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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 Open to Public

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

Inspection

<u>A</u> F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	<u>JUN 30, 2010</u>	
В	Check if ipplicable	Please use IRS	D Employer identifi	cation number
	Addres change	PASADENA CITY COLLEGE FOUNDATION, INC.		
	Name change	type Dana Business As	95-3	434226
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	· ·	
	Termin ated	Instruction I STO EAST COLORADO BOOLEVARD	626-	585-7363
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	7,166,674.
	Application pending	FASADENA, CA 31100	H(a) Is this a group re	
	,	F Name and address of principal officer MEL COHEN	for affiliates?	Yes X No
_		SAME AS C ABOVE empt status	H(b) Are all affiliates inc	
_		empt status X 501(c) ( 3	H(c) Group exemptio	list (see instructions)
			ear of formation: 1979	
		Summary	car or formation. 1919 N	I State of legal doffliche. CA
		Briefly describe the organization's mission or most significant activities. TO FOSTE	R THE CONTINU	ATION,
Governance		GROWTH, AND DEVELOPMENT OF THE PASADENA AREA		
rna	1 '	Check this box   if the organization discontinued its operations or disposed of n		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
es	5	Total number of employees (Part V, line 2a)	5	0
Activities &		Total number of volunteers (estimate if necessary)	6	40
Act		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
		Contributions and grants (Doct VIII. Inc. 1b)	Prior Year 5,991,096.	Current Year 1,991,885.
Jue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	4,066.	39,236.
ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,622,444.	154,314.
man.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,774.	-2,706.
Q	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,377,492.	2,182,729.
EXPENSES ANNED Sevenne Revenue	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
Z	14	Benefits paid to or for members (Part IX, column (A), line 4)		
$\bigcup_{i \in \mathcal{I}} x_i$	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,886.	84,266.
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	189,000.	
	b	Total fundraising expenses (Part IX, column (D), line 25)  4,066.		* * * * * *
— — ا	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,402,390.	1,577,926.
7	18	Total expenses Add lines 13-17 (must-equal-Part-IX, column (A), line 25)	1,675,276.	1,662,192.
20	19	Revenue less expenses Subtract line 18 from line 12/1-13	2,702,216.	520,537.
1816 3006		Total assets (Part X, line 16)	Beginning of Current Year	End of Year 13,996,939.
Asse	20 21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)	12,733,549. 152,815.	90,000.
Net Assets Orl	22	Net assets or fund balances Subtract.line_21_from.line_20	12,580,734.	13,906,939.
P		Signature Block		
-	-	Under penalties of perjury declare that I have examine this return, bearing accompanying schedules and stateme and complete Declaration of preparer other than price it based in all information of which preparer has any knowle	ents, and to the best of my knowled	ge and belief, it is true, correct,
		and complete Decid gran of preparer router than price is based and all illumination of which preparer has any knowle		
Sig	n	1 Multinen		
He		Signature of officer	Date	1/12/11
		MEL COHEN, PRESIDENT	<i>_</i>	112111
		Type or print name and title  Preparer's Date,	Check if Prepar	er's identifying number
Pai	d	Treparer 5	self- (see in	structions)
Pre	parer's	signature VAVRINEK, TRINE, DAY & CO., LLP	employed >	
Use	Only	yours if self-employed), 8270 ASPEN STREET	EIN ►	
		address, and ZIP +4 RANCHO CUCAMONGA, CA 91730	Phone no D Q	09-466-4410
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	T HONG HO.	X Yes No
	001 02-0		instructions.	Form <b>990</b> (2009)

	990 (2009) PASADENA CITY COLLEGE FOUNDATION, INC. 95-3434226 Page 2 till Statement of Program Service Accomplishments
	Briefly describe the organization's mission
1	TO SERVE AS A CHARITABLE VEHICLE FOR THE GREATER COMMUNITY AND ALUMNI
	TO ASSIST WITH FINANCIAL SUPPORT AND ADVANCEMENT OF EDUCATION BEYOND
	THAT WHICH STATE FUNDING PROVIDES.
	TIMI WITCH DIVID TONDERO TROVIDAD.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	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
	amodations to strictly, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 1,086,273. including grants of \$ ) (Revenue \$ 39,236.)
74	TO PROVIDE SERVICES FOR THE COMMUNITY AND WITHIN THE ART ASSOCIATES
	PROGRAM AND SUPPLEMENTAL FINANCIAL SUPPORT FOR THE EDUCATIONAL PROGAMS
	OF PASADENA COLLEGE FOUNDATION.
	OF PASADEMA COULEGE FOUNDATION:
	204.060
4b	(Code. ) (Expenses \$ 324,069. including grants of \$ ) (Revenue \$ )
	TO PROVIDE STUDENTS WITH SCHOLARSHIPS FOR AMPLE OPPORTUNITIES TO HELP
	THE COMMNUITY GROW
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 1,410,342.
<u>4e</u>	Total program service expenses ▶\$ 1,410,342.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			. ;
	Part VI.		ŀ	
•	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.			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII	12	X	· ′
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.0	·	
~	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
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? If "Yes," complete Schedule F, Part II	15		х
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? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	<u> </u>	
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_· <i>`</i>	<del> </del>	- 41
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- <del>'</del> 0	<u> </u>	
13	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
20	one and organization operate one or more noopitals. II Tes, complete orneouse H		990 (	

