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Form **990**

A For the 2010 calendar year, or tax year beginning 7/01

PORTLAND COMMUNITY COLLEGE FOUNDATION

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

alldry of nego notaegen

D Employer Identification Number

93-0811291

Department of the Treasury Internal Revenue Service

Check if applicable

SCANNED JUN 1 4 2012

Address change

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

2010, and ending

	Name o	change	PO BOX 19000			É Telephone	number	
	Initial r	eturn	PORTLAND, OR 97	280-0990		971-7	22-4382	
	Termin	ated						_
	Amend	ed return				G Gross recei	ipts \$ 2,861,26	6.
	\vdash	ition pending	F Name and address of princi	pal officer	H(a) is this a group return fo		No
		po	SAME AS C ABOVE		H(t) Are all affiliates include	ed? Yes	No
1	Tax-exem	nt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	If 'No,' attach a list (see	e instructions)	_
÷	Websit		W.PCC.EDU/FOUND			c) Group exemption numb	nor >	
K			Corporation Trust		ear of Formation			
Pa		rganization		Association Other ► LY	ear or Formation	IN State	e of legal domicile	
UC.		Summar	y ho the examination's min	sion or most significant activities _SL	IDDODT OF	DODMI VND CC	MMINITEV COLLEC	<u></u>
					PEPORT OF	_POKILIAND_CC	NUMBRITT COPPER	<u> </u>
Activities & Governance	וכר	ONENIS	AND DEPARTMENT	T - FUOR BAND				
nar								
Ver	2 Ch	 eck this bo						- -
ဗိ				ion discontinued its operations or dispersions body (Part VI, line 1a)	osea oi more		3	21
٠ ٥				ers of the governing body (Part VI, line	1b)	<u> </u>	4	17
ties			of individuals employed	 	5	- 7		
ţį			of volunteers (estimate			250		
Ą				n Part VIII, column (C), line 12		<u> </u>	7a	0.
				e from Form 990-T, line 34			7b	0.
			_	· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year	
	8 Coi	ntributions	and grants (Part Vith In	e-th-	Ţ	2,406,274		
ine.			rice revenue (Part VIII, III		Ī			
Revenue	10 Inv	estment in	come (Part VII) column	(A), lines 3: 4: and 7d)		107,116	6. 121,97	79.
æ	11 Oth	ner revenu	e (Part VIII, Icolumn (A),	Jines 5, 6d, 8c, 9c 13d, and 11e)		85,27		
	12 Tot	al revenue	- add lines 8 through 1	1 (m5st 2012) Part (All, column (A), III	ne 12)	2,598,663		
				t IX, column (A), (192 1-3)		1,634,502		
					<u></u>			
	15 Sal	laries othe	to or for members (Part	es benefits Part IX, column (A), lines	5-10)	21,964	4	
63			21,30					
Expenses		ofessional						
ă			sing expenses (Part IX, c	· -	6,545.			
ш	17 Oth	ner expens	ses (Part IX, column (A),	lines 11a-11d, 11f-24f).	Į.	265,70		
	18 Tot	al expense	es Add lines 13-17 (mus	t equal Part IX, column (A), line 25)	L	1,922,16	7. 1,496,84	<u>45.</u>
	19 Re	venue less	expenses. Subtract line	18 from line 12		676,494	4. 1,255,11	15.
ьŝ						Beginning of Current Y	ear End of Year	
Š	20 Tot	al assets	(Part X, line 16)			6,926,91		63.
şå	21 Tot	al liabilitie	s (Part X, line 26)			676,94	1. 228,66	68.
Nat Assets or Fund Balancos	22 Ne	t assets or	fund balances Subtract	line 21 from line 20		6,249,97	4. 8,389,99	95.
			re Block		L	0,210,0		
				return unalludum assermannung rehadules and state	monte, and to the	host of my knowledge an	nd heliaf it is true parroat and	
com	iplete Decla	ration of prep	arer (other than officer) is based	return, including accompanying schedules and state on all information of which preparer has any knowled	edge	best of my knowledge an	id belief, it is true, correct, and	u
			hart (C.	Burnell		5-10-	./2	
Sig	'n	Signatu	re of officer	7		Date	- L	
He	re	CHE	RYL BURGERMEISTE	ER .		SECRETARY/TR	EAS	
	. •		print name and title			ODCIGETARY TR		
		Print/Tyne n	preparer's name	Check	, PTIN	—		
_				Preparer's signature		"		
Pa				NON-PAID PREPARER	<u> </u>	self employed	<u> </u>	
	eparer e Only	Firm's name	-					
US	e Only	Firm's addre	ess •			Firm's EIN ►		
						Phone no		
				er shown above? (see instructions)			Yes N	No
RΛ	A For Pa	nonwork D	Industion Act Notice Co.	the congrete instructions	TEEAO	112 12/21/10	Form 990 (2)	2010\

