes," enter the name of the foreign country: ► 42c X Yes," enter the name of the foreign country: ► 42c X If "Yes," enter the name of the foreign country: ► 42c X Yes," enter the name of the foreign country: ► 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 43 N/A 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 99 | | | | | |
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| over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country: | h | | 540 | <u> </u> | |
| account)? 42b X If "Yes," enter the name of the foreign country: | | | I | Yes | No |
| If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be | | | 42h | 100 | |
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| | | completed instead of Form 990-EZ | 45 | | Х |

Form **990-EZ** (2009)

932173 02-08-10

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| REAL ESTATE FOUNDATION OF SAN LUI | \mathbf{REAL} | ESTATE | FOUNDATION | \mathbf{OF} | SAN | LUI |
|-----------------------------------|-----------------|--------|------------|---------------|-----|-----|
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| | | REAL ESTATE FOUNDATION OF SAN LUIS | | | |
|--------------------|----------------------|---|-----------------|-----|--------|
| Form 990-EZ (2009) | | OBISPO COUNTY | 80-0383894 | L . | Page 4 |
| Pa | | on 501(c)(3) organizations and section 4947(a)(1) nonexempt char ations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-4 | • | | ()() |
| 46 | Did the organizatio | n engage in direct or indirect political campaign activities on behalf of or in opposition to candida | ates for public | Yes | No |
| | office? If "Yes," c | omplete Schedule C, Part I | | | X |
| 47 | | n engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | X |
| 48 | | a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | X |
| 49 a | Did the organizatio | n make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If "Yes," was the re | lated organization a section 527 organization? | 49b | | |
| 50 | Commisto this table | for the completion of the bightest completed analysis (athen then officers directory twenty | | - | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 NONE | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
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| | | | | |
| | | | | |

Total number of other employees paid over \$100,000 f

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the 51 organization. If there is none, enter "None."

NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| | _ | |
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| | _ | |
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| | - | |
| | | |
| | - | |
| d Total number of other independent contractors each receiving over \$100,000 | | |
| | 🕨 | |

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, VICE PRESIDENT/TREASURER Type or print name and title Paid Preparer's signature Date Check if self-Preparer's identifying number (See instr.) Preparer's employed 🕨 Use Only CALIBER ACCOUNTING & TAX, LLP EIN 🕨 Firm's name (or yours 575 PRICE STREET, SUITE 312 Phone 🕨 if self-employed), CA 93449 no. (805) 888-0200 address, and ZIP + 4 PISMO BEACH, ► X Yes May the IRS discuss this return with the preparer shown above? See instructions No

932174 02-08-10

4

| SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section OMB No. 1545-00 | | | | | | | 17 | | | | |
|--|--|------------------------|-------------------------------|-------------------------|---------------------------|--------------------|-------------------------|-----------------------------------|---------------------|---|-----------|
| | of the Treasury | | 4947(a)(1) n | onexempt | charitable | e trust. | | | | Open to Publi | ic |
| Internal Reve | | | tach to Form 990 or Fo | | | - | | | | Inspection | |
| Name of | the organizati | on REAL ES OBISPO | TATE FOUNDAT | 'ION O | F SAN | LUIS | | E | | identification nur) – 0 3 8 3 8 9 4 | nber |
| Part I | Reason | | ity Status (All organiz | zations mu | st complet | te this nar | t) See inst | tructions | 01 | J-0303094 | |
| | | | because it is: (For lines | | | | | | | | |
| 1 | | - | s, or association of chur | - | | • | | | | | |
| 2 | | | 0(b)(1)(A)(ii). (Attach Sc | | | | (~/(·//·//·//·/ | - | | | |
| 3 | | | tal service organization | | in section | 170(b)(1) | (A)(iii). | | | | |
| 4 | A medical res | search organization o | operated in conjunction | with a hos | pital desci | ribed in se | ction 170 | (b)(1)(A)(ii | i). Enter t | he hospital's nam | e, |
| | city, and stat | e: | | | | | | | | | |
| 5 📖 | An organizat | on operated for the l | benefit of a college or u | niversity ov | wned or op | perated by | a governi | mental uni | t describ | ed in | |
| | | (b)(1)(A)(iv). (Comple | | | | | | | | | |
| 6 | , | , 0 | ent or governmental uni | | | • • • | ~ ~ ~ ~ | | | | |
| 7 📖 | Ũ | 2 | eives a substantial part | of its supp | oort from a | governme | ental unit c | or from the | general | public described i | n |
| 8 | | b)(1)(A)(vi). (Complet | | Complete | Dout II.) | | | | | | |
| 9 🗌 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | from | | | | |
| 3 | - | - | nctions - subject to certa | | | | | | - | • | |
| | | | axable income (less sec | | | | | | | | |
| | | 509(a)(2). (Complete | | | . , | | | , | | ,,, | |
| 10 🗌 | | | perated exclusively to te | st for publ | ic safety. S | See sectio | on 509(a)(4 | 4). | | | |
| 11 X | An organizati | on organized and op | perated exclusively for the | he benefit (| of, to perfo | orm the fu | nctions of, | or to carr | y out the | purposes of one of | or |
| | more publicly | v supported organiza | tions described in secti | on 509(a)(⁻ | 1) or sectio | on 509(a)(2 | 2). See sec | ction 509(| a)(3). Che | eck the box that | |
| | | | organization and compl | ete lines 1 | 1e through | n 11h. | | | | 1 | |
| | a 🔟 Type | | | с 🗔 Тур | | • | · · | | d | Type III - Other | |
| еX | | | t the organization is not | | | | | | | | n |
| | | | han one or more publicl | | | | | | 9(a)(1) or : | section 509(a)(2). | |
| f | | | ten determination from | | | | | | | | X |
| | | rganization, check th | rganization accepted ar | | | | | | | | <u>27</u> |
| g | | | irectly controls, either a | | | | | | | Yes | No |
| | | | upported organization? | | | | | | | | X |
| | 0 | e | described in (i) above? | | | | | | | | Х |
| | ., , | | person described in (i) | | | | | | | 11g(iii) | Х |
| h | | | about the supported or | | | | | | | | |
| | | - | | - | | | | | | | |
| (i) Name | e of supported | (ii) EIN | (iii) Type of organization | | organization | (v) Did yo | u notify the | (vi) Is | the | (vii) Amount of | f |
| org | anization | | (described on lines 1-9 | in col. (i) lis | sted in your document? | | ion in col. support? | organizátic (i) organiz U.S | ed in the | support | |
| | | | above or IRC section | · · | | ., , | | | | | |
| <u></u> | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| SAN L | | 77-0496500 | 7 | v | | | | v | | | 0 |
| OPISE | O COUNT | 77-0490500 | 1 | X | | | | X | | | 0. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | _ |
| Total | | | | | | | | | | | 0. |

