

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning and ending

Check if C Name of organization D Employer identification number REAL ESTATE FOUNDATION OF SAN LUIS Address change OBISPO COUNTY Name change 80-0383894 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-550 DANA STREET 805-543-2323 Amended return 14,938. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-SAN LUIS OBISPO, CA 93401 H(a) Is this a group return pending F Name and address of principal officer: STEVE MCCARTY for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) () ◀ (insert no.) If "No." attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ Year of formation: 2009 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO CONDUCT & SUPPORT ACTIVITIES **Activities & Governance** FOR THE BENEFIT OF THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2 2 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 149,000. Contributions and grants (Part VIII, line 1h) 0. Revenue Ō. 0. Program service revenue (Part VIII, line 2g) -11,550. 14,938. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Ō. 137.450. 14.938. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. Ō. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 37,812. 1,613. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,812. 1.613. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 99,638. 13,325. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 436,602. 291.430. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X. line 26) Net 436,602. 430. Net assets or fund balances. Subtract line 21 from line 20. 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. Signature of officer Date Sign STEVE MCCARTY, PRESIDENT Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature P01491937 KIMBERLYN SPILLER Paid Firm's name CALIBER AUDIT & ATTEST, LLP 26-2350873 Preparer Firm's EIN Firm's address 4051 BROAD STREET, SUITE 120 Use Only SAN LUIS OBISPO, CA 93401 Phone no. 805 - 888 - 0240 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: EARNINGS ARE USED TO SUPPORT THE COMMUNITY FOUNDATION SAN LUIS OBISPO
	COUNTY
2	Did the expenization undertake any significant program conject during the year which were not listed on
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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 612 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 612. including grants of \$) (Revenue \$) (Revenue \$) EXPENSES ARE INCURRED IN THE PROCESS OF SUPPORTING THE COMMUNITY
	FOUNDATION SAN LUIS OBISPO COUNTY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
70	(code:) (Expenses ϕ
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 612 •
4e	Total program service expenses 512.

Form 990 (2013) OBISPO COUNT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		₩.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
12a	Cabadula D. Darte VI and VII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		 -
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			· •
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			·
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		19		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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REAL ESTATE FOUNDATION OF SAN LUIS

OBISPO COUNTY

Form 990 (2013) OBISPO COUNTY

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			3,7
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			. v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	Hote: All 1 of th 350 file is are required to complete our leduce of	1 30		

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OBISPO COUNTY Form 990 (2013) OBISPO COUNTY

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

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a} 1							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r								
	(gambling) winnings to prize winners?		1c	Х					
2a	a 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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
За			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х				
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				Х				
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		v				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property, did the organization file Formula in the contribution of qualified intellectual property in the contribution of qualified intellectual property.		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are provided funds and continuous Englishment are provided funds are provided funds and continuous Englishment are provided funds are provided funds and continuous Englishment are provided funds and continuous Englishment are provided funds are		7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D								
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any unit during the year!	8						
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a						
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:		30						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:	100							
a	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
_	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · · · · · · · · · · · · · · ·	12a						
b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
·	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b						

80-0383894

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ation:		

Form **990** (2013)

93401

SAN LUIS OBISPO,

550 DANA STREET,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per		not c	Pos heck	ition	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEVE MCCARTY	2.00	.,		77						
PRESIDENT (2) BARRY VANDERKELEN	2.00	Х		Х				0.	0.	0.
FORMER VICE PRESIDENT & TREASURER	2.00	x		х				0.	118,303.	0.
(3) BILL BROADBENT	2.00	-						•	110,3031	
SECRETARY		х		Х				0.	0.	0.

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(A) (B) Name and title Average hours per week (list any hours for related organizations below line) (Ish and hours for related organization line) (Ish and hours for related organization line) (Ish and hours for related organizations below line) (Ish and hours for related organization line) (Ish and hours for related organization line) (Ish and hours for related organization line) (Ish and hours for line) (Ish and ho	other compensation
(list any	compensation from the organization and related
1b Sub-total	
d Total (add lines 1b and 1c) 0. 118,303	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors	5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comp the organization. Report compensation for the calendar year ending with or within the organization's tax year.	ensation from
(A) Name and business address NONE (B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	Form 990 (2013