	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
		1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Ì		
	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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	<u> </u>	ş.,	* - '
	instructions for applicable filing thresholds, conditions, and exceptions).	es allers		· ·
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
	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 of the organization (or a family member) 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		X
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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990	(2009)

95-3434226
Statements Regarding Other IRS Filings and Tax Compliance

			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter 0 if not applicable	1a	l			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming	] _ [		_
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	(			. :
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	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 a	and			3
	Financial Accounts					'
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	>	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ardıng	Prohibited			
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solıcıt			
	any contributions that were not tax deductible?			<u>6a</u>		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					-
а	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?			7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired	l _		v
	to file Form 8282?	۱ ـ .	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	.=1	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	persor	ıdı	7-	-	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	ract2		7e 7f		
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			7		
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-				
	at any time during the year?		<b>g</b> .	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
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	10b		1		
11	Section 501(c)(12) organizations. Enter		1			
а	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u> </u>	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			<u> </u>
				Form	990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	tion A. Governing Body and Management			
		2 2	Yes	No
		22 22		
b	· · · · · · · · · · · · · · · · · · ·	44		
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		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
4	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?  Does the organization have members or stockholders?	5		X
6		6		
7a	governing body?	70		v
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a		X
_		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
_		 90	х	
a b		8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80	^	-
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		- 22
-	tion D. 1 diloido (mis dection di requests information about policies not required by the internal nevertue dode.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	х	
11A		' <u></u> -		
12a		12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124		
_	to conflicts?	12b	х	
С	Describes and the second of th	122		
Ī	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	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 (501(c)(3)s only) available.	ble for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization 🕨	•	
-	PASADENA CITY COLLEGE FOUNDATION - 626-585-7363			
	1570 EAST COLORADO BLVD., PASADENA, CA 91106			
		Eorm	990	2000)

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

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

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

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

Check this box if the organization did not co	(B)				<del></del>	,		(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CHARLES E. CARROLL										
MEMBER	1.00	x						0.	0.	0.
LISA SUGIMOTO										
MEMBER	1.00	Х						0.	0.	0.
WILLIAM OPEL, PH.D.										
MEMBER	1.00	X					Ĺ	0.	0.	0.
MARK LADESICH			ĺ							
IMMEDIATE PAST PRESIDENT	1.00	X						0.	0.	0.
KENNETH R HEMMING										
MEMBER	1.00	X						0.	0.	0.
THOMAS G SCALZO JR										
MEMBER	1.00	X						0.	0.	0.
MALCOLM P. BOGHOSIAN								_	_	
ADVISORY MEMBER	1.00	X						0.	0.	0.
ROBERT L. CHENEY		l								
MEMBER	1.00	X	-		<u> </u>	<u> </u>		0.	0.	0.
THOMAS I DELAHOOKE	1 00									•
ADVISORY MEMBER	1.00	X	<del> </del>	-		-		0.	0.	0.
JULIE D. GALLANT	1.00	<b>.</b>						0.	0.	_
MEMBER WILLIAM J. GALLOWAY	1.00	^	$\vdash$	$\vdash$	<del>                                     </del>	╁			U •	0.
ADVISORY MEMBER	1.00	v	Ì					0.	ο.	0.
WARREN WEBER	1.00	^				$\vdash$		0.	<u></u>	<u> </u>
MEMBER	1.00	v						0.	0.	0.
JONATHAN S FUHRMAN	1.00	<u> </u>	<del>                                     </del>			$\vdash$		•	<u> </u>	<u></u>
MEMBER	1.00	x					Ì	0.	0.	0.
DON HOPF	1.00	1		$\vdash$				•	<u> </u>	
ADVISORY MEMBER	1.00	x						0.	0.	0.
MELVIN COHEN			T						9.0	
VICE PRESIDENT	1.00	X	İ					0.	0.	0.
KATHRYN MEAGHER										
ADVISORY MEMBER	1.00	x			L	L		0.	0.	0.
PRESTON E. HOWARD										
MEMBER	1.00	X				1		0.	0.	0.

