

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2004**Open to Public  
InspectionA For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**B Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Final  
return
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions

C Name of organization

**FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES**

Number and street (or P.O. box if mail is not delivered to street address)

**1102 Q STREET, THIRD FLOOR**

Room/suite

City or town, state or country, and ZIP + 4

**SACRAMENTO, CA 95814**

D Employer identification number

**68-0412350**

E Telephone number

**916-760-4038**

F Accounting method:

☐ Cash ☒ Accrual☐ Other  
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)H(d) Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF)G Website: ▶ **WWW.FOUNDATIONCCC.ORG**J Organization type (check only one) ▶ ☒ 501(c) ( **3** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS, but if the organization received a Form 990 Package  
in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**31,163,166.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received.			
	a	Direct public support	1a	<b>15,140,021.</b>	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <b>15,140,021.</b> noncash \$ )	1d	<b>15,140,021.</b>	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	<b>15,921,008.</b>	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	<b>95,092.</b>	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ )	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, column (A) and (B))	8c		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9d		
	a	Gross revenue (not including reported on line 1a) of contributions	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Expenses	11	Other revenue (from Part VII, line 103)	11	<b>7,045.</b>	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<b>31,163,166.</b>	
	13	Program services (from line 44, column (B))	13	<b>15,704,980.</b>	
	14	Management and general (from line 44, column (C))	14	<b>2,652,563.</b>	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	<b>18,357,543.</b>	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<b>12,805,623.</b>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>7,888,571.</b>	
	20	Other changes in net assets or fund balances (attach explanation)	20	<b>0.</b>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<b>20,694,194.</b>	

423001  
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES**

68-0412350

**Part II Statement of  
Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>28,959.</u> noncash \$ _____)	22	28,959.	28,959.	<b>STATEMENT 3</b>	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	686,114.	638,086.	48,028.	0.
26 Other salaries and wages	26	7,895,957.	7,343,240.	552,717.	
27 Pension plan contributions	27	404,396.	299,253.	105,143.	
28 Other employee benefits	28	762,688.	709,300.	53,388.	
29 Payroll taxes	29	215,609.	206,985.	8,624.	
30 Professional fundraising fees	30				
31 Accounting fees	31	38,462.	16,924.	21,538.	
32 Legal fees	32	181,004.		181,004.	
33 Supplies	33	609,795.	262,212.	347,583.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	1,117,706.	491,791.	625,915.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	174,441.	118,667.	55,774.	
39 Travel	39	511,183.	495,847.	15,336.	
40 Conferences, conventions, and meetings	40	226,264.	208,163.	18,101.	
41 Interest	41	75,048.	37,524.	37,524.	
42 Depreciation, depletion, etc (attach schedule)	42	170,104.	115,671.	54,433.	
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e <b>SEE STATEMENT 1</b>	43e	5,259,813.	4,732,358.	527,455.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	18,357,543.	15,704,980.	2,652,563.	0.

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ►

**SUPPORT OF CALIFORNIA COMMUNITY COLLEGES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service  
Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a <b>COORDINATE A WORK ASSISTANCE PROGRAM BETWEEN COLLEGE STUDENTS AND STATE AGENCIES WHICH PROVIDE WORK EXPERIENCE FOR THE STUDENTS</b>	(Grants and allocations \$ _____)	11,134,181.
b <b>SUPPORT CALIFORNIA COMMUNITY COLLEGES BY COORDINATING THE PURCHASING POWER OF THE COLLEGES TO OBTAIN MAXIMUM QUALITY AT A MINIMUM PRICE.</b>	(Grants and allocations \$ _____)	1,227,849.
c <b>ERP PROGRAM ASSISTS IN APPROPRIATE AND COST-EFFECTIVE ERP SOFTWARE SYSTEMS SUCH AS HUMAN RESOURCES, FINANCIAL AID AND OTHER STUDENT MODULES</b>	(Grants and allocations \$ _____)	1,218,128.
d <b>SEE STATEMENT 2</b>	(Grants and allocations \$ _____)	2,124,822.
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	►	15,704,980.

**FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES**

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**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	2,039,479.	<b>45</b>	14,997,448.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47 a</b> Accounts receivable	3,528,973.		
	<b>b</b> Less: allowance for doubtful accounts		<b>47c</b>	3,528,973.
	<b>48 a</b> Pledges receivable	5,381,754.		
	<b>b</b> Less: allowance for doubtful accounts		<b>48c</b>	5,381,754.
	<b>49</b> Grants receivable	47,857.	<b>49</b>	211,739.
	<b>50</b> Receivables from officers, directors, trustees, and key employees		<b>50</b>	
	<b>51 a</b> Other notes and loans receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use	69,980.	<b>52</b>	39,562.
	<b>53</b> Prepaid expenses and deferred charges	92,982.	<b>53</b>	130,383.
	<b>54</b> Investments - securities <span style="float:right">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		<b>54</b>	
	<b>55 a</b> Investments - land, buildings, and equipment, basis			
	<b>b</b> Less: accumulated depreciation		<b>55c</b>	
<b>56</b> Investments - other		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment, basis	1,755,549.			
<b>b</b> Less: accumulated depreciation <span style="float:right">STMT 4</span>	357,936.	<b>57c</b>	1,397,613.	
<b>58</b> Other assets (describe <span style="float:right">▶ SEE STATEMENT 5</span> )	317,912.	<b>58</b>	1,737,722.	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	10,101,286.	<b>59</b>	27,425,194.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	818,878.	<b>60</b>	1,156,036.
	<b>61</b> Grants payable	650,000.	<b>61</b>	1,760,100.
	<b>62</b> Deferred revenue	592,620.	<b>62</b>	2,685,254.
	<b>63</b> Loans from officers, directors, trustees, and key employees		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable <span style="float:right">STMT 6</span>	151,217.	<b>64b</b>	588,693.
	<b>65</b> Other liabilities (describe <span style="float:right">▶ SEE STATEMENT 7</span> )		<b>65</b>	540,917.
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65)	2,212,715.	<b>66</b>	6,731,000.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	851,754.	<b>67</b>	1,764,689.
	<b>68</b> Temporarily restricted	7,036,817.	<b>68</b>	4,825,905.
	<b>69</b> Permanently restricted		<b>69</b>	14,103,600.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	7,888,571.	<b>73</b>	20,694,194.
	<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	10,101,286.	<b>74</b>	27,425,194.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	18357543.
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	<b>b</b>	0.
<b>c</b>	Line a minus line b	<b>c</b>	18357543.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	18357543.

[illegible]

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**FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES**

Form 990 (2004)

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**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>		
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) <span style="float:right">82b N/A</span>		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span>	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a List the states with which a copy of this return is filed <span style="float:right">CA</span>		
b Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b 261</span>		
91 The books are in care of <span style="float:right">LAURA WRIGHT</span> Telephone no <span style="float:right">916-325-1852</span>		

Located at **1102 Q STREET, SACRAMENTO, CA**

ZIP + 4 **95814**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES**

Form 990 (2004)

68-0412350

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a SEE STATEMENT 9					15,921,008.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	95,092.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a OTHER					7,045.
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		95,092.	15,928,053.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					16,023,145.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: David Stuart Date: 05-15-06 Type or print name and title: David Stuart, V.P. Operations/Sec'y

**Paid Preparer's Use Only** Preparer's signature: Anda O House Date: MAY 15 2006 Check if self-employed: ☐ Preparer's SSN or PTIN:  

Firm's name (or yours if self-employed), address, and ZIP + 4: CAMPBELL, BENN & TAYLOR  
2151 RIVER PLAZA DR., #300  
SACRAMENTO, CA 95833-3881

EIN:   Phone no: (916) 929-3680

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2004**

Name of the organization **FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES**