Form 990 (2010) PORTLAND COMMUN	NITY COLLEGE FOUNDATION	93-0811291	Page 2
Part III Statement of Program S	ervice Accomplishments		
Check if Schedule O contains	a response to any question in this Part III		
Briefly describe the organization's mis SUPPORT OF PORTLAND COM	ssion [.] MUNITY COLLEGE STUDENTS AND DEPA	RTMENTAL PROGRAMS.	.
2 Did the organization undertake any si Form 990 or 990-EZ?	gnificant program services during the year which w	ere not listed on the prior Yes	X No
If 'Yes,' describe these new services	on Schedule O	_	
3 Did the organization cease conducting If 'Yes,' describe these changes on S	g, or make significant changes in how it conducts, a	any program services?	S X No
4 Describe the exempt purpose achieve	ements for each of the organization's three largest poon 4947(a)(1) trusts are required to report the amo	program services by expenses. Section of grants and allocations to other	on 501(c)(3) rs, the total
expenses, and revenue, if any, for ea	cri program service reported.		
4a (Code:) (Expenses \$	787,397. including grants of \$ 7 UDENTS ENROLLED AT PORTLAND COMM		07,600.)
	·		
			-
		·	
			. – – – – –
			· -
4b (Code) (Expenses \$ SUPPORT OF ACADEMIC PRO	487,445. including grants of \$ 4 GRAMS AND RELATED INITIATIVES AT		18,594.) LEGE.
			 -
			-
			
			. -
			-
4c (Code:) (Expenses \$ DISTRIBUTING IN-KIND CO PROGRAMS.	25,300. including grants of \$	25,300.)(Revenue \$	70,300.) EGE
		·	
4d Other program services (Describe in	_) (D	
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 1,300,142.) (Revenue \$	
BAA	TEEA0102L 10/06/10	Fo	rm 990 (2010)

93-0811291 Form 990 (2010) PORTLAND COMMUNITY COLLEGE FOUNDATION Page 3 Part IV: 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 Х Schedule A. Х 2 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 Х 3 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 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 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 Х 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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 11a **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 Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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* 14b Х 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 X 15 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 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Х 18

Form **990** (2010)

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20 b

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

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)

20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Form 990 (2010) PORTLAND COMMUNITY COLLEGE FOUNDATION 93-0811291 Page 4 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 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 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 X 24a 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 Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b X 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 Х 26 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 Х 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). X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 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, 34 line 1 X 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 🗓 No

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 Form 990 (2010) BAA

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

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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

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Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 8 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State 0 ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 2 **b** If 'Yes.' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5с c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6h not tax deductible 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7a Х services provided to the payor? 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 it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7 e Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 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? 9b 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders. ${\bf b}$ Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

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

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	tructi	ons.				
Saction	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>	• •	<u> </u>				
Secui	on A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		✓				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/ _				
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 7a		✓ ✓ ✓ ✓				
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b						
a	The governing body?	8a 8b	_					
b Each committee with authority to act on behalf of the governing body?								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - 1	✓				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reve	iue Co	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1					
13	Did the organization have a written whistleblower policy?	13		✓				
14 15	Did the organization have a written document retention and destruction policy?	14		✓				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	,					
a	The organization's CEO, Executive Director, or top management official	15a 15b	<u> </u>	_				
	Other officers or key employees of the organization	130	V					
	with a taxable entity during the year?	16a		✓				
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Secti	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ✓ Upon request	n 501(c)(3)s	only)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inter	rest p	oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: ► PCC Foundation 12000 SW 49th Ave, Portland, OR 97219 971-722-4382	s of the)					

Page 7

Rartivilla 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.

X Check this box if neither the organization (A)		(B) (C)						(D)	(E)	(F)
Name and title	Average	Posi	tion (hat app	ly)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organiza tions in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) CHERYL BURGERMEISTER SECRETARY/TREAS	0							0.	0.	0.
(2) CHERYL ANN HINERMAN TRUSTEE	0						-	0.	0.	0.
(3) PRESTON PULLIAMS EX-OFFICIO	0							0.	0.	0.
(4) MAX LYONS TRUSTEE	0							0.	0.	0.
(5) THANE CLELAND TRUSTEE	0							0.	0.	0.
(6) BARBARA RAZ TRUSTEE	0			-				0.	0.	0.
(7) SARAH PETRONE TRUSTEE	0							0.	0.	0.
(8) HARVEY PLATT TRUSTEE	0							0.	0.	0.
(9) BETTY DUVALL PRESIDENT	0							0.	0.	0.
(10) RON WILKINSON TRUSTEE	0							0.	0.	0.
(11) NORMA JEAN GERMOND TRUSTEE	0							0.	0.	0.
(12) KEN MADDEN TRUSTEE	0							0.	0.	0.
(13) VANESSA NELSON TRUSTEE	0							0.	0.	0.
(14) JEFF VAN RADEN VICE PRESIDENT	0							0.	0.	0.
(15) ELLA BOOTH TRUSTEE	0							0.	0.	_ 0.
(16) KRISTIN WATKINS EX-OFFICIO	0							0.	0.	0.
JIM HARPER EX-OFFICIO	0							0.	0.	0.