932007 02-04-10

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			((	 C)			(D)	(E)	(F)		
Name and title	Average hours	(cł	neck	Pos all t		-	ly)	Reportable compensation	Reportable compensation	Estimated amount of		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
BOBBIE MOON												
PRESIDENT	1.00	X						0.	0.	0.		
M. DENISE KRISTOF MEMBER	1.00	Х						0.	0.	0.		
DICK RATLIFF												
MEMBER	1.00	X						0.	0.	0.		
L.R. SCHIELD JR. TREASURER	1.00	х						0.	0.	0.		
JOHN H. VAN AMRINGE ADVISORY MEMBER	1.00	х						0.	0.	0.		
ANN V MARSH MEMBER	1.00							0.	0.	0.		
DON W. FEDDE ADVISORY MEMBER	1.00							0.	0.	0.		
JIL SHELDON MEMBER	1.00							0.	0.	0.		
JOHN GREGORY SECRETARY	1.00							0.	0.	0.		
BINGO RONCELLI MEMBER	1.00							0.	0.	0.		
1b Total						▶		0.	0.	0.		
Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 in reportable	0		

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			Š
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		* .	
	and related organizations greater than \$150,000? 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 for services rendered to		3	Ş.3
	the organization? If "Yes," complete Schedule J for such person	5		x

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(B)	(C)
Description of services	Compensation
	eived more than

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

	990 ( rt <b>VII</b>		DENA CITY	COLLEGE	FOUNDATIO	N, INC.	95-3434	226 Page <b>9</b>
Pai	•		nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a	-				>
gra		Membership dues	1b		_			:
ts, am			. 1c					
<u>a</u> igi		Related organizations	1d		4			An Anna
Sim,	е	Government grants (contribu		38,790.	_			
er s	f	All other contributions, gifts, grain						-
흉		similar amounts not included abo	ove $1f 1$	953,095.	4			,
E E	_	Noncash contributions included in line	s 1a-1f \$		1 001 005			
0.6	<u>h</u>	Total. Add lines 1a-1f			1,991,885.		· ·	
_	_	COLLEGE DESC		Business Code		20,226	ter.	
ice	2 a			561000	39,236.	39,236.		
le S	b						<del></del>	
E S	C	•						
Pag Bag	d		<del></del>	· · · · · · · · · · · · · · · · · · ·				
Program Service Revenue	4	All other program service rev	enue					· · · · · · · · · · · · · · · · · · ·
	' '	Total. Add lines 2a-2f	chae .	<b></b>	39,236.			2 3 25/25
$\neg$	3	Investment income (including	a dividends, inter		3372331	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
	•	other similar amounts)	<b>,</b>	<b>•</b>	297,618.			297,618.
	4	Income from investment of ta	ax-exempt bond r	•				
	5	Royalties		•				· · · · · · · · · · · · · · · · · · ·
		·	(ı) Real	(II) Personal			,	**
	6 a	Gross Rents			]	/, gr 1 -		843
	b	Less rental expenses				,		
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
Ì	7 a	Gross amount from sales of	(ı) Securities	(II) Other	]			
ŀ		assets other than inventory	4834235.	,				
	b	Less cost or other basis		,				,
		and sales expenses	4977539		÷			
		Gain or (loss)	-143304.		142 204			142 204
		Net gain or (loss)	. , .	<b>&gt;</b>	-143,304.			<u>-143,304.</u>
ē	8 а	Gross income from fundraising						
ě		including \$ contributions reported on line						*
Other Revenue		Part IV, line 18	•	3,700.				
je	h	Less direct expenses	a b					
δ		Net income or (loss) from fun		<b>D</b>	-2,706.			-2,706.
		Gross income from gaming a	-					277000
		Part IV, line 19	а					
	b	Less direct expenses	ь					
		Net income or (loss) from gai	ming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less	s returns			_	·	
		and allowances	а					
	b	Less cost of goods sold	b	,				
Į	С	Net income or (loss) from sal	les of inventory	<u> </u>				
1		Miscellaneous Reven	ue	Business Code	<u>.</u>			
	11 a				<b>.</b>			
	b				ļ			
	С				ļ			
	d	All other revenue		<u></u>	1	-		
		Total. Add lines 11a-11d			2 102 720	20 026	•	151 (00
93200	12 9	Total revenue. See instructions.	•		2,182,729.	39,236.	<u> </u>	151,608.
02-04	-10							Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			,	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				4%
	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	84,266.		84,266.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		·····		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	86,686.		86,686.	
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services. See Part IV, line 17		, *	3 4 .	
f	Investment management fees	50,931.		50,931.	
g	Other				
12	Advertising and promotion	1,116.		1,116.	
13	Office expenses	7,405.		7,285.	120.
14	Information technology	2,095.		2,095.	
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	3,799.		3,799.	
20	Interest				****
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		•		
а	DISTRIBUTIONS-PASADENA	664,381.	664,381.		
b	CONTRACTOR DE CORRAGO	416,172.	407,152.	9,020.	
c	COUOT ADDITTED	324,069.	324,069.		
d	MINI GRANTS	18,432.	14,486.		3,946.
е	MT CODI I ANDOUG	2,586.		2,586.	
f	All other expenses	254.	254.	,	
25	Total functional expenses Add lines 1 through 24f	1,662,192.	1,410,342.	247,784.	4,066.
26	Joint costs Check here   If following			,	
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