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

| | edule A (Form 990 or 990-EZ) 2009 | <u> </u> | | | | | Page 2 |
|-----|---|--------------------|-----------------------|----------------------------|--------------------|---------------------|-----------|
| Pa | rt II Support Schedule for | - | | | 0(b)(1)(A)(iv) ar | nd 170(b)(1)(A)(| vi) |
| | (Complete only if you checke | d the box on line | 5, 7, or 8 of Part I. | | | | |
| | ction A. Public Support | | | | 1 | 1 | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | - | | - | - | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| • | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| _ | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| ~ | | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (a) 2007 | (4) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 4 | (a) 2003 | (b) 2000 | (c) 2007 | (d) 2008 | (e) 2009 | (I) IOIAI |
| 8 | Gross income from interest, | | | | | | |
| 0 | , | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| 5 | activities, whether or not the | | | | | | |
| | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 44 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities | | tions) | | | 12 | |
| | First five years. If the Form 990 is fo | | | | | | |
| 10 | organization, check this box and stop | • | | | | | |
| Sec | ction C. Computation of Public | ic Support Pe | ercentage | | | | |
| | Public support percentage for 2009 (| | | column (f)) | | 14 | % |
| | Public support percentage from 2008 | | | | | | % |
| | 33 1/3% support test - 2009.If the c | | | | | | ox and |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2008. If the c | | | | | | |
| | and stop here. The organization qua | - | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets t | | | | | | |
| | organization meets the "facts-and-cir | | | | | | |
| 18 | Private foundation. If the organization | on did not check a | a box on line 13, 10 | <u>6a, 16b, 17a, or 17</u> | 7b, check this box | and see instruction | ns 🕨 🗌 |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009

932022 02-08-10

| Sch | edule A (Form 990 or 990-EZ) 2009 |) | Deceribed in | Section E00/a | | | Page 3 |
|---|---|---|--|--|---|---|--------------------------|
| | rt III Support Schedule for C | organizations | Described in a | Section 509(a |)(2) (Complete only | / if you checked the bo | ix on line 9 of Part I.) |
| | ction A. Public Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| ٨ | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| · | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | 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.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | 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 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b. | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| 10 | whether or not the business is regularly carried on | | | | | | |
| 12 | whether or not the business is | | | | | | |
| | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 13 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for | • | | | | | |
| 13 14 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here | | ····· | | | | |
| 13 14 Se o | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ | ic Support Pe | rcentage | · · · | - | |) |
| 13 14 <u>Sec</u> 15 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (| ic Support Pe ine 8, column (f) d | rcentage livided by line 13, c | column (f)) | | 15 | ····· |
| 13 14 Sec 15 16 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008) | ic Support Pe ine 8, column (f) d Schedule A, Part | rcentage livided by line 13, c III, line 15 | column (f)) | | |) |
| 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Invest | ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom | ivided by line 13, of III, line 15 Percentage | column (f)) | · | 15 16 | <u>%</u> % |
| 13 14 15 16 Sec 17 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Invest Investment income percentage for 20 | ic Support Pe ine 8, column (f) c Schedule A, Part stment Incom | ivided by line 13, of III, line 15 III, line 15 III, line 15 III, line 15 III, line 15 | column (f)) | | 15 16 17 | <u>%</u> % |
| 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Inves Investment income percentage from 2008 | ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 109 (line 10c, colur 2008 Schedule A, | ivided by line 13, of III, line 15 III, line 15 III, line 15 III, line 15 III, line 17 | column (f)) | · · · · · · · · · · · · · · · · · · · | 15 16 17 18 | % % % |
| 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Invest Investment income percentage from 2008 as 1/3% support tests - 2009. If the | ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 109 (line 10c, colur 2008 Schedule A, organization did r | ivided by line 13, of III, line 15 Percentage mn (f) divided by lin Part III, line 17 not check the box | ne 13, column (f)) no line 14, and line | e 15 is more than | 15 16 17 18 33 1/3%, and line 1 | |
| 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 Ction D. Computation of Invest Investment income percentage from 2008 as 31/3% support tests - 2009. If the more than 33 1/3%, check this box a | ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 09 (line 10c, colur 2008 Schedule A, organization did r nd stop here. The | ivided by line 13, of III, line 15 Percentage mn (f) divided by lin Part III, line 17 not check the box organization quali | column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s | e 15 is more than supported organiz | 15 16 17 18 33 1/3%, and line 1 action | |
| 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a | whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Invest Investment income percentage from 2008 as 1/3% support tests - 2009. If the | ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 109 (line 10c, colur 2008 Schedule A, organization did r nd stop here. The organization did r | rcentage livided by line 13, o III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box organization quali- not check a box on | column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s a line 14 or line 19a | e 15 is more than supported organiz a, and line 16 is m | 15 16 17 18 33 1/3%, and line 1 action nore than 33 1/3%, a | |