Part VIII Section A. Officers, Directors, Trust	tees, K	(ey	En	ıplo	oye	es,	and			
(A)	(B)			-	c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)		institution	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(18) DEBORAH MILLER			<u> </u>			Н	-			
TRUSTEE	0							0.	0.	0.
(19) ISAAC DIXON										
TRUSTEE	0				<u> </u>			0.	0.	0.
(20) DENISE FRISBEE EX-OFFICIO	0							0.	0.	0.
(21) HELEN REEVES PRUITT		ľ	ŀ					_	_	_
TRUSTEE	0	<u> </u>	├_	_	 	_	ļ	0.	0.	0.
_(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)							<u> </u>	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 repor	table compensation
from the organization 0										Yes No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such it</i>	or trust	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portable han \$15	e co 50,00	mpe	ensa If 'Y	ition ⁄es′	and con	i oth iplet	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens	satio e Sc	n fr	om : lule	any <i>J fo</i>	unre r su	elate	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors								*		
Complete this table for your five highest compensation from the organization	ted inde	pen	deni	t cor	ntra	ctors	s tha	it received more t	han \$100,000 of	
(A) Name and business addres	ss							(B Description) of services	(C) Compensation
										-·
							_	ļ · -		
	•							 -		
2 Total number of independent contractors (including		lım	ıted	to t	hos	e lis	ted a	above) who receiv	red more than	
\$100,000 in compensation from the organization >	0									

Par	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE 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 lns 1a-1f: 5 70,300. h Total. Add lines 1a-1f	2,492,308.	revenue		312, 313, 01 314
PROGRAM SERVICE REVENUE	2a				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses	121,979.			121,979.
	c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
OTHER REVENUE	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$				
ТО	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities	137,673.			137,673.
	10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions		0.	0	. 259,652.

Part X 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)

(C) Management and (**D**) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 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, 491,245 491,245 Grants and other assistance to individuals in the U.S. See Part IV, line 22 787,397 787,397 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, 0 0 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 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 68,010 68,010 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 33,802 33,802. g Other 12 Advertising and promotion 760 13 Office expenses. 760 14 Information technology 15 Royalties 16 Occupancy 17 Travel 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 21,500 21,500 6,874 6,874 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a ALUMNI EXPENSES 29,461 29,461. b DONOR CULTIVATION 17,351 17,351 c ORGANIZATIONAL CONSULTING 14,492 14,492 d_PLANNED_GIVING 9,733 9,733. 7,776 e BANK & VISA CHARGES 7,776 8,444 f All other expenses 8,444. 1,300,142 25 Total functional expenses. Add lines 1 through 24f 496,845 140,158 56,545. 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 BAA Form 990 (2010)

Page 11

Form 990 (2010)

BAA

Balance Sheet (A) (B) End of year Beginning of year 1 Cash - non-interest-bearing 3,341,047. 2 Savings and temporary cash investments 2,502,943 2 327,585. 3 Pledges and grants receivable, net 250,811 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 10,614. 9 10,098. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule $\ensuremath{\mathsf{D}}$ 995,419. 10a 237,295. 758,124 215,195. 10 c b Less accumulated depreciation 10b 3,947,352. 4,702,638. 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets Add lines 1 through 15 (must equal line 34) 6,926,915. 16 8,618,663. Accounts payable and accrued expenses 17 583,491. 127,918. 18 Grants payable 18 80,400. 89,000. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 13,050. 11,750. Other liabilities Complete Part X of Schedule D 25 676,941. 228,668. 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. 388,637. 27 665,355. 27 Unrestricted net assets 2,492,739. 4,037,094. 28 28 Temporarily restricted net assets. 3,368,598. 29 3,687,546. Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 8,389,995. 6,249,974. 33 33 Total net assets or fund balances. Total liabilities and net assets/fund balances. 6,926,915 34 8,618,663.