Part		Balance Sheet	COLLEGE FOUNDATI	ON, INC.		3434226 Page 11
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
1	2	Savings and temporary cash investments	•	1,081,735.	2	2,039,450
	3	Pledges and grants receivable, net		3,681,677.	3_	3,930,787
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			, ,
		employees, and highest compensated employee	es Complete Part II	amounts of the second of the s		
		of Schedule L			5	
-	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete	_		
-		Part II of Schedule L			6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	_
₹	9	Prepaid expenses and deferred charges			9_	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		6,633,097.	11	
	12	Investments - other securities See Part IV, line	l <b>1</b>	1,173,375.	12	8,015,852
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		163,665.	15	10,850
	16_	Total assets. Add lines 1 through 15 (must equ	al line 34)	12,733,549.	16	13,996,939
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	90,000
1	20	Tax-exempt bond liabilities			20	
မှ	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
┋	22	Payables to current and former officers, director	s, trustees, key employees,			
Liabilities		highest compensated employees, and disqualifi	ed persons. Complete Part II			- *-
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	******
-	24	Unsecured notes and loans payable to unrelate	d third parties		24	*** <u>-</u>
1	25	Other liabilities Complete Part X of Schedule D		152,815.	25	0
-	26	Total liabilities. Add lines 17 through 25	. [==]	152,815.	26	90,000
		Organizations that follow SFAS 117, check he	ere X and complete			
Sec		lines 27 through 29, and lines 33 and 34.				
aŭ	27	Unrestricted net assets	-	-141,965.		41,745
Bal	28	Temporarily restricted net assets		4,079,953.		4,898,831
2	29	Permanently restricted net assets		8,642,746.	29	8,966,363
7		Organizations that do not follow SFAS 117, c	heck here   and			
2 0		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Asi	31	Paid in or capital surplus, or land, building, or ed	• •		31	-
Ę	32	Retained earnings, endowment, accumulated in	come, or other funds	10 500 501	32	12 006 000
-	33	Total net assets or fund balances		12,580,734.	33	13,906,939
	34	Total liabilities and net assets/fund balances		12,733,549.	34	13,996,939

Form 990 (2009)

Form	PASADENA CITY COLLEGE FOUNDATION, INC. 95-343	4226	Pag	ge <b>12</b>
Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	3	2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	\$ 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,	,2	3 3
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	7	,	27.88
	consolidated basis, separate basis, or both:	4. 18	<b>\$</b> ÷	*
	X Separate basis	*	, ×	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3h		

Form **990** (2009)