Employer identification number  
**68 0412350**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFF TSCHUDI 1102 Q STREET, THIRD FLOOR, SACRAMENTO, CA 95814	AST DIR ECHS 40	53,624.	2,777.	39,258.
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BRIAN TAUGHER 980 NINTH STREET, 19TH FLOOR, SACRAMENTO, CA 95814	LEGAL	78,256.
RJ DEZEMBER ASSOCIATES 980 NINTH STREET, SUITE 1600, SACRAMENTO, CA 95814	LEGAL	63,814.
Total number of others receiving over \$50,000 for professional services ▶	0	

**FOUNDATION FOR CALIFORNIA COMMUNITY**

Schedule A (Form 990 or 990-EZ) 2004 **COLLEGES**

**68-0412350** Page **2**

**Part III** **Statements About Activities** (See page 2 of the instructions )

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV** **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V )
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A )
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A )
- 13** ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions )



**FOUNDATION FOR CALIFORNIA COMMUNITY**

Schedule A (Form 990 or 990-EZ) 2004 **COLLEGES**

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. <span style="float: right;">N/A</span>		Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.				
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
<b>16</b> Membership fees received						
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
<b>19</b> Net income from unrelated business activities not included in line 18						
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.	
<b>24</b> Line 23 minus line 17						
<b>25</b> Enter 1% of line 23						
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> N/A	
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A	
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A	
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> N/A	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %	
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year						
	(2003)	(2002)	(2001)	(2000)		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year						
	(2003)	(2002)	(2001)	(2000)		
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A	
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A	
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A	
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <span style="float: right;">▶ <b>27f</b> N/A</span>						
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %	
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15						

**FOUNDATION FOR CALIFORNIA COMMUNITY**

Schedule A (Form 990 or 990-EZ) 2004 **COLLEGES**

**68-0412350** Page **4**

**Part V Private School Questionnaire** (See page 7 of the instructions )

**N/A**

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	<b>Yes</b>	<b>No</b>
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following.		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	<b>32d</b>	
<hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to.		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/> <hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Schedule A (Form 990 or 990-EZ) 2004**

## Schedule A (Form 990 or 990-EZ) 2004 COLLEGES

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group      Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

(a)  
Affiliated group  
totals

(The term "expenditures" means amounts paid or incurred )

**(b)**  
To be completed for ALL  
electing organizations

N/A

- |           |   |   |
|-----------|---|---|
| <b>36</b> | Total lobbying expenditures to influence public opinion (grassroots lobbying) |   |
| <b>37</b> | Total lobbying expenditures to influence a legislative body (direct lobbying) |   |
| <b>38</b> | Total lobbying expenditures (add lines 36 and 37)                             |   |
| <b>39</b> | Other exempt purpose expenditures   |   |
| <b>40</b> | Total exempt purpose expenditures (add lines 38 and 39)                       |   |
| <b>41</b> | Lobbying nontaxable amount Enter the amount from the following table -        |   |
|           | <b>If the amount on line 40 is -</b>  | <b>The lobbying nontaxable amount is -</b>        |
|           | Not over \$500,000  | 20% of the amount on line 40                      |
|           | Over \$500,000 but not over \$1,000,000                                       | \$100,000 plus 15% of the excess over \$500,000   |
|           | Over \$1,000,000 but not over \$1,500,000                                     | \$175,000 plus 10% of the excess over \$1,000,000 |
|           | Over \$1,500,000 but not over \$17,000,000                                    | \$225,000 plus 5% of the excess over \$1,500,000  |
|           | Over \$17,000,000   | \$1,000,000                                       |
| <b>42</b> | Grassroots nontaxable amount (enter 25% of line 41)                           |   |
| <b>43</b> | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36       |   |
| <b>44</b> | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38       |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

<b>Yes</b>	<b>No</b>	<b>Amount</b>
		0.