TEEA0111L 12/21/10

orr	m 990 (2010) PORTLAND COMMUNITY COLLEGE FOUNDATION 9	3-0811291		Pa	ge 12		
Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
		1 1					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,75				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49				
3	Revenue less expenses Subtract line 2 from line 1	3	<u>1,25</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,24	$\frac{9,9}{4,9}$			
5 Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE Q							
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	8,38	9,9	95.		
Pa	Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				\Box		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		; :				
2	a 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			
	c 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	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			1			
	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					
	X Separate basis Consolidated basis Both consolidated and separate basis						
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		Х		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	required audit	26				

Form **990** (2010)

TEEA0112L 12/21/10

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

POR	TLAN	۷D	COMMUNI	TY	COLL	EGE I	OUND	DATION						93-08	311291	L		
Pari									ganızatıons	must	comple	te this	part.)	See ii	nstruct	ions.		
The o	rganız	zatı	on is not a p	rıvat	te foun	dation	becaus	eitis (F	or lines 1 thr	ough 11,	check o	nly one	box)					
1	\vdash		•						churches des		n section	170(b)	(1)(A)(i).	•				
2	\blacksquare								ach Schedule	•								
3	_		•			•		_	ation describ						=			
4					-	ation of	perated	l in conjui	nction with a	hospital	describe	d in sec	tion 17	U(b)(1)(A	()(III) Er	nter the ho	spitalis	S
5			e, city, and s			r the he	enefit o	of a collec	e or universi	ty owned	or oper	ated by	a gover	nmental	Lunit de	scribed in	sectio	
	□ 1·	70(t	o)(1)(A)(iv).	(Cor	nplete	Part II)					-	_	minorital	dill de	3011000 111	3001101	••
6 7	MΑ	n o		that i	normal	ly recei	ves a s	substantia	ntal unit descr al part of its s					t or from	n the ger	neral publi	c desc	ribed
8	=		•)(vi). (Compl		•							
9	An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)																	
10	_		-	-		-			y to test for p									
11	A d	nore lesc	rganization publicly su ribes the typ	orgai pport e of	nized a ted org suppo	and ope anization rting or	rated e ons des ganiza	exclusivel scribed in tion and o	y for the bend section 509(complete line	(a)(1) or s 11e thi	section 5 ough 11	509(a)(2 h) See s	of, or car section 5	rry out ti 509(a)(3)	he purpose). Check ti	es of o	ne or that
	a		Type I		t		pe II			III – Fun	_	_			d ∐	Type III		er
е	_ 0	ther	necking this than found on 509(a)(2)	atıon	l certi mana	fy that gers ar	the org nd othe	janization r than on	is not contro e or more pu	olled dire blicly sup	ctly or in oported o	idirectly organiza	by one itions de	or more escribed	disqual in section	ified perso on 509(a)(ns 1) or	
f	lf c	f the	e organization k this box	n re	ceived	a writte	en dete	rmination	from the IRS	S that is	a Type I	, Type I	l or Typ	e III sup	porting	organizatio	n,	
g				. 200	6. has	the ord	anızatı	ion acced	ited any gift	or contri	bution fr	om anv	of the fo	ollowina	persons	57		
9	_		- , g , .	,	.,		,		, , , , , , , , , , , , , , , , , , ,			--		.			Yes	No
	(i	i)	A person w below, the	ho d gove	lirectly erning 1	or indii oody of	ectly c	ontrols, e	either alone o organization?	r togethe	r with pe	ersons c	lescribe	d in (ii)	and (III)	11 g (i)		
	(i	ii)	A family m	embe	er of a	person	descri	ibed in (i)	above?							11 g (ii)	<u> </u>	ļ
	(i	iii)	A 35% con	trolle	ed entit	y of a p	person	described	d in (i) or (ii)	above?						11 g (iii	<u>)</u>	
<u> </u>	Р	rov	ide the follo	wing	ınform	iation a	bout th	ne suppor	ted organizat	ion(s).								
	(I		me of supported organization			(ii) EIN		(descril above	e of organization bed on lines 1 9 or IRC section instructions))	column your g	ts the ization in (i) listed in joverning ument?	the organ	ou notify nization in in (i) of upport?	organiz colur	s the cation in in (i) ed in the S ?	(vii) Amou	int of sup	oport
										Yes	No	Yes	No	Yes	No			
(A)																		
(B)																		
<u>(B)</u>										-	 				_			
(C)										<u> </u>								
<u>(D)</u>											ļ							
<u>(E)</u>										<u></u>								
Total												1						