#### **SCHEDULE A**

(Form 990 or, 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**ZUU9** 

Open to Public Inspection

Name of the organization

Employer identification number

Dort !	Peacer		ty Status (All organiz					nuotiona	95	<u>-3434</u>	<u> </u>	
Part I			ty Status (All organiz					ructions.				
The organi			pecause it is: (For lines 1									
1 📙			s, or association of churc		ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
2			<b>0(b)(1)(A)(ii).</b> (Attach Scl									
3 📙	•	•	al service organization o									
4 📖			pperated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii	). Enter th	e hospital	s name	е,
	city, and state											
5 X	-	•	penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	describe	d in		
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	te Part II)									
6 📙	A federal, sta	ite, or local governme	ent or governmental unit	t described	in sectio	n 170(b)(1	)(A)(v).					
7 📖	-		eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ibed in	1
	section 170(	<b>b)(1)(A)(vi).</b> (Complet	te Part II)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vı). (	(Complete	Part II)							
9 💹	An organizati	on that normally rece	eives (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembership	o fees, and	d gross rec	epts f	rom
			octions - subject to certa									
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 3	0, 197	5.
		<b>509(a)(2).</b> (Complete										
10	-		perated exclusively to tes	•	•			•				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the p	urposes o	f one c	r
	more publicly	supported organiza	itions described in section	on 509(a)(1	1) or section	n 509(a)(2	e) See sec	tion 509(a	a)(3). Ched	k the box	that	
		_ <del></del>	organization and comple		-							
[]	a Type I		_l Type II		e III - Func	_	-			Type III - C		
e			t the organization is not									1
			han one or more publicly						(a)(1) or s	ection 509	(a)(2)	
f	-		ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									
g	•		rganization accepted ar			-					-	
	(ı) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (ıı) and (ı	ıı) below,		Yes	No
	•		upported organization?							11g(i)		
	• • •	•	n described in (i) above?							11g(ii)		
	• •	· · · · · · · · · · · · · · · · · · ·	person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization(	(s)							
		1	/''') Time of	<del></del>	_	ı		1 ( 1)	., -			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		notify the	lorganizatio	on in col. l	(vii) Am	ount of	i
orga	anization		(described on lines 1-9		sted in your document?		support?	(i) organız U.S	ed in the l	sup	oort	
			above or IRC section									
			(see instructions))	Yes	No	Yes	No	Yes	No			
	<del>.</del>			ļ					<del>  -</del>			
				1					ļ	·		-
									<del></del>  -	·		
							ŀ					
	<del> </del>			<u> </u>	ļ		<u> </u>	<b> </b>	<del> </del>			
				ļ	ļ	ļ <u> </u>			<del>                                     </del>			
Total			l		1	İ	L		<u> </u>			
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see the	he Instruc	tions for			Schedul	e A (Form	990 or 99	O-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 PASADENA CITY COLLEGE FOUNDATION, INC. 95-3434226 Page 2

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

Support Schedule for Organizations Described in Sections	וויט(ט)(ו)(א)(וא) מווע	۰
(Complete only if you checked the box on line 5, 7, or 8 of Part I)		

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1039826.	5771087.	1376619.	5092471.	1991885.	<u>1527</u> 1888.
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	1039826.	5771087.	1376619.	5092471.	1991885.	15271888.
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						15271888.
Sec	ction B. Total Support	,	,			<b>,</b>	
Cale	endar year (or fiscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1039826.	5771087.	1376619.	5092471.	1991885.	15271888.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	182,138.	365,994.	344,997.	391,184.	297,618.	1581931.
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)	83,338.	17,940.	6,171.	4,774.		112,223.
11	Total support. Add lines 7 through 10						16966042.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	<u>235,090.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u></u>	organization, check this box and stor	here					<u>▶</u>
	ction C. Computation of Publ						
	Public support percentage for 2009 (		•	column (f))		14	90.01 %
	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009.If the o	=			4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		=				<b>▶ X</b>
t	33 1/3% support test - 2008. If the o	_			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	, ,			10 10 10		
1/a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			•		π IV now the orgai	nization
	meets the "facts-and-circumstances"	_	•		-	70 and less 15 :-	<b>▶</b> ∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		,
40	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	on did flot check a	DOX OF THE 13, 10	a, 100, [/a, 01 1/[			
					SCITE	-aaie v (L.01111 99f	or 990-EZ) 2009

Part III Support Schedule for Or	ganizations	Described in	Section 509(a	)(2) (Complete only	if you checked the be	ox on line 9 of Part
Section A. Public Support			ı		_	
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
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 bus- iness 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) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lin	ne 8, column (f) o	divided by line 13,	column (f))		15	9
16 Public support percentage from 2008 Section D. Computation of Invest					16	9
17 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	-
18 Investment income percentage from 20			.,,		18	9
19a 33 1/3% support tests - 2009. If the o			on line 14, and line	e 15 is more than	33 1/3%, and line	
more than 33 1/3%, check this box and	-					▶□
b 33 1/3% support tests - 2008. If the o				_		and
line 18 is not more than 33 1/3%, chec	=					▶□
20 Private foundation. If the organization		•		•	=	
			a, or rob, orroon i	THE BOX WHO GOD IN	otractions	

#### Schedule D

(Form 990)

