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Form **990**

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 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 20	010 <u>çale</u> n	dar year, or tax yea	ar beginning	4/01	, 2010	0, and endir	1 g 3/			011				
В	Check if appl	licable							D Employ	er Identificat	ion Number				
	Address	change	San Joaquin	Medical	Scholarshi	.p			94-6109113						
	Name c	•	Loan Fund			•		E Telephone number							
	\vdash	=	3031 West M	arch Lan	e #201W				(20)	9) 952-	-5299				
	Initial re		Stockton, C	A 95219					(20	<u> </u>	3233				
	Termina	ated							١		1.0	F70			
	Amende	ed return	L					1	G Gross re	•		572.			
	Applicat	tion pending	F Name and address		er			1	a group return		₩ ``*	X No			
			Same As C A	bove				1 ' '	affiliates incl attach a list		ions) Yes	No			
1	Tax-exem	pt status	X 501(c)(3) 5	01(c) ()◀ (insert no)	4947(a)(1) (or 527			•	•				
J	Website	e: ► N/	'A					H(c) Group	exemption กเ	ımber 🏲					
K	Form of or	ganization	X Corporation	rust Asso	ociation Other	L	Year of Forma	ation 196	2 M s	State of legal	domicile CA				
Pa		Summa		<u> </u>					•						
<u></u>			be the organization	n's mission o	r most significant	activities S	SCHOLARS	HIP LC	ANS TO	MEDIC	AL				
	L	UDENTS				_									
Governance		Oppri	·									· -			
ш															
ĕ	2 Che	ck this h	ox ► if the org	anızatıon dis	continued its one	rations or dis	posed of m	ore than 2	 25% of its	net assets	 3				
ŏ			oting members of t							3		8			
Activities &			dependent voting i				ne 1b)			4		0			
Ę.			r of individuals emp							5		0			
Ĕ			r of volunteers (est							6		0			
Ac			ed business revent			line 12				7a		0.			
			d business taxable							7b		0.			
								F	rior Year		Current Y	ear			
	8 Cor	ntributions	and grants (Part \	VIII, line 1h)											
			vice revenue (Part								15	,418.			
7 é			ncome (Part VIII, c					-				,154.			
≘ €			ie (Part V <mark>II, colum</mark>			and 11e)									
S Revenue	12 Total	al revenue	e – add I nes 8 M	Figh I land	ST Equal Part VIII.	column (A).	line 12)				18	,572.			
5	13 Gra	ints and s	ımılar am cu rts pai	d (Pari IX e	eumn (A) lines 1	-3)					'				
AUG						•/									
=	15 Cal	ieits paic	l to or fo me mbers er comp ensa tion, e	UG 15',		lump (A) lunc	oc 5 10)								
1 2	15 Sal					iumii (A), iiile	55 3-10)								
Ēĕ	16a Pro	tessional	fundraising fees-	zart IX. colur	nn (A) nne IIe)					* , .					
Expenses	b Tot	al fundrai	sing expenses (Ra	rUX_qd\umr	(DI, line 25) ▶ _				线()			. *			
Æ 🗓	17 Oth		ses (Part IX, colum								33	,861.			
ה ה			es Add lines 13-1			(A), line 25)					33	,861.			
•	19 Rev	enue les	s expenses Subtra	ct line 18 fro	m line 12						-15	,289.			
* 8							***	Beginni	ng of Curren	nt Year	End of Ye				
a g	20 Tot	al assets	(Part X, line 16)						1,162,8		1,144				
Ş a	21 Tot		es (Part X, line 26)							58.		453.			
Net Assets or Fund Balancos	22 8104				1 from line 20			<u> </u>	1,159,7	1	1,144	451			
	1 == ' ' ' '		r fund balances Si	ubtract line 2	i irom line 20				L, 133, 1	40.	1,144	,431.			
-			re Block	• •	·	.									
Une	der penalties nplete Declai	of perjury, I or ration of preg	eclare that I have exami arer (other than officer)	ned this return, in is pased on all in	ncluding accompanying formation of which prep	schedules and sta arer has any knov	atements, and t wledge	o the best of	my knowledge	e and belief, i	t is true, correc	t, and			
	·		 i >	1	/				0	14/1	7/				
٠.		Signa	ure of officer	essery		- -			ate	<u> </u>					
210	gn	0,9.10.		<i></i>	1 Au sall		<i>-</i> ,		_	سمه سرما	A				
пе	ere	Tupo o	11CHAEL	SIEEN	IBU LOH		FXE	CUTIL	IE W	IRtC/	OR				
			r print name and title						<u> </u>	PTIN	J				
		1	preparer's name		parer's signature	- apa	Date		Check	」 " ∣					
Pa		Duane	E. Bulthuis		XIXX		<u> 8/1/3</u>	20 <i>U</i>	self-employ	ed N/	A				
	eparer	Firm's nam				Corp.			_						
Us	se Only	Firm's addi	ess Post Of	fice Box	1607				Firm's EIN						
			Stockto	n, CA 95	201-1607				Phone no	(209)	943-222	!2			
Ma	y the IRS	discuss t	his return with the	preparer sho	wn above? (see II	nstructions)					Yes	No			
_			Reduction Act Noti				TE	EA0113L 1	2/21/10		Form 99	(2010)			