Pai	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Am Am	c	Fundraising events	1c					
[팔랑	d	Related organizations	1d					
Sin's,	е	e Government grants (contribut						
e tio	f		· I I					
흘튀		similar amounts not included above						
ig g	_	Noncash contributions included in lines						
<u> </u>		Total. Add lines 1a-1f		Business Code				
ا بو	2 a	1		Business Code				
Program Service Revenue	b							
Se	c							
eve eve	d							
og	е	.						
۱ ۵		All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including			14,938.	14,938.		
	4	other similar amounts)			14,550.	14,550.		
	5	Royalties		· F				
	Ū	noyamos	(i) Real	(ii) Personal				
	6 a	Gross rents		(.,				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		-				
	b	Less: cost or other basis						
	_	and sales expenses						
		Net gain or (loss)		>				
۵		Gross income from fundraising						
Other Revenue		including \$						
Š		contributions reported on line	1c). See					
er		Part IV, line 18	a					
₹		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	a Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory	, 				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	o d							
		All other revenuee Total. Add lines 11a-11d						
	10	Total revenue See instructions		······ []	14 938.	14 938.	0.	n

Form 990 (2013) OBISPO COUNTY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		•	J 1	,
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,000.		1,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	533.	533.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)		_ ;		
а	PERMITS AND FEES	80.	79.	1.	
b					
С					
d					
е	All other expenses	1 (1)	C10	1 001	^
25	Total functional expenses. Add lines 1 through 24e	1,613.	612.	1,001.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 186,094. 44,331. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 250,508. 247,099. 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 436,602. 291,430. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 0. 30 Λ. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 436,602. 291,430. Retained earnings, endowment, accumulated income, or other funds 32 32 436,602. 291,430. 33 Total net assets or fund balances 33 436,602. 291,430. 34 34 Total liabilities and net assets/fund balances

Form **990** (2013)

OBISPO COUNTY Form 990 (2013)

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	4,9	38.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	$\frac{13.}{25.}$			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43	<u>6,6</u>	02.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15	8,4	97.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	29	1,4	30.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

80-0383894

Department of the Treasurv Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. REAL ESTATE FOUNDATION OF SAN LUIS

OBISPO COUNTY

Employer identification number

OMB No. 1545-0047

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Nο X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN (iii) Type of organization (described on lines 1-5 above or IRC section (against runtions))		in col. (i) lis	organization sted in your document?	organizat	notify the ion in col. support?	(vi) ls organizatio (i) organizo U.S.	the on in col. ed in the ?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes No		Yes No		
SAN LUIS									
OBISPO COUNT	77-0496500	7	Х				Х		158,497.
Total 1									158 497.

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sed	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
4	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			1			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	,	, , ,	, ,			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	
	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2013 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or r	more, check this b	oox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		> □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	check this box and	d stop here. Explai	n in Part IV how th	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructio	ns ▶□
	·	-		-			0 av 000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•	•	•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

REAL ESTATE FOUNDATION OF SAN LUIS

Schedule A	(Form 990 or 990-EZ) 2013 OBISPO COUNTY	80-0383894 Page 4
Part IV	(Form 990 or 990-EZ) 2013 OBISPO COUNTY Supplemental Information. Provide the explanations required by Part II, line 10; Part I	I, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	,