Department of the Treasury Internal Révenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	PASADENA CITY COLL	EGE FOUNDATION, INC.	95-3434226
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		***************************************
3	Aggregate grants from (during year)		
	Aggregate value at end of year		
4	<b>V</b>		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confi	
Da	impermissible private benefit?		Yes No
Pai	· · · · · · · · · · · · · · · · · · ·		V, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		
•	year >	neased, extinguished, or terrimated by the orga	inzation during the tax
4	Number of states where property subject to conservation ea	seement is located	
5			
3	Does the organization have a written policy regarding the pe	·	
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		· -
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(4)	````
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the o	rganization's accounting for
Do	conservation easements	f Art Historical Traceurse or Other	Cincilar Accets
Fai	t III Organizations Maintaining Collections o Complete if the organization answered "Yes" to Form		Similar Assets.
	Complete if the organization answered Tes to Form	1990, Part IV, line 6	
1a	If the organization elected, as permitted under SFAS 116, no	-	•
	treasures, or other similar assets held for public exhibition, e		ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service, pro	vide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	·		· · <del></del>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 PASADEN.	A CITY COL	LEGE	FOUND	ATION.	INC		95-34	34226	Page 2
Par										
3	Using the organization's acquisition, accessi									
	(check all that apply)									
а	Public exhibition		ı 🔲 ı	Loan or exc	hange progr	ams				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations					- ·		-		
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizat	ion's exe	mpt purp	ose in Par	t XIV	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	□ No
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if org	anization a	nswered "Ye	s" to For	m 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	-		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four y	ears back
1a	Beginning of year balance	8,642,746.	4,69	0,432.						
b	Contributions	323,617.	3,95	2,314.						;
С	Net investment earnings, gains, and losses									,
d	Grants or scholarships					<i>&gt;</i>				,
е	Other expenditures for facilities								. 6 4	
	and programs									
f	Administrative expenses									
g	End of year balance	8,966,363.	8,64	2,746.						
2	Provide the estimated percentage of the year	r end balance held :	as.					_		
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment >	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation		
	by:								Y	'es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ıı), are the related organization:	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the								_	
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	), Part X, line	10.				
	Description of investment	(a) Cost or o			t or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciation			
1a	Land									
b	Buildings									
c	Leasehold improvements									
	Equipment								· · ·	
	Other			<u> </u>						
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	t X, colun	nn (B), line	10(c))			<b>&gt;</b>		0.

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 PASADENA CITY COLLEGE FOUND t XI Reconciliation of Change in Net Assets from Form 990 to				3434226 s	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,182	729
	Total expenses (Form 990, Part IX, column (A), line 25)	•			1,662	
2			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments		3			<u>,537.</u> ,668.
4	Donated services and use of facilities		4		005	,000.
5			5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			<u>,668.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		10 Revenue nei	Return	1,326	, 205.
1	Total revenue, gains, and other support per audited financial statements		ioronao poi	1	2,994	803
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			'	<u> </u>	, 005.
2	Net unrealized gains on investments	00	805,668	.		
a	Donated services and use of facilities	2a	003,000	<del>^</del>		
b		2b				
C	Recoveries of prior year grants	2c	6 404	_		
d	Other (Describe in Part XIV)	2d	6,400		010	074
e	Add lines 2a through 2d			2e	812,	074.
3	Subtract line 2e from line 1		•	3	2,182	,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b				_
С	Add lines 4a and 4b			4c		0.
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TXIII Reconciliation of Expenses per Audited Financial Stateme	ante With	Evnenses n	or Retu	2,182,	<u>.729.</u>
		ZIICS TTICII	Expenses p			EOO
1	Total expenses and losses per audited financial statements	•		1	1,668	, 596.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b				
С.	Other losses	2c	C 40	_		
d	Other (Describe in Part XIV)	2d	6,400		_	400
e	Add lines 2a through 2d			2e		<u>,406.</u>
3	Subtract line 2e from line 1			3	1,662	, 192.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	F. I				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b [				^
_	Add lines 4a and 4b			4c	1 (()	
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information			5	1,662	.192.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	lines to on	d 4 Dort IV line	a 1b and 0	Dort V June	4. Dod
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl RT V, LINE 4: EDUCATIONAL SCHOLARSHIPS AND	lete this part	to provide any	additional		4, Fan
	JCATIONAL PROGRAMS AT PASADENA COMMUNITY CO					
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
SP	ECIAL EVENTS-DIRECT EXPENSE: 6406.	<del>-,</del>				
	OM WITT TIME OF COMMENTS IN THE COMMENTS					
	RT XIII, LINE 2D - OTHER ADJUSTMENTS:	<del></del>				<del></del>
	ECIAL EVENTS-DIRECT EXPENSE: 6406.	<u>-</u> .		Sched	ule D (Form 9	90) 2009
93205 02-01	10					

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

➤ See the Instructions for Form 990.