Page 2

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)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants ')	1,364,826.	1,700,567.	2,463,292.	2,202,457.	2,417,208	10,148,350.				
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge	455, 435.	485,435.	579,528.	663,555.	756,513					
4	Total. Add lines 1 through 3	1,820,261.	2,186,002.	3,042,820.	2,866,012.	3,173,721	13,088,816.				
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)						795,163.				
6	Public support. Subtract line 5 from line 4						12,293,653.				
Sec	tion B. Total Support		I	<u> </u>							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	Amounts from line 4	1,820,261.	2,186,002.	3,042,820.	2,866,012.	3,173,721	. 13,088,816.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116,187.	135,270.	115,132.	107,402.	121,979	. 595,970.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.				
11	Total support. Add lines 7 through 10						13,684,786.				
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	0.				
	First five years. If the Form 990 organization, check this box and	stop here	·····	nd, third, fourth, o	or fifth tax year as	s a section 501(c)(3) ▶ □				
	tion C. Computation of Pu						00.04				
	Public support percentage for 20			ne II, column (f))	14					
	Public support percentage from										
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											
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											
	7a 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.										
	b 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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										
	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a							
BAA	\				So	chedule A (Form	990 or 990-EZ) 2010				

Page 3

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 ın)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')										
2	Gross receipts from admis-										
2	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or										
	facilities furnished by a governmental unit to the organization without charge										
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c	Add lines 7a and 7b										
	Public support (Subtract line 7c from line 6.)										
	tion B. Total Support	,	 		1						
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
	Amounts from line 6										
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
	: Add lines 10a and 10b										
-	Net income from unrelated business activities not included in line 10b, 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 Ins 9, 10c, 11, and 12)		1	<u></u>	L	<u> </u>	<u></u>				
14	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 as	a section 501(c)	(3)				
Sec	tion C. Computation of Pu		Percentage								
15	15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))										
16	Public support percentage from	2009 Schedule A	, Part III, line 15		•	16	%				
	tion D. Computation of Inv			e							
	Investment income percentage f				ımn (f))	17	%				
18	Investment income percentage f	rom 2009 Schedu	ile A, Part III, line	17		18	%				
	19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported org	anization				
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Schedule A	(Form 990 o	r 990-EZ) 2	2010 P	ORTLANI) Commu	JNITY	COLLEGE	FOUND	DATION	93-08	11291	Page 4
Pari IV	Suppleme Part II, Im (See instri	ntal Info e 17a or uctions).	rmation 17b; an	. Comple d Part II	ete this I, line 1:	part to 2. Also	provide ti complete	he expla this pa	anations r irt for any	equired by additional	Part II, line information.	10;
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SCHEDULE D (Form 990)

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

POF	RTLAND COMMUNITY COLLEGE FOUND	PATTON	93-0811291
	Tel: Organizations Maintaining Dono		
<u></u>	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor davised rands	(b) i direct direct descents
2	Aggregate contributions to (during year)		
_			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in o to the organization's exclusive legal control?	donor advised Yes No
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor advisor, or fo	nds can be or any other Yes No
Da	till Conservation Easements. Comp		
			to Point 990, Part IV, line 7.
	Purpose(s) of conservation easements held b	·	of a decide and a second second second second
	Preservation of land for public use (e g ,	· H	of an historically 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 organizat last day of the tax year	ion held a qualified conservation contribution in	
			Held at the End of the Tax Year
	Total number of conservation easements		
I	b Total acreage restricted by conservation ease	ments	2b
(c Number of conservation easements on a cert	fied historic structure included in (a)	2c
(d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a hist	oric 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ated by the organization during the
4	Number of states where property subject to c	onservation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, inspection, h	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitore	ng, inspecting, and enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easeme	ents during the year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	ection Yes No
9	include, if applicable, the text of the footnote	s conservation easements in its revenue and expe to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Pä	conservation easements. Complete of the organization and	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	or Other Similar Assets.
		····	
1:	a If the organization elected, as permitted under art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final	ts held for public exhibition, education, or rese	renue statement and balance sheet works of arch in furtherance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958), to report in its revenueld for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	> \$
	(ii) Assets included in Form 990, Part X		►\$ ►\$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 (ASC 958) relating to these items:	
	a Revenues included in Form 990, Part VIII, lin	•	► \$
	h Assets included in Form 990. Part Y	- .	• \$