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number 80-0383894

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(k) Funds and other accounts
1	Total	number at end of year			
2		egate contributions to (during year)			
3		egate grants from (during year)			
4		egate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed fund	ds
		e organization's property, subject to the organization's	-		
6		e organization inform all grantees, donors, and donor ac			
•		aritable purposes and not for the benefit of the donor or			
Pai		Conservation Easements. Complete if the organization			
1		ose(s) of conservation easements held by the organization		,.	
•		Preservation of land for public use (e.g., recreation or ed	·	orically	v important land area
	Ħ	Protection of natural habitat	Preservation of a certif		
	Ħ	Preservation of open space	1 reservation of a certif	ica ma	none structure
2	Comi	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	of a cou	nservation easement on the last
_		f the tax year.	ed conservation contribution in the form of	n a coi	nservation easement on the last
	uay c	Title tax year.		Г	Held at the End of the Tax Year
_	Total	number of consequation easements		- 1	2a
a		number of conservation easementsacreage restricted by conservation easements			2b
0		per of conservation easements on a certified historic stru			2c 2c
4		per of conservation easements included in (c) acquired a			20
u					2d
3		in the National Register per of conservation easements modified, transferred, rele		organi	
3	year		eased, extiliguished, or terminated by the	organi	ization during the tax
4	•	 per of states where property subject to conservation eas	ament is legated		
5					
3		the organization have a written policy regarding the peri			Yes No
6		ions, and enforcement of the conservation easements it			
6		and volunteer hours devoted to monitoring, inspecting, and a			
7		int of expenses incurred in monitoring, inspecting, and e each conservation easement reported on line 2(d) above			
8					
•		ection 170(h)(4)(B)(ii)?			
9		t XIII, describe how the organization reports conservation	•		
		le, if applicable, the text of the footnote to the organizati	on s imanciai statements that describes ti	rie org	anization's accounting for
Pai		ervation easements. Organizations Maintaining Collections of	Art Historical Treasures or Ot	her S	Similar Assets
		Complete if the organization answered "Yes" to Form 9	-		7.000to.
12	If the	organization elected, as permitted under SFAS 116 (ASC		ent an	and halance sheet works of art
ıa		ical treasures, or other similar assets held for public exhi	•		· ·
		ext of the footnote to its financial statements that describ		ice oi į	public service, provide, in rait XIII,
h		organization elected, as permitted under SFAS 116 (ASC		and h	alance shoot works of art, historical
b		ures, or other similar assets held for public exhibition, ed			
		•	deation, or research in furtherance of pub	ilic sei	vice, provide the following amounts
		ng to these items:			• •
		evenues included in Form 990, Part VIII, line 1			
0			auros or other similar appets for financial		· · ·
2		organization received or held works of art, historical trea		yaırı, f	Jiovide
_		llowing amounts required to be reported under SFAS 11			▶ ¢
a		nues included in Form 990, Part VIII, line 1			> \$ > \$
D	ASSE	s included in Form 990, Part X			▶ ⊅

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

80-0383894 Page 2

Pai	rt III Organizations Maintaining Co	llections of A	rt, Histo	orical Tr	easures, e	or Othe	r Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	at are a sig	gnificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	е		ther						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	n how the	ey further t	he organizati	on's exen	npt purpos	se in Parl	XIII.	
5	During the year, did the organization solicit or i									
	to be sold to raise funds rather than to be mair				•				Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange								ne 9, or	
	reported an amount on Form 990, Part			· ·						
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for c	ontribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar									
		·	•						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For	m 990. Part X. line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C									
Pai										
		(a) Current year		or year	(c) Two yea			ars back	(e) Four y	ears back
1a	Beginning of year balance	(,	()	,	(-)		,		(-)	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the current	nt vear end halanc	·a (lina 1a	column (a)) held as:					
۲,	Board designated or quasi-endowment		%	, coluitii (ajj field as.					
a h	Permanent endowment	%	_′°							
	Temporarily restricted endowment	—_^º								
·	• •	-								
20	The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess		ation that	are hold o	and administs	arad for th	o organiza	ation		
Sa		Sion of the organiza	alion mai	are rielu a	ina auminist	ered for th	e organiza	ation	T _v	/aa Na
	by:								3a(i)	es No
	(i) unrelated organizations									-
L	(ii) related organizations	isted as required a	Cobod						3a(ii)	-
D									3b	
Dai	Describe in Part XIII the intended uses of the centre vi Land, Buildings, and Equipme		wment it	irius.						
rai			Dort IV	lina 11a C	`aa Farm 000	Dort V II	no 10			
	Complete if the organization answered								(-I) D I -	
	Description of property	(a) Cost or or basis (investn	I		t or other		cumulated reciation		(d) Book	√alue
	Land	`	neni)	Dasis	(other)	иер	Ciation			
	Land	I								
	Buildings							_		
	Leasehold improvements		-+					_		
	Equipment							_		
	Other		V astro	n (D) line :	10(a))					0.
1013										

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

OBISPO COUNTY 80-0383894 Page 3

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		" 44 0 5 000 5 134 " 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
	(b) BOOK Value	(C) Method of Valuation. Cost of e	ilu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line	25)		