Employer Identification number 95-3434226

								ATION, INC.	95-343	
Part I Continuation of Officers, (A)	(B)	usi	ees		.ey C)	CII	ihi	Dyees, and rignes (D)	(E)	r
(A) Name and title	Average			Posi				Reportable	Reportable	(F) Estimated
Name and title	hours	(c)		call t			Ινλ	compensation	compensation	amount of
	per	H.	Ī	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		l I	· <i>y,</i>	from	from related	other
	week					)ee		the	organizations	compensation
		rector				emplc		organization	(W-2/1099-MISC)	from the
		or di	8			sated		(W-2/1099-MISC)		organization
		ruste	l trus		,ee	шреп				and related organizations
		individual trustee or director	nstitutional trustee	<u></u>	Key employee	Highest compensated employee	- E			Organizations
		Npul	insti	Officer	Key 6	를	Former			
STERLING S. WILLIAMS										
MEMBER	1.00	X						0.	0.	0.
DONALD H. ANDERSON										
ADVISORY MEMBER	1.00	X						0.	0.	0.
GWENDOLYN BISHOP PHD										
ADVISORY MEMBER	1.00	X		<u> </u>	ļ	L	ļ	0.	0.	0.
JOHN C. CUSHMAN		_	}						_	
ADVISORY MEMBER	1.00	X				_		0.	0.	0.
MERCY FERNANDEZ	1								_	_
ADVISORY MEMBER	1.00	X						0.	0.	0.
ARMANDO L. GONZALEZ	1 00									
ADVISORY MEMBER	1.00	X						0.	0.	0.
HERBERT HEZLEP III	1 00	١,,							_	
ADVISORY MEMBER	1.00	X			-			0.	0.	0.
ANN T. HIGHT ADVISORY MEMBER	1.00	<b>ا</b> پ						0.	0.	_
CAROL J. LIU	1.00	1		-				0.	0.	0.
ADVISORY MEMBER	1.00	v						0.	0.	0.
JANET J. ROSE	1.00	Α	┢					0.	<u></u>	<u> </u>
ADVISORY MEMBER	1.00	x						0.	0.	0.
PHILIP V. SWAN	1.00	122	<u> </u>						- 0.	
ADVISORY MEMBER	1.00	x						0.	0.	0.
110 (111 111111111111111111111111111111								,		9
		<u> </u>								
		$\vdash$	-	<del> </del>	-		-			
		<del> </del>	<del>  -</del>	-						
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		1	1	<u>L_</u>			<u>L</u>			

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

Schedule J-2 (Form 990) 2009

#### **SCHEDULE O**

(Form 990)

### **Supplemental Information to Form 990**

Department of the Treasury

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

OMB No 1545-0047 Open to Püblic Inspection

Attach to Form 990. Internal Revenue Service Name of the organization

**Employer identification number** 95-3434226

PASADENA CITY COLLEGE FOUNDATION, INC.	<u>95-3434226</u>
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
DISTRICT	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 W	VILL BE GIVEN TO
EACH VOTING BOARD MEMBER TO REVIEW AND ACCEPT.	
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF	INTEREST
STATMENTS ARE SIGNED BY THE BOARD MEMBERS. THE EXECUTIVE D	DIRECTOR MONITORS
THE STATEMENTS, IF A CONFLICT ARISES THEN THE BOARD MEMBER	R IS ASKED TO
EXCUSE HIMSELF FROM ALL VOTING AND DISCUSSIONS ON THE ISSU	JE.
FORM 990, PART VI, SECTION C, LINE 18: ALL TAX RETURNS AND	FORMS ARE MADE
AVAILABLE UPON REQUEST AT THE ORGANIZATION'S PHYSICAL LOCA	TION
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUM	MENTS, POLICIES
AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE	ORGANIZATION'S
BUSINESS ADDRESS DURING NORMAL BUSINESS HOURS	····
FORM 990 PART XI LINE 2C	
NO CHANGE FROM PRIOR YEAR	
	-

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) INC. PASADENA CITY COLLEGE FOUNDATION, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part 1

2009 Open to Public Inspection

OMB No 1545-0047

95-3434226

Employer identification number

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Direct controlling entity Public charity status (if section 501(c)(3)) **Exempt Code** PUBLIC COMM section COLLEGE Legal domicile (state or foreign country) CALIFORNIA Primary activity COMMUNITY COLLEGE PASADENA AREA COMMUNITY COLLEGE DISTRICT Name, address, and EiN of related organization 1570 E. COLORADO BLVD PASADENA CA 91106