Schedule D (Form 990) 2010 PORTI				Other Cimiler Ass			rage Z
Pिक्तिः Ⅲ Organizations Maintai	ning Collections	of Art, Historica	i Treasures, or	Other Similar Assi	ers (coi	itiiiue	<u> :u)</u>
3 Using the organization's acquisite items (check all that apply)	on, accession, and o			hat are a significant u	se of its o	:ollecti	on
a Public exhibition		d Loan or ex	change programs				
b Scholarly research		e Other					
c Preservation for future general	ations						
4 Provide a description of the organ Part XIV	nization's collections	and explain how the	y further the organiz	ation's exempt purpos	e in		
5 During the year, did the organization assets to be sold to raise funds re	tion solicit or receive ather than to be maii	donations of art, his	torical treasures, or e organization's colle	other similar ection?	Yes		No
Part IV Escrow and Custodial	Arrangements.	Complete if orga	nization answere	ed 'Yes' to Form 9	90, Par	tΙV,	line
9, or reported an amou	unt on Form 990,	Part X, line 21.					
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or otl	ner intermediary for o	contributions or othe	r assets not	Yes]No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following ta	ible				
					Amount_		
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV						
Part V Endowment Funds. Co	mplete if the org	anızatıon answer	ed 'Yes' to Form	n 990, Part IV, line	10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
1 a Beginning of year balance	3,799,341.	3,043,394.	0				
b Contributions	321,350.	448,618.					
c Net investment earnings, gains, and losses	961,377.	380,426.					
d Grants or scholarships	91,400.	47,649.			 		
e Other expenditures for facilities	91,400.	47,045.			1		
and programs					<u> </u>		
f Administrative expenses	69,237.	25,448.					
g End of year balance	4,921,431.	3,799,341.	0				
2 Provide the estimated percentage		ance held as:	•				
a Board designated or quasi-endow	vment ► 2	2.00%					
b Permanent endowment ►	98.00%						
c Term endowment ►							
3a Are there endowment funds not i	n the necessary of t	the erganization that	are held and admin	etorod for the			
organization by:	in the possession of t	ine organization that	are neid and admin	istered for the		Yes	No
(i) unrelated organizations.					3a(i)		X
(ii) related organizations					3a(ii)		Х
b If 'Yes' to 3a(ii), are the related of	organizations listed a	s required on Schedi	ıle R?		3b		
4 Describe in Part XIV the intended	-			XIV			
Paন W Land, Buildings, and I					· · · · · ·		
Description of investment	(a) Cos		o) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1a Land			65,472.			65,	472.
b Buildings							
c Leasehold improvements							
d Equipment		ĺ	929,947.	758,124.		171,	823.
e Other			,				
Total. Add lines 1a through 1e (Colum	n (d) must equal For	m 990, Part X, colun	nn (B), line 10(c))	▶		237,	295.
PAA				School	ule D (Fo	_	

93-0811291

Page 3

Schedule D (Form 990) 2010 PORTLAND COMMUNITY COLLEGE FOUND		3-081129	91 Page 4
Part:XI ₩ Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial Statements		0.751.060
1 Total revenue (Form 990, Part VIII,column (A), line 12)			2,751,960.
2 Total expenses (Form 990, Part IX, column (A), line 25)			1,496,845.
3 Excess or (deficit) for the year. Subtract line 2 from line 1			1,255,115.
4 Net unrealized gains (losses) on investments			884,071.
5 Donated services and use of facilities			756,513.
6 Investment expenses			
7 Prior period adjustments			755 670
8 Other (Describe in Part XIV) SEE PART XIV			-755,678.
9 Total adjustments (net). Add lines 4 through 8			884,906.
10 Excess or (deficit) for the year per audited financial statements. Combine line			2,140,021.
Part-XII Reconciliation of Revenue per Audited Financial Statem	ents with Revenue per R	eturn	4,393,379.
1 Total revenue, gains, and other support per audited financial statements		237	4,333,313.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a 884,071.		
a Net unrealized gains on investments	2b 756,513.		
b Donated services and use of facilities	2c /30,313.		
c Recoveries of prior year grants	2d 835.	-{\$\dag{2}_5}	
d Other (Describe in Part XIV) SEE PART XIV	[Zu] 833.	1536	1 6/1 /10
e Add lines 2a through 2d		2e	1,641,419. 2,751,960.
3 Subtract line 2e from line 1	1 1	3	2, 151, 960.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	4-	1	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	- [78]	
b Other (Describe in Part XIV.) c Add lines 4a and 4b.	40	40	
	2.)	4c	2,751,960.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Part XIII. Reconciliation of Expenses per Audited Financial State			2,731,900.
1 Total expenses and losses per audited financial statements	ments With Expenses per	1	2,253,358.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			272007000.
a Donated services and use of facilities	2a 756,513.	· ·	
b Prior year adjustments	2b	4 7 1	
c Other losses	2c		
d Other (Describe in Part XIV)	2d	┪, ┃	
e Add lines 2a through 2d	_ 20	2e	756,513.
3 Subtract line 2e from line 1		3	1,496,845.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		134	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	1,496,845.
Rart XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9 Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XI	; Part III, lines 1a and 4, Part IV	/, lines 1b a	and 2b;
any additional information.	ii, iiiles zu allu 4b. Also comple	te tills part	to provide
PART Y, LINE 4 - INTENDED USES OF ENDOWMENT EUND	. 	. .	
,			
ENDOWMENT_FUNDS_ARE_HELD_TO_GENERATE_INCOME_TO_B	<u>E_USED_FOR_STUDENT_S</u>	<u>CHOLARS</u>	HIPS_AND
TO_SUPPORT_THE_PROGRAMS_AT_PORTLAND_COMMUNITY_CO	LLEGE		
			