Form 990 (2010) San Joaquin Medi	ical Scholarship	94-6109113 Page :
Part III Statement of Program Se		
Check if Schedule O contains a	response to any question in this Part III	
1 Briefly describe the organization's miss		
SCHOLARSHIP LOANS TO MED	CICAL STUDENTS.	
. ,		
2 Did the organization undertake any sign	nificant program services during the year which were n	ot listed on the prior
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services or	n Schedule O	
3 Did the organization cease conducting,	, or make significant changes in how it conducts, any p	rogram services? \square Yes \square No
If 'Yes,' describe these changes on Scl	hedule O	— —
4 Describe the exempt purpose achieven	nents for each of the organization's three largest progra	am services by expenses Section 501(c)(3)
and 501(c)(4) organizations and section expenses, and revenue, if any, for eac	n 4947(a)(1) trusts are required to report the amount of	f grants and allocations to others, the total
expenses, and revenue, if any, for each	if program service reported	
4a (Code) (Expenses \$		
	E LOANS ARE MADE TO STUDENTS IN ME	
	CY. THESE LOANS ARE PAYABLE ON DE	MAND OR OPON COMPLETION OF
STUDIES. PRESENTLY THER	RE ARE 16 SUCH LOANS OUTSTANDING.	
		
4b (Code Expenses \$	including grants of \$) (Revenue \$
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	_	
		·
4d Other program services (Describe in S	Schedule O.)	
(Expenses \$		venue \$)
4e Total program service expenses ▶	33,861.	
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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 1 Х Schedule A 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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 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 Х 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 98-197 If 'Yes,' complete Schedule C, Part III 5 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 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 X complete Schedule D, Part III 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 X Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 10 Х 'Yes,' complete Schedule D, Part V 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° If 'Yes,' complete Schedule 11 a X **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 11 b Х 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? If 'Yes,' complete Schedule D, Part VIII 11 c X 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 Х in Part X, line 167 If 'Yes,' complete Schedule D, Part IX 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Х 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)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI, XII, and XIII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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? *If 'Yes,' complete Schedule F, Parts I and IV* Х 14b 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, Parts II and IV 15 Χ 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, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 17 Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X 19 complete Schedule G, Part III 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х

20 b

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)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 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 23 Х Schedule J 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, and 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 Х 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 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a 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 disgualified 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 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 Χ 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 Х 27 Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 Х 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a 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 Yes X No 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 X 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

BAA

Form 990 (2010)

Form 990 (2010) San Joaquin Medical Scholarship Part V Statements Regarding Other IRS Filings and Tax Compliance	94-6109113		<u> </u>	age !
Check if Schedule O contains a response to any question in this Part V				Г
Check it Schedule O contains a response to any question in this rant v			Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	al 0		103	110
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		l		
c Did the organization comply with backup withholding rules for reportable payments to vendors ar	nd reportable gaming			
(gambling) winnings to prize winners?	id reportable garriing	1 c		
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				
b If at least one is reported on line 2a, did the organization file all required federal employment tax		2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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 of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	other authority over, a cial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country				1
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finar				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5 a		<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ransaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	-	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and contributions that were not tax deductible?	did the organization	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contri not tax deductible?	ibutions or gifts were	6ь		ļ,
7 Organizations that may receive deductible contributions under section 170(c).			9 st	/w [
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	y for goods and	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?	it was required to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	al	70		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization f				
as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org Form 1098-C?	janization file a	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the excess business	8		*
9 Sponsoring organizations maintaining donor advised funds.				
a 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?		9ь		
10 Section 501(c)(7) organizations. Enter		<i>;</i> ,	à	- A.X.
a Initiation fees and capital contributions included on Part VIII, line 12	a		. 3:	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b .	<i>.</i>		
11 Section 501(c)(12) organizations. Enter	1	1	ž. 3	1
a Gross income from members or shareholders	a	İ		İ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	 	<u></u>	, , , , , , , , , , , , , , , , , , ,	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a	3	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	هُ ا	أكمذ	<u> </u>	<u> </u>
a 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)		₩ .⊘) * ·

 ${f b}$ 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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

13b 13c

Form 990 (2010) San Joaquin Medical Scholarship 94-6109113 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. \mathbf{X} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 8 1 a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1 b â'n. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 2 the following Х 8a a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Does the organization have a written whistleblower policy? 13 Х 14 X 14 Does the organization have a written document retention and destruction policy? 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? 15 a X a The organization's CEO, Executive Director, or top management official X 15 b **b** Other officers of key employees of the organization 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 16a taxable entity during the year? 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Form **990** (2010)

► Debbie Pope 3031 West March Lane #201W STOCKTON CA 95219 209-952-5299

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

Check if Schedule O contains a response to any question 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

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

(A)				•			(D)	(E)	(F)	
Name and title	Average		tion (hat app	_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROYCE NORTHCOTT										
Board Member	1							0.	0.	0.
(2) DALE BISHOP										
CFO	1							0.	0.	0
(3) ERIC CHAPA										
Chairman	1						<u> </u>	0.	0.	0.
(4) JANWYN FUNAMURA										
Secretary	1							0.	0.	0
(5) GREGG JONGEWARD	_									
Board Member	1							0.	0.	0
(6) BRYANT B. WILLIAMS										
Board Member	1							0.	0.	0
_(7)_FLORENCE_KAMIGAKI										
Board Member	1						<u> </u>	0.	0.	0
(8) ELIZABETH GRADY										
Board Member	1 1							0.	0.	0
_(9)	+									
(10)										
(11)										
(12)	-									
(13)	-									
(14)	 									
(15)	+									
(16)	1									
	 									_
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Part VII Section A. Officers, Directors, Trus		\ey	Em			es,	an			1 -
(A)	(B)				hat a	nn li A	(D)	(E)	(F)	
Name and title	Average hours		_					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organi zations in	or div	Institutional trustee	Officer	Key employee	Highest compensatemployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
1	related	ecto	l tig	4	퍍	est c	Į ėį		,	organization and related
	organı zatıons	ř	ia :	1	loye	gmo				organizations
	Sch O)	stee	rust		ro.	ens				
		ļ	%		1	ated				
44.00		-		_	-	<u> </u>				
(18)										
(19)								-		
(20)						ļ. <u> </u>				
(21)				-						
	ļ <u>.</u>				_			. 1. 1. 1		
(22)										
(23)										
(24)					-		-			
					_		_			
(25)										
(26)										
(27)										
(28)							-			
					 					