Part II

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

27

Schedule R (Form 990) 2009

95-3434226

Page 2

9

INC PASADENA CITY COLLEGE FOUNDATION, Schedule R (Form 990) 2009

Part III

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

General or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
(l Direct controlling entity Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of related organization Part IV

Percentage ownership Ξ (g)
Share of
end-of-year
assets Share of total income Type of entity (C corp, S corp, or trust) **e** (d)
Direct controlling
entity Legai domicile (state or foreign country) ত Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2009

932162 07-21-10

Page 3

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

			, vov	۱,
Note. Complete life i if any entity is itsed in raits if, iii, of it of units scriedule  1. During the fax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				2
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity		40	X	W
		₽	×	
c Gift, grant, or capital contribution from other organization(s)		<u></u>	×	
		<b>P</b>	×	ابرا
e Loans or loan guarantees by other organization(s)		16	×	ابر
			_	-
f Sale of assets to other organization(s)		<b>#</b>	X	ابرا
g Purchase of assets from other organization(s)		19	×	ابر
h Exchange of assets		ŧ	×	اب
i Lease of facilities, equipment, or other assets to other organization(s)		<b>;=</b>	×	ابر
			-	
j Lease of facilities, equipment, or other assets from other organization(s)		÷	×	اب
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	اب
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	اب
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	اب
n Sharing of paid employees		ŧ	×	اب
				.
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		+	<b>*</b>	اب
p Reimbursement paid by other organization for expenses		5	×	
				1
q Other transfer of cash or property to other organization(s)		19	×	ابر
		+	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	on thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	olved	
(1) PASADENA AREA COMMUNITY COLLEGE DISTRICT	В	1,410	,088.	ایہ ا
A PASADENA AREA COMMINITY COLLEGE DISTRICT	Д	84	,266	•
(4)				
(5)				
932163 02-04-10	Schedul	Schedule R (Form 990) 2009	990) 200	8

Page 4

Schedule R (Form 990) 2009 PASADENA CITY COLLEGE FOUNDATION, INC.

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

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

(d) (e)	(q)	(3)	(g)	(e)	(3)	(b)	(F)
NI produce produced A	vivitor vacama o	٥	Are all partners	Chare		Sodo VIII	
name, address, and Ein of entity	רוווומוץ מכוועווץ	_	section 501(c)(3)		tionate allocations?	amount in box 20	managing partner?
			Yes No		1 1	(Form 1065)	L '⊥
	7.1.						
							-
			:				
							•
			_				
						Schedule R (Form 990) 2009	990) 2009

Form 8	8868 (Rev. 4-2009)				Page 2					
Note.  • If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and Only complete Part II if you have already been granted an automatic 3-month extension on a propulare filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	eviously filed	Form 88		. ▶ 🗓					
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the	onginal (no co	pies nee	ded).						
Type	1		Employ	er identific	ation number					
print	PASADENA CITY COLLEGE FOUNDATION, INC.		<u>95</u>	<u>-34342</u>	26					
File by t extended due dat filing the	Number, street, and foom or suite no. If a P.O. box, see instructions.		For IRS	use only						
return S	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
X		1041-A [ 14720 [		5227 [ 6069	Form 8870					
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension	on a previous	sly filed	orm 8868.						
Te	PASADENA CITY COLLEGE FOUNDATION be books are in the care of ► 1570 EAST COLORADO BLVD PASADI be behone No ► 626-585-7363 FAX No. ►		911	06						
	he organization does not have an office or place of business in the United States, check this box				. ▶ ∟					
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			_	•					
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.										
4	I request an additional 3-month extension of time until MAY 15, 2011.									
5	or calendar year, or other tax year beginning <u>JUL 1, 2009</u> , and ending <u>JUN 30, 2010</u> .									
6	this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period									
7	State in detail why you need the extension									
	ADDITIONAL ACCOUNTING INFORMATION IS REQUIRED IN	ORDER	TO	COMPLE	TE AN					
	ACCURATE RETURN				<del></del>					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any								
	nonrefundable credits See instructions		8a S	<u> </u>						
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and est		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	tax payments made. Include any prior year overpayment allowed as a credit and any amount pa	J j.								
	previously with Form 8868		8b \$	S						
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required,	deposit			_					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	instructions.	8c   9	<u> </u>	N/A					
	Signature and Verification									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.										
Signat	ure > Catherine h. Llay Title > CPA		Date >	2/13/1	<u> </u>					
				Form 88	368 (Rev. 4-2009)					