			. -

Schedule D (Form 990) 2010 PORTLAND COMMUNITY Part XIV Supplemental Information (continued)	COLLEGE	FOUNDATION	93-0811291	Page 5
PartXIV Supplemental Information (continued))			
				
				
				
		 		
			-	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization Employer identification number PORTLAND COMMUNITY COLLEGE FOUNDATION 93-0811291 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants c X Phone solicitations Special fundraising events d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts or entity (fundraiser) have custody or control from activity of contributions? fundraiser listed in organization column (ı) Yes No 1 2 3 4 5 6 7 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		G (Form 990 or 990-EZ) 2010 PORTLAN Fundraising Events. Complete if reported more than \$15,000 of fu and 6a. List events with gross red	the organization a	nswered 'Yes' to Fontributions and gros	rm 990, Part IV, I	ne 18, or
RE			(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 WOMEN'S RESOUR (event type)	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	207,025.	39,954.		246,979.
Ĕ	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	207,025.	39,954.		246,979.
	4	Cash prizes				
_	5	Noncash prizes				
D I R E C T	6	Rent/facility costs			-	
	7	Food and beverages				
E X P	8	Entertainment				
EXPERSES	9	Other direct expenses	97,589.	11,717.		109,306.
	11	Direct expense summary Add lines 4- t Net income summary Combine line 3, co	olumn (d), and line 10	. H. E	→ IV/ June 10 mm mm	109,306.
Pa	ńί W.	Gaming. Complete if the organizes \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	TIV, line 19, or re	eported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
_		Cash prizes				
DIRECT	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5_	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 th	rough 5 in column (d)			
	8			line 7	•	
_	•					
	a I s tl	er the state(s) in which the organization on the organization licensed to operate gamin No,' explain	g activities in each of the	nese states?		Yes No
		re any of the organization's gaming licens				Yes No

Schedule G (Form 990 or 990-l	EZ) 2010 PORTLAND C	COMMUNITY COLLEGE FOUNDATIO	N 93-0811291	Page 3
11 Does the organization op-	erate gaming activities wil	th nonmembers?	Yes	No
12 Is the organization a gran administer charitable gan		of a trust or a member of a partnership o	r other entity formed to Yes	No
13 Indicate the percentage of	of gaming activity operated	d in:		
a The organization's facility			13a	8
b An outside facility			13b	용
14 Enter the name and addr	ess of the person who pre	epares the organization's gaming/special e	vents books and records	
Name ►				
Address ►				
15a Does the organization ha	ve a contact with a third p	earty from whom the organization receives	gaming revenue? Yes	No
		ved by the organization ► \$	and the amount	
	ied by the third party <	·		
c If 'Yes,' enter name and	address of the third party			
Name ▶		·		
Address ►				
16 Gaming manager informa	ation:			
Name •				
Gaming manager comper	nsation > \$			

Description of services pr	rovided ►			-
Director/officer	Employee	Independent contractor		
17 Mandatory distributions				
a Is the organization requir	ed under state law to mak	ke charitable distributions from the gaming	proceeds to retain the	
state gaming license?			∐ Yes	∐ No
		ate law to be distributed to other exempt of	organizations or spent in the	
	pt activities during the tax	ete this part to provide the explana	stions required by Part I line	2h
columns (III) a	ind (v), and Part III, I	ines 9, 9b, 10b, 15b, 15c, 16, and	17b. as applicable. Also com	plete
this part to pro	ovidè any additional i	ines 9, 9b, 10b, 15b, 15c, 16, and information (see instructions).		•
BAA		TEEA3703L 01/13/11	Schedule G (Form 990 or 990	-EZ) 201(

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2010

Open to Public Inspection

Schedule I (Form 990) 2010 **≗** □ (h) Purpose of grant or assistance EDUCATIONAL PROGRAMS AT THE COLLEGE ASSIST IN VARIOUS Employer identification number X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Randill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 93-0811291 (g) Description of non-cash assistance EDUCATIONAL EOUIPMENT PROGRAMS USED IN 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) VALUE BASED FAIR MARKET ON DONOR ESTIMATE RECEIVED WHEN SEE PART IV 25,300. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 465,945. (d) Amount of cash grant (c) IRC section if applicable BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part II can be duplicated if additional space is needed 2 Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance PORTLAND COMMUNITY COLLEGE FOUNDATION (b) EIN Enter total number of other organizations PORTLAND_COMMUNITY COLL 11111111111 12000 SW 49TH AVENUE PORTLAND, OF 97219 1 (a) Name and address of organization or government Name of the organization 11111 | ଷ୍ଟ 러 ලු 좘 C 3 ତ୍ର මු