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

		Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R	Return.	<u> </u>
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total r	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	reries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е	Add lii	nes 2a through 2d		2e	_
3	Subtra	act line 2e from line 1		3	_
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	_
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	_
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.	
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			_
1	Total e	expenses and losses per audited financial statements		1	_
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а		ed services and use of facilities	2a		
b	Prior y	rear adjustments	2b		
С		losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	_
3	Subtra	act line 2e from line 1		3	_
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	_
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	_
		Supplemental Information.			_
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		4; Part X, line 2; Part XI,	
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal information.		
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PAF	(.I. X	, LINE 2:			_
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TIAC	OME	TAKES UNDER SECTION SUI(C)(S) OF THE I	NIEKNAL KEVENOE	CODE AND	_
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PRINCIPLES OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

Schedule D (Form 990) 2013

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Part XIII Supplemental Information (continued)
BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). THE FOUNDATION
RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX
BENEFITS IN INTEREST EXPENSE.
ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE
AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF
UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY
UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. WITH FEW
EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX
EXAMINATIONS FOR YEARS BEFORE 2010 OR STATE INCOME TAX EXAMINATIONS FOR
YEARS BEFORE 2009.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 REAL ESTATE FOUNDATION OF SAN LUIS OBISPO COUNTY

Employer identification number 80-0383894

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

EXPLANATION: FORM 990 REVIEW PROCESS

FOUNDATION'S DIRECTOR OF FINANCE AND BOARD OF DIRECTORS REVIEW TAX RETURN

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF

INTEREST POLICY.

APPLICABLE INDIVIDUALS COMPLETE AND SIGN A WRITTEN CONFLICT OF INTEREST

DISCLOSURE DOCUMENT ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS AND

POLICIES ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE

CONSOLIDATED WITH A RELATED ORGANIZATION. THOSE CONSOLIDATED AUDITED

FINANCIAL STATEMENTS ARE AVAILABLE ON THE RELATED ORGANIZATION'S WEBSITE

AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DISTRIBUTION TO THE COMMUNITY FOUNDATION SAN LUIS OBISPO

-158,497. COUNTY

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

EXPLANATION: THE OVERSIGHT PROCESS BY THE BOARD OF DIRECTORS DID NOT

CHANGE THIS YEAR.

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

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

REAL ESTATE FOUNDATION OF SAN LUIS **Employer identification number** Name of the organization 80-0383894 OBISPO COUNTY

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

SEE PART VII FOR CONTINUATIONS

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea	-	(f) rect controllin entity	ng
	_						
	_						
	_						
art II Identification of Related Tax-Exempt Organizations during the tax year. (a)	cations Complete if the organization (b)	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more related ta		(a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controll		n 512(b) ntrolled ntity?
				501(c)(3))		Yes	N
E COMMUNITY FOUNDATION SAN LUIS OBISPO	TO BUILD AN ENDOWMENT &				THE COMMUNITY	_	
UNTY - 77-0496500, 550 DANA STREET, SAN	USE EARNINGS TO MAKE				FOUNDATION SA	N I	
· · · · · · · · · · · · · · · · · · ·	USE EARNINGS TO MAKE GRANTS TO NON-PROFITS	CALIFORNIA	501(C)(3)	LINE 7	FOUNDATION SAI	X	
· · · · · · · · · · · · · · · · · · ·	_	CALIFORNIA	501(C)(3)	LINE 7			
UNTY - 77-0496500, 550 DANA STREET, SAN UIS OBISPO, CA 93401	_	CALIFORNIA	501(C)(3)	LINE 7			
·	_	CALIFORNIA	501(C)(3)	LINE 7			

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

Schedule R (Form 990) 2013

80-0383894

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percentaging ownershier?
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes	10

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t conti ent	(i) ction (b)(13) trolled tity?
		country)		or truety		400010		Yes	No
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Schedule R (Form 990) 2013

80-0383894

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
-					-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
a q	Reimbursement paid by related organization(s) for expenses				1q		X
•	, , , , , , , , , , , , , , , , , , , ,				•		
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh					•	
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							

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

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

(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a partners	ali s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or P	ercenta
of entity		(state or foreign	(related, unrelated,	501(c) oras)(3)	total	end-of-year	alloca	nate itions?	amount in box 20 of Schedule K-1	partr	ner? 0	wnerst
		country)	under section 512-514)	Yes	Nο	income	assets	Yes	No	(Form 1065)	Yes	NO	
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Schedule R (Form 990) 2013

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY
DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY