

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning JULY 1, , 2010, and ending JUNE 30, , 20 11

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

C Name of organization SAN LUIS OBISPO CO CHILD ABUSE PREVENTION COUNCIL
 Doing Business As aka SLO-CAP
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O BOX16036
 City or town, state or country, and ZIP + 4
SAN LUIS OBISPO, CA 93406

D Employer identification number
77-0206822

E Telephone number
805-543-6216

F Name and address of principal officer: LISA FRASER
P O BOX 16036, SAN LUIS OBISPO, CA 93406

G Gross receipts \$ 389,545,

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.slocap.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1988 **M State of legal domicile:** CA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of SLO-CAP is to build effective community partnerships dedicated to the support of strong families and the prevention of child abuse and neglect through education, advocacy and coordination of services. The vision of SLO-CAP is a community where all children are valued, nurtured and safe.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VII, line 2g)	427,082	380,690
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,713	4,867
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,737	3,988
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	435,532	389,545
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		107,338	110,884
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>-0-</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		259,660	269,518
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		366,998	380,402
19 Revenue less expenses. Subtract line 18 from line 12	68,534	9,143	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	277,271	286,414
	22 Net assets or fund balances. Subtract line 21 from line 20	277,271	286,414

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name John M Ozanich Preparer's signature _____ Date _____ Check if self-employed PTIN P00208154

Firm's name ▶ JOHN'S TAX SERVICE Firm's EIN ▶ _____

Firm's address ▶ 44 MARIPOSA DR, SAN LUIS OBISPO CA 93401 Phone no. 805-543-6216

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Our mission is to build effective community partnerships dedicated to the support of strong families and the prevention of child abuse and neglect through education, advocacy and coordination of services.

(Continued on Schedule O, page 1)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 97,295 including grants of \$) (Revenue \$)

The Parent Connection program was developed to educate and give support to parents struggling with raising their children. A parent education curriculum was developed to standardize the education presented to parents in need of developing parenting skills. Fourteen Universal and ten Selective parenting classes were taught to small groups of parents (ranging from 8 to 15 parents per session) throughout the county. We continued to operate the Parents Coaches telephone warmline. The purpose of the warmline is to support, counsel, and train parents in need of one-on-one help.

A website was maintained to give parents a place to go to get help and information about various classes and services throughout the county. Weblinks to many services are available on the website.

Reviewed draft

4b (Code:) (Expenses \$ 32,991 including grants of \$) (Revenue \$ 4,537)

Presented "Talk About Touching" programs to 2,138 kindergarteners and 588 second graders in 33 different schools to help them avoid sexual abuse. Furnished computerized dolls to 350 high school students to help them make better decisions about becoming parents before they are ready. Provided free public forums on child Abuse Prevention topics for professionals and other community members. Provided 35 "Mandated Reporter Training" sessions to 583 attendees. Joined with other experts to present Child Abuse Prevention Academies to present the various aspects of child abuse and to help individuals who work with children to recognize abuse. Helped oversee Children's Day in the Plaza which is attended by over 2,000 children and their families. Continued a Child Identification Card project serving 2,000 children. Provided the computerized dolls to three different fairs with exposure to approximately 3,000 attendees. The dolls were also used in a Fetal Alcohol Syndrome awareness program to 1,085 students in 41 classroom presentations by a partner non-profit organization and to six young women by counselors and public health personnel.

4c (Code:) (Expenses \$ 52,916 including grants of \$) (Revenue \$)

Funded a telephone support line and distributed brochures (in English and Spanish) on Postpartum Depression. Led the campaign to educate the community about the dangers of using tobacco, alcohol and drugs during pregnancy. Oversaw the development and maintenance of a website to educate young people (ages 17-24) about the dangers of abusing substances when pregnant. Provided for educators to go into high school classes and provided training to other community members, and worked with student groups to help get the message out about the dangers to the fetus of using substances when pregnant.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 60,067 including grants of \$) (Revenue \$ 330)

4e Total program service expenses ▶ 243,269

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Review Draft