ENVELOPE  
FEB 15 2006  
POSTMARK DATE

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES</b>	Employer identification number <b>68-0412350</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1102 Q STREET, THIRD FLOOR</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SACRAMENTO, CA 95814</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **▶ RANDALL FONG**

Telephone No. **▶ 916-760-4038**

FAX No. **▶**

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2006**

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **\_\_\_\_\_**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **\_\_\_\_\_**

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ [Signature]** Title **▶ CPA**

Date **▶ 2/14/06**

**Notice to Applicant - To Be Completed by the IRS**

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other **\_\_\_\_\_**

Director

By **\_\_\_\_\_**

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>CAMPBELL, BENN &amp; TAYLOR</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>2151 RIVER PLAZA DR., #300</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SACRAMENTO, CA 95833-3881</b>

423832  
01-10-05

**EXTENSION APPROVED**  
**MAR 09 2006**  
FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	97,879.	46,003.	51,876.	
OTHER DIRECT				
OPREATING	153,725.	139,890.	13,835.	
MAINTENANCE	261,960.	254,101.	7,859.	
INTERNET/WEBSITE	0.			
CONTRACTED SERVICES	4,997.	3,848.	1,149.	
FISCAL AGENT FEES	0.			
GRANT COORDINATORS	1,070,389.	1,070,389.		
WORKERS COMP				
INSURANCE	114,867.	114,867.		
CONSULTANTS	1,334,914.	1,041,233.	293,681.	
MISC EXPENSES	27,537.	22,030.	5,507.	
CAMPUS STIPENDS	548,546.	510,148.	38,398.	
COST OF GOODS SOLD	1,644,999.	1,529,849.	115,150.	
TOTAL TO FM 990, LN 43	5,259,813.	4,732,358.	527,455.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	2
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## DESCRIPTION OF PROGRAM SERVICE FOUR

FACILITIES PROGRAM PROVIDES SIGNIFICANT COST SAVINGS FOR FACILITY CONDITION ANALYSIS AND CONSTRUCTION MATERIAL AND EQUIPMENT, THROUGH A WEB-BASED INFORMATION TOOL, THE PROCESS FOR FUNDING, MANAGING AND COMMUNICATIONS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		2,124,822.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATION	2004 JONNAH LAROCHE		NONE	1,000.
EDUCATION	2005 HAYWARD AWARD		NONE	5,000.
EDUCATION	4C/SD		NONE	1,500.
EDUCATION	ACADEMIC SENATE		NONE	1,345.
EDUCATION	ASIAN PACIFIC YOUTH LEADERSHIP PROJ		NONE	3,500.
EDUCATION	BLACK YOUTH LEADERSHIP PROJECT		NONE	3,500.
EDUCATION	CHANCELLOR'S DIVERSITY AWARD		NONE	2,274.
EDUCATION	CHICANO YOUTH LEADERSHIP PROJECT		NONE	3,500.
EDUCATION	DONATION ASIAN AMERICAN STUDY		NONE	1,000.
EDUCATION	JERICHO ED		NONE	1,000.
EDUCATION	PERALTA COLLEGE FOUNDATION		NONE	1,000.
EDUCATION	REGINA STROUD DIV AWARD		NONE	2,000.

EDUCATION	TECH FOCUS AWARD	NONE	840.
EDUCATION	CALIFORNIA COUNCIL ON SCIENCE & TECH	NONE	500.
EDUCATION	CCPRO/FCCC WRITING SCHOLARSHIP	NONE	1,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

28,959.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	6,326.	5,559.	767.
OFFICE EQUIP	238.	238.	0.
OFFICE FURN-OFF DEPO	40,000.	38,496.	1,504.
OFFICE FURN- MIKE FUR	10,000.	9,764.	236.
OFFICE EQUIP	211.	205.	6.
CELL PHONE	229.	201.	28.
CANON COPIER	754.	648.	106.
CD DUPLICATOR	969.	969.	0.
P11 400MH COMPUTER	2,899.	2,899.	0.
64 MB RAM	225.	225.	0.
HP OFFICE JET	759.	759.	0.
HP OFFICE JET	759.	759.	0.
3 COMPUTERS	2,586.	2,586.	0.
COMPUTER EQUIPMENT	866.	866.	0.
HP OFFICE JET	756.	756.	0.
COMPUTER	1,185.	1,185.	0.
COMPUTER EQUIPMENT	1,293.	1,293.	0.
DELL LAPTOP COMPUTER	2,161.	2,161.	0.
VIDEO PHONES	4,300.	3,377.	923.
LAPTOP COMPUTER	971.	971.	0.
REFRIGERATOR	517.	401.	116.
HP WRITEABLE CD ROM	312.	312.	0.
2 HP LASER JET	690.	690.	0.
VAIO P2 LAPTOP COMP	2,834.	2,834.	0.
HP COMPUTER	2,643.	2,643.	0.
COMPUTER CARRIER	145.	127.	18.
PRINTER	408.	408.	0.
FAX PRINTER	593.	593.	0.
COMPUTER PRINTER	314.	314.	0.
COMPUTER EQUIPMENT	705.	705.	0.
COMPUTER	1,461.	1,338.	123.
TLP 550 PROJECTOR	3,376.	2,419.	957.
MICROQUEST P4 DESKTOP	1,000.	683.	317.



MICROQUEST P4 DESKTOP	1,000.	683.	317.
MINOLTA EP4050 COPIER	6,000.	4,000.	2,000.
MICROQUEST C500	1,000.	633.	367.
MICROQUEST C500	1,000.	633.	367.
METAFRAME XPA 1	11,197.	4,478.	6,719.
COMPUTER EQUIPMENT	3,612.	1,865.	1,747.
WIN SERVER LANGSQL	3,636.	1,454.	2,182.
OCE SCANTRON	79,917.	34,890.	45,027.
SERVERS SAN JOUQUIN	12,729.	5,092.	7,637.
SERVERS	3,619.	1,448.	2,171.
DIMENSION 2400	989.	380.	609.
DIMENSION 2400	494.	190.	304.
LAPTOP D800	5,315.	2,037.	3,278.
MONITOR	784.	301.	483.
PH FURNITURE	12,528.	3,431.	9,097.
COMP TOSHIBA 6100	1,582.	579.	1,003.
PRESARIO	593.	218.	375.
TOSHIBA LAPTOP 9302	3,577.	1,311.	2,266.
TOSHIBA LAPTOP 9303	3,025.	1,109.	1,916.
DELL COMPUTER	699.	245.	454.
MONITOR COURTNEY LAP	503.	177.	326.
TECRA 9301 LAPTOP	3,398.	1,190.	2,208.
HP LASERJET 4200	1,478.	518.	960.
TOYS TABLET PC	2,042.	714.	1,328.
DELL COMPUTER	1,431.	477.	954.
IBM PCD DIRECT	3,077.	1,025.	2,052.
DELL COMPUTER	776.	258.	518.
T2642 & MONITOR	797.	239.	558.
IBM THINKPAD T40	2,561.	768.	1,793.
IBM 17IN LCD	561.	168.	393.
TECRA M1 9300 LAPTOP	4,052.	1,148.	2,904.
IBM THINKPAD T40P	2,725.	772.	1,953.
LATITUDE D800	3,370.	955.	2,415.
MITSUBISHI PROJECTOR	2,006.	568.	1,438.
MITSUBISHI PROJECTOR	1,997.	565.	1,432.
IBM 17 LCD	561.	149.	412.
HP LASERJET 4200N	1,272.	339.	933.
ERGONOMIC CHAIR	520.	99.	421.
DELL DESKTOP	1,472.	368.	1,104.
KITCHEN UNIT	1,000.	167.	833.
EXEC DESK SET	1,600.	267.	1,333.
EXEC DESK SET CHERRY	1,500.	250.	1,250.
UTILITY CABINETS	600.	100.	500.
EBICO EPK21 BINDING	500.	83.	417.
RECEPTION DESK BL MA	800.	133.	667.
DESK UNIT 3 PC GREY	2,800.	467.	2,333.
DESK SET BL OAK	950.	159.	791.
DESK SET OAK	900.	151.	749.
PICTURE TEL SYSTEM	500.	83.	417.
INSPIRION 300M	1,904.	445.	1,459.
DAVE-BARRACUDA NETWR	7,684.	1,793.	5,891.
FACILITIES DBASE	730,000.	82,027.	647,973.
ERP DATABASE	200,156.	15,012.	185,144.