Schedule A (Form 990 or 990-EZ) 2009

932023 02-08-10

7

2009.04000 REAL ESTATE FOUNDATION OF S S0118401

| 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

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number

80-0383894

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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

X 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)

923451 02-01-10

08370714 139933 S01184-31

Name of organization REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

| Employer iden | tification num | ber |
|---------------|----------------|-----|

1 of 1 of Part I

80 - 0383894

Page

Part I Contributors (see instructions)

| (c) Aggregate contributions (c) (c) Aggregate contributions | (d) Type of contribution Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll |
|---|---|
| (c) Aggregate contributions | Payroll Noncash X (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person |
| Aggregate contributions | Type of contribution Person |
| _ | Person |
| _ | Noncash (Complete Part II if there is a noncash contribution.) |
| (c) | (d) Type of contribution |
| \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | (d) Type of contribution |
| \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (c) | (d) |
| \$ | Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (c) | (d) |
| \$ | Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009) |
| | Aggregate contributions Aggregate contributions (c) Aggregate contributions |

2009.03060 REAL ESTATE FOUNDATION OF S S0118401

Employer identification number

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

80-0383894

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| _1 | FIVE ACRES OF UNIMPROVED LAND IN LUCERNE VALLEY | _ | |
| | | \$\$ | 05/22/09 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

08370714 139933 S01184-31 2009.04000 REAL ESTATE FOUNDATION OF S S0118401

STATEMENT

2

| FORM 990-EZ | OTHER EXPENSES | STATEMENT 1 |
|---|----------------|------------------------------------|
| DESCRIPTION | | AMOUNT |
| CONSULTING EXPENSE LEGAL SERVICES MISCELLANEOUS EXPENSE PERMITS & FEES | | 2,905. 2,041. 2,585. 297. |
| TOTAL TO FORM 990-EZ, LINE | 16 | 7,828. |
| | | |

| FOOTNOTES |
|-----------|
| |

FORM 990EZ, PAGE 3, PART V, LINE 41:

FORM 199 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN IS NOT TO BE FILED FOR THIS ENTITY IN 2009, DUE TO THE GROSS RECEIPTS EXCEPTION. HOWEVER, FORM RRF-1 ANNUAL REGISTRATION RENEWAL FEE REPORT IS FILED WITH THE ATTORNEY GENERAL OF CALIFORNIA WITH A COPY OF THE FORM 990-EZ ATTACHED.

FORM 990EZ, PAGE 3, PART V, LINE 45:

THIS ORGANIZATION IS THE SOLE OWNER OF A CA SINGLE-MEMBER LLC, LUCERNE VALLEY HOLDINGS LLC (EIN 26-4647639). THE LLC'S ADDRESS IS THE SAME AS THE ORGANIZATION'S ADDRESS. THE LLC'S PRIMARY ACTIVITY IS AS A HOLDING COMPANY FOR A PIECE OF UNIMPROVED LAND. THE LLC HAD NO INCOME AND END OF YEAR ASSETS OF \$10,001.

FORM 990EZ, SCHEDULE A, PART 1, LINE 11(I)

THE FULL NAME OF THE SUPPORTED ORGANIZATION IS SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION.

| FORM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | STATEMENT | 3 |
|-------------|---|-----------|---|
| | | | |
| | ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL | | |

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

=

| 990-EZ P | G 2 | |
|----------|-----|--|
|----------|-----|--|

4 STATEMENT

TO CONDUCT AND SUPPORT ACTIVITIES FOR THE BENEFIT OF SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION.