DLN: 93493352007245

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 private foundations)

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

| A Fo | r the | 2014 ca | alendar year, or tax year beginning 07-01-2014 , and ending 0 | 6-30-2015 | | | | |
|--------------------------------|----------|--------------|---|-------------|-----------------|---------------------------|----------------|----------------------------|
| | | pplicable | C Name of organization | | | D Emplo | yer iden | tification number |
| ┌ Add | | | FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES | | | 68-04 | 12350 |) |
| ┌ Nar | ne cha | nge | Doing business as | | | _ | | |
| ┌ Inıt | al retu | m | | | | | | |
| Fina | al | | Number and street (or P O box if mail is not delivered to street address | Room/suit | e | E Telepho | ne numb | per |
| retu | ırn/terr | mınated | 1102 Q STREET NO 3500 | | | (916) | 325-4 | 300 |
| ☐ Am | ended | return | City or town, state or province, country, and ZIP or foreign postal code | -1 | | | | |
| Г Арр | lication | n pending | SACRAMENTO, CA 95811 | | | G Gross r | eceıpts \$ | 30,635,384 |
| | | | F Name and address of principal officer | | H(a) Is | this a group | return | for |
| | | | KEETHA MILLS | | | ubordinates? | recuiii | ┌ Yes ┌ No |
| | | | 1102 Q STREET NO 3500 SACRAMENTO,CA 95811 | | | | | |
| | | | SHOWN ENTERPORT SECTION | | | re all subordı cluded? | nates | Γ Y es Γ No |
| I Tax | (-exem | npt statu | s | 527 | | | a list (| (see instructions) |
| | | | WW FOUNDATIONCCC ORG | | _ | | | |
| | | | | | H(c) G | Group exempt | ion num | nber 🟲 |
| | | | on 🔽 Corporation Trust Association Other 🕨 | | L Year o | of formation 19 | 98 M | State of legal domicile CA |
| Pa | rt I | Sur | nmary | | | | | |
| | | | describe the organization's mission or most significant activitie | | | | | |
| | - | <u>OUR M</u> | ISSION IS TO BENEFIT, SUPPORT, AND ENHANCE THE MI | SSIONS O | F THE C | A COMMNTY | COLL | EGE SYSTEM |
| ည | | | | | | | | |
| <u> </u> | | | | | | | | |
| Governance | 2 | Check | this box $lacktriangle$ if the organization discontinued its operations or d | lisposed of | more tha | an 25% of its | net as | sets |
| ទី | | | | | | | | |
| 26 | | | r of voting members of the governing body (Part VI, line 1a) . | | | | 3 | 9 |
| Activities & | | | r of independent voting members of the governing body (Part V) | | | | 4 | 9 |
| Ĭ | | | umber of individuals employed in calendar year 2014 (Part V, I | • | | | 5 | 503 |
| Ac | | | umber of volunteers (estimate if necessary) | | | | 6 | 11 |
| | | | nrelated business revenue from Part VIII, column (C), line 12 | | | | 7a | 0 |
| | Ь | Net uni | related business taxable income from Form 990-T, line 34 . | | | | 7b | 0 |
| | | | | | | Prior Year | | Current Year |
| ou . | 8 | | ributions and grants (Part VIII, line 1h) | | | 6,169,0 | | 5,952,494 |
| Rayenue | 9 | | ram service revenue (Part VIII, line 2g) | | | 21,539,4 | - | 21,026,663 |
| 춙 | 10 | | stment income (Part VIII, column (A), lines 3, 4, and 7d) . | | | 2,996,2 | | 2,208,212 |
| _ | 11 | | er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and | | | | 0 | 0 |
| | 12 | | l revenue—add lines 8 through 11 (must equal Part VIII, colum | | | 30,704,6 | 531 | 29,187,369 |
| | 13 | | ts and similar amounts paid (Part IX, column (A), lines 1–3) | | | 10,798, | 751 | 7,196,920 |
| | 14 | Bene | fits paid to or for members (Part IX, column (A), line 4) | | | | 0 | 0 |
| | 15 | Salaı | ries, other compensation, employee benefits (Part IX, column (A | A), lines | | 10,374,8 | 305 | 11,729,564 |
| 8 | | 5-10 | • | | | 10,574,0 | | |
| Expenses | 16a | Profe | essional fundraising fees (Part IX, column (A), line 11e) | | | | 0 | 0 |
| ੜੀ | b | Total | fundraısıng expenses (Part IX, column (D), line 25) ▶104,921 | | | | | |
| | 17 | Othe | r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . | | | 9,174,8 | 373 | 9,296,050 |
| | 18 | | l expenses Add lines 13–17 (must equal Part IX, column (A), | | | 30,348,4 | | 28,222,534 |
| | 19 | Reve | enue less expenses Subtract line 18 from line 12 | | | 356,2 | 202 | 964,835 |
| ኤ ው | | | | | Begin | ning of Curre | nt | End of Year |
| Net Assets or Fund Balances | | | | | | Year | | End of Year |
| 25. E. E. | 20 | | l assets (Part X, line 16) | | | 106,658, | 124 | 103,219,359 |
| 2 E | 21 | | l liabilities (Part X, line 26) | | | 41,781,8 | | 39,199,611 |
| | 22 | | assets or fund balances Subtract line 21 from line 20 | | | 64,876, | 314 | 64,019,748 |
| | t II | _ | nature Block | | | | | |
| my kr | rowled | dge and | f perjury, I declare that I have examined this return, including a d belief, it is true, correct, and complete Declaration of prepare knowledge | | | | | |
| | | 4117 | ······································ | | | | | |
| | | IB | *** | | | 2015-12-14 | | |
| Sign | | Sig | nature of officer | | | Date | | |
| Here | • | | HN O'SULLIVAN CFO | | | | | |
| | | I I I I | pe or print name and title | La | to I | | DTTN | |
| . | | | Print/Type preparer's name LINDA D GEERY Preparer's signature LINDA D GEERY | Da | - 1 | Check If self-employed | PTIN P00364 | 484 |
| Paid | | | Firm's name FGILBERT ASSOCIATES INC | | | Firm's EIN F 68 | 3-003799 | 00 |
| Pre | • | | Firm's address ► 2880 GATEWAY OAKS DR STE 100 | | | Phone no (916 |) 646-64 | 64 |
| Use | On | ly | | | | | , 570-04 | ~ . |
| | | | SACRAMENTO, CA 95833 | | | | | |