TEEA3901L 10/29/10

Page 2 Schedule I (Form 990) 2010 PORTLAND COMMUNITY COLLEGE FOUNDATION

Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								any other additional information.							 		Schedule I (Form 990) 2010
(e) Method of valuation (book, FMV, appraisal, other)								I, line 2, and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COLLEGE						1 	
(d) Amount of non-cash assistance								tion required in Pa	IDS IN U.S.	AND COMMUNITY.	r 	 	 	 		1 1 1 1 1 1 1 1	
(c) Amount of cash grant	787,397.							rovide the informal	<u>OF GRANTS FUN</u>	<u>1S_WITHIN PORTI</u>	 	 				 	
(b) Number of recipients	540							plete this part to pi	MONITORING USE	ATIONAL PROGRAM					1 1 1 1 1 1 1	 	
(a) Type of grant or assistance	1 EDUCATIONAL SCHOLARSHIPS	2	3	4	5	9	7	Partive Supplemental Information. Complete this part to provide the information required in Part	PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	GRANTS TO ASSIST VARIOUS EDUCATIONAL PROGRAMS WITHIN PORTLAND COMMUNITY COLLEGE							ВАА

SCHEDULE M (Form 990)

Noncash Contributions

2010

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection Employer identification number

PORTLAND COMMUNITY COLLEGE FOUNDATION 93-0811291 Types of Property (c) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1o Art-Works of art . . . 2 Art - Historical treasures . . . Art-Fractional interests . . 3 Books and publications . 5 Clothing and household goods Cars and other vehicles . . . 6 Boats and planes 7 8 Intellectual property Securities-Publicly traded . . 9 10 Securities - Closely held stock . Securities - Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other . . . 15 Real estate-Residential . . 16 Real estate-Commercial . . Real estate-Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts Scientific specimens . . . 23 24 Archeological artifacts . . 45,000 APPRAISAL 25 Other ► (STRIPPET LASER) 1 26 Other ► (_____) Other ► (27 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes." describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	Schedule	M (Form 990) 2010	PORTLAND C	OMMUNITY	COLLEGE	FOUNDATIO	N	93-0811291	Page 2
	Part U	Supplemental Ir and 33. Also cor	iformation. Co	mplete this	part to production	ovide the infi formation.	ormation required	by Part I, lines 30b,	32b,
		·							
		· 			-				
									
									
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		· -		-					. – – –
								- 	
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				 _		·		- 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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

PORTLAND COMMUNITY COLLEGE FOUNDATION	93-0811291
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS	
A DRAFT OF THE 990 IS CIRCULATED TO THE GOVERNING BODY FOR REV	IEW VIA E-MAIL PRIOR
TO_FILING.	•••
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	IENT OF CONFLICTS
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF I	NTEREST AND ABSTAIN
FROM VOTING ON RELATED ISSUES.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEE
COMPENSATION IS DETERMINED BY THE PERSONNEL DEPARTMENT OF PORT	LAND COMMUNITY
COLLEGE, A RELATED GOVERNMENTAL ENTITY.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
FORMS 990, AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS	S AND POLICIES ARE
AVAILABLE TO THE PUBLIC UPON REQUEST AT THE FOUNDATIONS OFFICE	ON PORTLAND COMMUNITY
COLLEGE'S CAMPUS.	

2010	SCHEDULE O - SUPPLEMENTAL INFO	ORMATION	PAGE
	PORTLAND COMMUNITY COLLEGE FOUND	ATION	93-081129
OTHER CHAN CHANGE IN S DONATED SER IN KIND SUR	ART XI, LINE 5 NGES IN NET ASSETS OR FUND BALANCES SPLIT INTEREST AGREEMENT RVICES AND USE OF FACILITIES PPORTING SERVICES IZED GAINS OR LOSSES ON INVESTMENTS	\$ TOTAL \$	835. 756,513. -756,513. 884,071. 884,906.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

PORTLAND COMMUNITY COLLEGE FOUNDATION

93-0811291

SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN SPLIT INTEREST AGREEMENT IN KIND SUPPORTING SERVICES

\$ 835. -756,513. TOTAL \$ -755,678.

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CHANGE IN SPLIT INTEREST AGREEMENTS

TOTAL \$ 835.