(29)										
1 b Sub-total								0.	0.	0
c Total from continuation sheets to Part VII, Section	Α						•	0.	0.	0
d Total (add lines 1b and 1c)							-	0.	0.	0
2 Total number of individuals (including but not limite	d to tho	se li	stec	d ab	ove)) wh	o re	ceived more than	\$100,000 in report	table compensatio
from the organization 0										
										Yes No
3 Did the organization list any former officer, director	or trust	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	
on line 1a ³ If 'Yes,' complete Schedule J for such i										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	e coi	mpe	nsa	tion	and	oth	er compensation	from	
such individual	пап фіс	,,,,,		,, ,	63	COII	ipiei	e ochedale 5 loi		4 X
5 Did any person listed on line 1a receive or accrue of	ompens	satio	n fr	om a	any	unre	elate	ed organization or	individual	
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compiet	e Sc	nea	uie	<i>J</i> 10	rsu	cn p	erson		5 X
1 Complete this table for your five highest compensation	ted inde	pen	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of	
compensation from the organization (A)	_	_		_				(B	<u> </u>	(C)
Name and business addres	s							Description	of services	Compensation
									-	
						_				
2 Total number of independent contractors (including		lımı	ted	to tl	nose	e list	ted a	above) who receiv	ed more than	COMPLETE
\$100,000 in compensation from the organization	U									# 10 To 10 T

rar	VIII Statement of Nevenue		(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	1a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f		à	,		
PROGRAM SERVICE REVENUE AN	2a STUDENT LOAN INTEREST b c	ess Code	15,418.	15,418.		
PROGRAM SE	e f All other program service revenue g Total. Add lines 2a-2f	•	15,418.		2 🐙	7 × 9 × 9:
	3 Investment income (including dividends, interest other similar amounts) 4 Income from investment of tax-exempt bond pr 5 Royalties (i) Real (ii) 6a Gross Rents b Less rental expenses c Rental income or (loss)	•	3,154.			3,154.
	d Net rental income or (loss)) Other			*	
OTHER REVENUE	8a Gross income from fundraising events (not including \$					
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances	•	4.4			
	b Less cost of goods sold b c Net income or (loss) from sales of inventory	ess Code	LA.	\$ ~	b) (4g	
	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	>	18,572.	15,418.	* 0.	3,154.

Form **990** (2010)

BAA

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (D) (A) Program service Management and Fundraising Do not include amounts reported on lines Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0. 0. 0. 0. in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 10 Payroll taxes 11 Fees for services (non-employees). a Management **b** Legal 1,900. 1,900 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 47 47 13 Office expenses 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 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% ٠,٠ of line 25, column (A) amount, list line 24f expenses on Schedule O) 736 31,736 31. a ADMINISTRATION EXPENSES 143 143. b Postage and Shipping c_TAX_&_LICENSE 35 35. d COMMITTEE MEETING e BANK SERVICE CHARGES f All other expenses 33,861 33,861 0. 0. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► _ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 Savings and temporary cash investments 656,847 2 621,012. 2 3 Pledges and grants receivable, net 3 506,051 4 523,892 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 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 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 c 10b b Less accumulated depreciation Investments - publicly traded securities. 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,162,898. 1,144,904 Total assets Add lines 1 through 15 (must equal line 34) 16 16 3,158. 17 453 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities Complete Part X of Schedule D 3,158. 26 453. Total liabilities. Add lines 17 through 25 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 1,157,895 27 1,142,606. 27 Unrestricted net assets 1,845. 28 1,845. 28 Temporarily restricted net assets 29 Permanently restricted net assets é Organizations that do not follow SFAS 117, check here and complete Š lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,144,904. Form 990 (2010)

1,144,451.

1,159,740

1,162,898

33

34

Form	1 990 (2010) San Joaquin Medical Scholarship	4-0109113		Pa	ige IZ
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI	- <u></u>			$\perp \perp \downarrow$
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,8	
3	Revenue less expenses Subtract line 2 from line 1	3			289.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,15	<u> 59,7</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,14	14,4	51.
Pai	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				$\perp \perp$
				Yes	No
1	Accounting method used to prepare the Form 990		:	. ».	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			1	Ž
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
- 1	Were the organization's financial statements audited by an independent accountant?		2b		_X_
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
(d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	issued on a		· *]	
	Separate basis Consolidated basis Both consolidated and separate basis		* * * * * * * * * * * * * * * * * * * *		نـــــن
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		<u> </u>
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b		
BAA			Form	990 ((2010)

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

Open to Public Inspection

Employer identification number

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.	Manne	, uie	: Organizatio	" San ' Loan		cal Scholarship						109113	3		
The organization is not a private foundation because it is (For lines I through 11, check only one box.) A church, convention of churches or association of churches described in section 170(bXT)AX(i). A chord described in section 170(bXT)AX(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(bXT)AX(iii). A hospital or a cooperative hospital service organization described in section 170(bXT)AX(iii). A hospital or a cooperative hospital service organization of described in section 170(bXT)AX(iii). A hospital or a cooperative hospital service organization of described in section 170(bXT)AX(iii). A command of the section 170(bXT)AX(iii). (Complete Part II.) A programzation that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(bXT)AX(iv). (Complete Part II.) A community trust described in section 170(bXT)AX(iv). (Complete Part II.) X An organization that normally receives a subject to certain exceptions, and (2) no more than 33-13% of its support from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-13% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—is abubility to certain exceptions, and (2) no more than 33-13% of its support from gross receipts from activities related to its exempt functions—is a subject to certain exceptions, and (2) no more than 33-13% of its support from gross receipts from activities related to its exempt functions—is a subject to certain exceptions, and (3) no more than 33-13% of its support from gross receipts from activities related to its exempt functions—is a subject to certain exceptions, and (3) no more than 33-13% of its support from gross receipts from activities related to its exempt function and interest in activities and interest in activities and interest in activities and interest in activities and int	Part	1	Reaso			tus (All organization:	s must o	comple	te this	part.)					
A church, convention of churches or association of churches described in section 170(b)(1XAXi).												,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
A hospital or a cooperative hospital service organization described in section 170(bX)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX)(A)(iii). Enter the hospital's name, city, and state.	1	Ň		•		•			-						
A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's name, city, and state name, city, and state	2	П	A school	described	in section 170(b)(1	(Attach Schedule	εE)			, ,					
name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 179(bX)(XAV). (Complete Part II) A community trust described in section 170(bX)(XAV). (Complete Part II) A community trust described in section 170(bX)(XAV). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX)(XAV). (Complete Part II) An organization that normally receives (1) more than 33-13% 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 33-13% of its support from gors investment income and unrelated business taxable income dess section 511 (ax) from businesses acquired by the organization after June 30, 1975. See section 590(a), (Complete Part II) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). A check the box that describes the type of supporting organization and complete lines 11 inthrough 111 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2) see section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 inthrough 111 a	3	П	A hospit	al or a coop	perative hospital se	rvice organization describ	bed in se i	tion 170)(b)(1)(A	۱)(iii).					
5 Try(b(XYAXIV). Complete Part II) 6 A federal, state, or local governmental unit described in section 170(b(XYAXIV). 7 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(XYAXIV). (Complete Part II) 9 X 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(XYAXIV). (Complete Part II) 9 X An organization that normally receives (1) more than 33-13% of its support from contributions, membership fees, and gross receipts from advinteer feated to its exempt functions — subject to certain exceptions, and (2) no more than 33-13% of its support from contributions, membership fees, and gross receipts from advinteer feated to its exempt functions — subject to certain exceptions, and (2) no more than 33-13% of its support from gross receipts from advinteer feated to bit exempt functions of (2) no more than 33-13% of its support from gross receipts from a described to its exempt functions of (2) no more than 33-13% of its support from gross receipts from a described or search of 50(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 50(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11 in through 111 and 111 in the function of or carry out the purposes of one or more publicly supported organization described in (a) or carry out the purpose of one or more publicly supported organization described in (a) or carry out the function of the function of the function of the function of the function of the function of the function of the function of the function of the function of th	4		A medica	al research	organization opera	ated in conjunction with a	hospital	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the hos	spital's	,
170(b\tautiments) 170(
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)(v)). (Complete Part II) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II) A community trust described in section 170(b)(1)(A)(v)). (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 activatives 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 unrealized values is table from the section 190(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. Tell through 11 the group in understily 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).			170(b)(1)	(A)(iv). (C	omplete Part II)	•	-	•	-	•	nmenta	I unit de:	scribed in s	section	1
In section 170(b)(1)A(XVI), (Complete Part II)		Н									+ ar fran	. the ac	مراطريما مرياطر		لممطن
9 An organization that normally receives (1) more than 33-13% of its support from contributions, membership fees, and gross receipts from activates related to its exempt functions — subject to certain exceptions, and (2) no machinal 33-13% 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)X2). (Complete Part III) 10			ın sectio	n 170(b)(1)	(A)(vi). (Complete	Part II)			vernine	niai uni	t or iron	i lile gei	ilerai public	descr	ibea
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				-						L					
An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.	from act investme June 30,	ivities relat ent income 1975 See	ed to its exempt fur and unrelated busin section 509(a)(2).	nctions – subject to certa ness taxable income (les (Complete Part III)	ain except s section	ions, an 511 tax)	d (2) no from b	more t usiness	han 33- es acqu	1/3% of	its support	from o	aross
more publicity 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		<u>_</u>	_	_											
e 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 is a Type I, Type II or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (ii) A 7 person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (ii) 11g (ii) 11g (iii) 11	11		more nu	blicly suppo	orted organizations	described in section 509 incation and complete line	(a)(1) or s es 11e thr	section 5 ough 11	509(a)(2 h) See s	of, or ca section	rry out th 509(a)(3)	he purpose). Check th	s of or e box	ne or that
section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type III 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described organization(s) (i) Name of supported organization about the supported organization in column (i) in column (i) organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (ii) and (iii) the organization in column (iii) and (iii) the organization in column (iii) and (iii) the organization in column (iii															
f If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (see instructions) (i) Name of supported organization (see instructions) (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) е	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or														
(i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported organization above or iRC section (see instructions)) (iii) Type of organization organization in column (i) organization in organization in column (i) organization in column (i) organizatio	f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization,													
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (ii) Name of supported organization (iii) EIN (iii) Type of organization (iv) EIN (ivi) Type of organization in described on lines 1-9 (see instructions)) (iv) Is the organization in column (iv) organization in organizati	g		Since Au	ugust 17, 20	006, has the organi	zation accepted any gift	or contrib	oution fro	om any	of the fo	ollowing	persons	2		
below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (iv) Is the organization in column (i) organization in column (ii) organization in column (ii) organization in column (ii) organization in column (ii) organizatio														Yes	No
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization organization in column (i) isted organization in column (i) isted organization in column (i) isted organization in column (i) organization in column (i) organization in column (i) organization in column (i) organization in organi			(i) A p	person who	directly or indirectly or the	ly controls, either alone of supported organization?	r togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11a (i)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (iii) above? (iv) Is the organization in column (i) or (iv) bit the organization in column (i)															
h Provide the following information about the supported organization (i) Name of supported organization organization (described on lines 1-9 above or IRC sections) (ii) Name of supported organization (described on lines 1-9 above or IRC sections) (iv) Is the organization in column (i) isled in your governing odcument? Yes No Yes No Yes No (A) (B) (C) (D) (E)				-			above?								
(i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (II) Type of organization in (described on lines 1-9 above or IRC section (see instructions)) (III) Type of organization in column (i) issted in your governing document? Yes No Yes No Yes No (Vi) Is the organization in column (i) or your support? (Vii) Amount of support (viii) Amount of support or your support? (Viii) Amount of support organization in column (i) organized in the U S ? Yes No Yes No (C) (D)	h				•										
(A) (B) (C) (D) (E) Total			(i) Name of	f supported	ĭ	(ni) Type of organization (described on lines 1-9 above or IRC section	(IV) organi column (zation in i) listed in overning	the organ	nization in n (i) of	organiz	ation in	(vii) Amour	nt of supp	oort
(B) (C) (D) (E) Total							Yes	No	Yes	No	Yes	No			
(B) (C) (D) (E) Total															
(C) (D) (E) Total	(A)														
(D) (E) Total	(B)														
(D) (E) Total	(C)														
(E) Total	<u>,</u> _												~~		
Total	<u>(D)</u>						-								
	<u>(E)</u>														
			. Danser	Doduce	ion Act Nation and	the Instructions for Com-	m 990 oz (990.F7			Sabadul	A (500	m 990 ar 0	מת ביצי	2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

Sect	ion A. Public Support										
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	o	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')										
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		. <u> </u>								
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)			2.4							
6	Public support. Subtract line 5 from line 4					, §					
Sec	tion B. Total Support			·	· · · · · · · · · · · · · · · · · · ·						
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(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		<u></u>								
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	*	*								
12	Gross receipts from related activ	vities, etc (see ins	tructions)			Į	12				
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year a	s a section 5	01(c)(3	3) ▶ □			
	tion C. Computation of Pu										
	Public support percentage for 20			ne 11, column (f)).		14	<u>%</u>			
	Public support percentage from					Ĺ	15				
	16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.										
t	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
	17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-and-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	s box and stop h s a publicly supp	ere. Explain i orted organiza	n Part atıon	IV how the ►			
	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a							
BAA					S	chedule A (F	orm 99	90 or 990-EZ) 2010			

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)

Sec	tion A. Public Support			. ,			
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	21,263.	39,297.	25,718.	20,471.	15,418.	122,167.
	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	21,203.	33,231.	23, 110.	20, 111.	13,410.	0.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
-	Total. Add lines 1 through 5	21,263.	39,297.	25,718.	20,471.	15,418.	122,167.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line	U.		alityride alikalia	I to his his hard to be		<u></u>
٥	7c from line 6)			Andrew Co.		723.00	122,167.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	21,263.	39,297.	25,718.	20,471.	15,418.	122,167.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	14,380.	14,867.	14,495.	5,157.	3,154.	52,053.
	taxes) from businesses acquired after June 30, 1975						0.
c	Add lines 10a and 10b	14,380.	14,867.	14,495.	5,157.	3,154.	52,053.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	16,165.	15,637.				31,802.
	Total support. (Add Ins 9, 10c, 11, and 12)	51,808.	69,801.	40,213.	25,628.	18,572.	206,022.
14	First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu		ercentage				
15	Public support percentage for 20			ne 13, column (f))		15	59.3 %
16	Public support percentage from					16	0.0 %
Sec	tion D. Computation of Inv						
17	Investment income percentage f			=	mn (f))	17	25.3 %
18	Investment income percentage to					18	0.0 %
	33-1/3% support tests – 2010. I is not more than 33-1/3%, check	k this box and sto j	p here. The organ	iization qualifies a	as a publicly suppo	orted organization	► <u> X</u>
t	33-1/3% support tests — 2009. I line 18 is not more than 33-1/3%	%, check this box a	and stop here. The	e organization qu	alifies as a publicl	y supported organi	zation P
20	Private foundation. If the organ	ization did not che	ck a box on line	14, 19a, or 19b, c			<u> </u>
BAA			TEEA0403L	12/29/10	Sch	nedule A (Form 990	or 990-EZ) 2010

Schedule /	A (Form	n 990 or	990-EZ)	2010	San	Joaqu	ıin i	Medica	l Sch	olars	hip		94-	510911	3	Page 4
Part IV	Supp Part (See	olemei II, line instru	ntal Info 17a or ctions)	ormati r 17b;	ion. Co and P	omplet art III,	te thi line	s part to 12. Also	o provi	de the plete th	explan ns part	ations r for any	equired addition	by Part al infor	II, line mation.	10;
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization: San Joaquin Medical Scholarship Loan Fund	Employer identification number 94-6109113
Loan Fund	31 0103113
Form 990, Part_VI, Line 11b - Form 990 Review Process	
The return will be reviewed by an officer of the organization.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Documents are available on request	

TEEA4901L 10/26/10

2010

Schedule A, Part IV - Supplemental Information San Josquin Medical Scholarship Lean Fund

Page 5

94-6109113

Part III, Line 12 - Other Income

Nature and Source		2010	2009	2008	2007	2006
OTHER INCOME	rotal §	\$ _0.	\$ 0.	\$ 0.	15,637. \$ 15,637.	16,165. \$ 16,165.