| Form 9 | 90 (201 | 4) | | | | | | Page 2 |
|--------|--------------------------------|--|--|--|---|---|--|--|
| Part | | | | ervice Accomp response or note t | | s Part III . | | |
| 1 | Briefly de | escribe the org | anızatıon's mıs | sion | | | | |
| | ISSION EGE SYS | | IDATION IS T | O BENEFIT, SUPP | ORT, AND ENI | HANCE THE | MISSIONS OF THE C | ALIFORNIA COMMUNITY |
| | | | | | | | | |
| t | he prior | Form 990 or 99 | 90-EZ? | | _ | he year which | n were not listed on | |
| | - | | new services | | | | | |
| S | services? | · | | or make significar | | w it conduct | s, any program | |
| I | f"Yes," | describe these | changes on So | chedule O | | | | |
| e | expenses | Section 501(| c)(3) and 501(| | s are required t | o report the a | rgest program service imount of grants and a | |
| | (Code | |) (Expenses \$ | 8,343,016 | ıncludıng grants | of \$ | 2,392,251) (Revenue \$ | 4,527,280) |
| | INTEREST FUNDING COMMUNI | TO ENHANCE EDU FISCALLY SPONSO TY COLLEGE SYST | JCATION IN CALIF ORED PROGRAMS EM, WHILE FUNDE | ORNIA AND BEYOND, A AND PROJECTS OF THE | ND THAT DO NOT ' E FOUNDATION RE IENCE OF ENTERII | WISH TO BECOM CEIVE THE BENE IG EASILY INTO | E A NONPROFIT ORGANIZA FIT OF THE FOUNDATION'S CONTRACTS WITH THE FO | S THAT WORK IN THE PUBLIC ATION TO ACCEPT CHARITABLE IS CLOSE RELATIONSHIP WITH THE UNDATION BECAUSE OF ITS |
| 4b | (Code | |) (Expenses \$ | 5,802,306 | ıncludıng grants | of \$ |) (Revenue \$ | 7,004,090) |
| | CREATES | CAREER TRAINING E EXPERIENCED S | G OPPORTUNITIES | FOR STUDENTS ON CO | MMUNITY COLLEG | ES CAMPUSES : | STUDENTS GAIN REAL WOR | IVE REPAIR, THE FOUNDATION RK EXPERIENCE WORKING CEIVE FINANCIAL SUPPORT FOR |
| 4c | (Code | |) (Expenses \$ | 2,652,794 | ıncludıng grants | of \$ |) (Revenue \$ | 3,858,971) |
| | STUDENTS | S, UNDER COOPER | RATIVE PURCHASIN | ENUES ARE DERIVED F | ROM THE SALE OF | PRODUCTS ANI GES SPECIAL PR | | Y COLLEGES, STAFF, FACULTY AND IERS UNDER PURCHASING |
| | See Add | litional Data | | | | | | |
| | Other pr | ogram service | s (Describe in | Schedule O) | | | | |
| | (Expens | = | | including grants o | of \$ | 4,804,669) | (Revenue \$ | 5,636,322) |
| 4e | Total pro | ogram service (| expenses 🕨 | 24,054,962 | | | | |
| | | | | | | | | Form 990 (2014 |

| Part TV | Check | dist of | Required | Schedules |
|---------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νo |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | Νo |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part 1</i> | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| 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" | 11b | | N o |
| 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 | 11c | | No |
| 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 | 11d | | N o |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$ | 11e | Yes | |
| 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 | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νo |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 19 | 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 | 19 | | N o |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | 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 | | No |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section $512(b)(13)$? | 35a | | No |
| b | If 'Yes' to line 35a, 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 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2014) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | 厂_ |
|-----|--|------------|-----|----|
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 102 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νο |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | The rest, to line 3d of 3B, and the organization menorin occorrection. | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| h | required? | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| 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. | 1 | | |
| а | 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 | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand |] | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Section A. Governing Body and Management

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

| Check if Schedule O | O contains a response or note to any line in this Part VI | . ~ |
|---------------------|---|-----|
|---------------------|---|-----|

| | | | | | Yes | No |
|-----------------|---|--------------|-------------------------|-------|-----|-----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 9 | | | |
| | 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 | Enter the number of voting members included in line 1a, above, who are independent | 1b | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee? | | • • • | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | e the p | rior Form 990 was | 4 | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the o | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power more members of the governing body? | | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body? | | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons ur | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? \cdot . \cdot . | | | 8b | | Νo |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not | requi | ired by the Internal R | evenu | | e.) |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization | on's e | xempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of it the form? | | | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this f | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13. | | | 12a | Yes | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? | | | 12b | Yes | |
| C | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | | | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? . | | | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Yes | |
| b | Other officers or key employees of the organization | • | | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? | orsım • • | ılar arrangement wıth a | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements? | e step | s to safeguard the | 164 | | 1 |
| | | - | · · | 16b | | |
| <u>56</u> 17 | List the States with which a copy of this Form 990 is required to be filed FCA | | | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable | ۵) ۵۵ | 0 and 990-T (501(c) | | | |
| | | こっ. ララ! | し. ロロロ フンロート しごひエしし | | | |

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-1 (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JOHN O'SULLIVAN

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

Check if Schedule O contains a response or note to any line 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 vear

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more pers | than on is | one bot ect | not box h ar or/tr | c , of use Highest compensated | ess er e) | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--------------|---------------|-------------------|-----------------------------|--------------------------------|-----------------|--|--|--|
| | | นรโย่ย์ | l Trustee | | 8 | npensated | | | | |
| (1) LANCE IZUMI CHAIR | 0 00 | х | | х | | | | 0 | 0 | 0 |
| (2) MANUEL BACA VICE-CHAIR | 0 00 | х | | х | | | | 0 | 0 | 0 |
| (3) JAMES P SARGEN SECRETARY/TREASURER/AUDIT COMMITTEE CHAIR | 0 00 | х | | х | | | | 0 | 0 | 0 |
| (4) ARNOLDO AVALOS DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (5) ISABEL BARRERAS DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (6) MARIO CAMARA DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (7) DAN NOELL DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (8) ALICE PEREZ DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (9) PATRICIA SULLIVAN DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (10) GARY REED DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (11) JANICE A DEHESH DIRECTOR | 0 00 | х | | | | | | 0 | 0 | 0 |
| (12) KEETHA MILLS CEO/PRESIDENT | 40 00 | | | х | | | | 187,311 | 0 | 21,363 |
| (13) JOHN O'SULLIVAN CHIEF FINANCIAL OFFICER | 40 00 | | | х | | | | 110,981 | 0 | 15,652 |
| (14) JUDY ROSENQUIST CORPORATE SECRETARY | 40 00 | | | х | | | | 91,512 | 0 | 22,756 |
| | 1 | | | | | | | | | Form 990 (2014) |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | not bo: h ar | check x, unle n office rustee | ss er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|--|---|-----------------------------------|-----------------------|------------|--------------------|--|----------|---|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (15) MARK CARLOCK VP ENVIRONMENTAL PROGRAMS | 40 00 | | | | | х | | 130,344 | 0 | 24,483 |
| (16) JOSE CHAVEZ SENIOR DIRECTOR, POLICY & PRACTICE | 40 00 | | | | | х | | 128,945 | 0 | 10,035 |
| (17) JOSEPH QUINTINA VP PROGRAMS | 40 00 | | | | | х | | 125,826 | 0 | 16,839 |
| (18) MELISSA CONNER VP ADVANCEMENT | 40 00 | | | | | х | | 118,034 | 0 | 32,301 |
| (19) THERESA ROWLAND SR DIRECTOR OPERATIONS & WF INITIATIVES | 40 00 | | | | | х | | 116,609 | 0 | 20,995 |