FULLY DEPRECIATED ASSETS	78,402.	78,402.	0.
EXEC DESK SET OAK	950.	159.	791.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,310,626.</u>	<u>342,556.</u>	<u>968,070.</u>

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
CONTRACTS RECEIVABLE	1,472,741.
OTHER RECEIVABLES	230,125.
DEPOSITS	34,856.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>1,737,722.</u>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAMETERMS OF REPAYMENT

CALIFORNIA BANK &amp; TRUST

DATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

1,200,000.

5.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

WORKING CAPITAL

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF  
CONSIDERATIONBALANCE DUE

0.

0.

LENDER'S NAMETERMS OF REPAYMENT

BANK

DATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

0.

6.63%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

WORKING CAPITAL

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATIONFMV OF  
CONSIDERATIONBALANCE DUE

0.

588,693.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

588,693.

FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		AMOUNT	
ACCRUED EXPENSES		496,738.	
OTHER LIABILITIES		44,179.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		540,917.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PATRICIA SULLIVAN 425 MARKET STREET, 19TH FLOOR SAN FRANCISCO, CA 94105	CHAIR 0	0.	0.	0.
ROSEMARY THAKAR 11635 MELONES CIRCLE GOLD RIVER, CA 95670	VICE CHAIR 0	0.	0.	0.
JAMES P. SARGEN 3421 EMPRESA, SUITE D SAN LUIS OBISPO, CA 93401	SECRETARY/TREASURER 0	0.	0.	0.
MARIO CAMARA 2049 CENTURY PARK EAST, SUITE 2800 LOS ANGELES, CA 90067	DIRECTOR 0	0.	0.	0.
JANICE A. DEHESH 2683 VIA DE LA VALLE G #604 DEL MAR, CA 62014	DIRECTOR 0	0.	0.	0.
JOYCE ARNSTON 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	VP GRANTS & DEVELOPEMENT 40	35,942.	3,545.	0.
ARTHUR CHEN 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	VP GOV. & FACILITES 40	129,425.	5,934.	18,335.
RANDY FONG 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	VP FINANCA 40	91,959.	3,451.	0.

ROBERT NOLAN 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	VP LEARNING 40	112,384.	4,380.	1,248.
COURTNEY PETERSON 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	VP PURCHASING 40	104,251.	4,036.	15,826.
DAVID STUART 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	VP OPERATIONS 40	119,547.	4,074.	0.
LARRY TOY 1102 Q STREET, THIRD FLOOR SACRAMENTO, CA 95814	PRESIDENT 40	92,606.	11,979.	0.
TOTALS INCLUDED ON FORM 990, PART V		686,114.	37,399.	35,409.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	9
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
STUDENT ASST PROGRAM GRANT REVENUE					3,838,715.	
SMOG PROGRAM REVENUE					3,799,862.	
FACILITIES MGMT PROGRAM FEES					5,446,035.	
PURCHASING PROGRAM REVENUES					419,704.	
					2,416,692.	
TO FORM 990, PART VII, LINE 93					15,921,008.	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	10
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDES STUDENT ASSISTANTS TO STATE AGENCIES, ALLOWING STUDENTS TO GAIN VALUABLE WORK EXPERIENCE
93E	THE PURCHASING POWER OF THE COMMUNITY COLLEGE SYSTEM IS USED TO PURCHASE LEARNING TECHNOLOGY
93D	FACILITATES SELECTION OF APPROPRIATE AND COST EFFECTIVE ERP SYSTEMS FOR COMMUNITY COLLEGE DISTRICTS
93B	GRANTS AWARDED TO CARRYOUT SERVICES FOR GRANTOR BENEFITING THE CA COMMUNITY COLLEGE SYSTEM AS A WHOLE

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2004**Attachment  
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FOUNDATION FOR CALIFORNIA COMMUNITY  
COLLEGES

FORM 990 PAGE 2

68-0412350

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	52,870.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	52,870.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year:					
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b>
					46,508.
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>
					46,508.