| 1b | Sub-Total | Ŧ | | | |
|----|---|---|-----------|---|---------|
| c | Total from continuation sheets to Part VII, Section A | • | | | |
| d | Total (add lines 1b and 1c) | ► | 1,009,562 | 0 | 164,424 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >21

| | | | Yes | No | | | |
|---|---|---|-----|--|--|--|--|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | Νo | | | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | | | | |
| | ındıvıdual | 4 | Yes | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | | <u>. </u> | | | |
| | services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | Νo | | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|------------------------------------|----------------------------|
| XAP CORPORATION PO BOX 8446 PASADENA, CA 91109 | WEBSITE DEVELOPMENT | 234,771 |
| MURPHY'S INK 3048 ROOT AVE CARMICHAEL, CA 95608 | PROGRAM COLLATERAL MATERIALS | 206,000 |
| LOS MEDANOS COLLEGE 2700 EAST LELAND ROAD PITTSBURG, CA 94565 | PROGRAM SPECIALIST | 184,088 |
| EDUCATIONAL RESULTS PARTNERSHIP 2300 N STREET SUITE 3 SACRAMENTO, CA 95816 | PROGRAM SPECIALIST | 183,325 |
| PETER SIMON, 2140 SHATTUCK AVENUE PMB 2359 BERKELEY, CA 94704 | PROGRAM TECHNICAL ASSISTANCE | 119,287 |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶5

| unts | 1a b |
|--|-------------------------------|
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| ions, r Sim | e f |
| ributi Othe | g |
| Contributions, Gifts, Grants and Other Similar Amounts | b d e f |
| | |
| Program Serwce Revenue | ь |
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| Progr | f |
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| | 22 bb cc dd ee ff 3 4 5 62 bb |
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| Form 99 | | <u> </u> | | | | | | Page 9 |
|---|--------|---|--|----------------------|----------------------|--|---|--|
| Part V | 411 | Statement o Check if Schedu | f Revenue ule O contains a respons | se or note to any lu | ne in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| u 2 | 1a | Federated cam | paigns 1a | | | | | |
| Grants mounts | ь | Membership du | es 1b | | | | | |
| Ğ. | c | Fundraising eve | ents 1c | | | | | |
| Giffs, iilar A | d | Related organiz | zations 1d | | | | | |
| B.E | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contribution | ons, gifts, grants, and 1f ot included above | 5,952,494 | | | | |
| 를 | g | Noncash contribute 1a-1f \$ | ons included in lines | | | | | |
| Con | h | Total. Add lines | s 1 a - 1 f | | 5,952,494 | | | |
| | | | | Business Code | | | | |
| Program Serwoe Revenue | 2a | AIR QUALITY PROG | GRAM | 900099 | 7,004,090 | 7,004,090 | | |
| 2 8 | ь | COLLEGE BUYS PR | OGRAM | 900099 | 3,858,971 | 3,858,971 | | |
| 100 | С | FISCAL SPONSORS | HIP PROGRAMS | 900099 | 2,931,533 | 2,931,533 | | |
| Serv | d | STUDENT MENTAL | HEALTH | 900099 | 1,900,122 | 1,900,122 | | |
| Ē | e | CAREER LADDERS | | 900099 | 1,595,747 | 1,595,747 | | |
| a Do | f | All other progra | am service revenue | | 3,736,200 | 3,736,200 | | |
| <u>~</u> | g | Total. Add lines | s 2a – 2f | | 21,026,663 | | | |
| | 3 | | ome (including dividend ar amounts) | | 1,241,638 | | | 1,241,638 |
| | 4 | | stment of tax-exempt bond p | l- | | | | |
| | 5 | Royalties | <u> </u> | 🕨 | | | | |
| | _ | _ | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents Less rental | | | | | | |
| | Ь | expenses | | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | 7a | Gross amount | (ı) Securities | (II) O ther | | | | |
| | | from sales of assets other than inventory | 2,414,589 | | | | | |
| | b | Less cost or other basis and | 1,448,015 | | | | | |
| | l c | sales expenses Gain or (loss) | 966,574 | | | | | |
| | d | Net gain or (los | s) | | 966,574 | | | 966,574 |
| e E | 8a | Gross income f events (not inc | | · | | | | |
| Other Revenue | | \$of contributions See Part IV , lin | reported on line 1c) | | | | | |
| <u>.</u> | | | a . | | | | | |
| ફ | b c | | penses b (loss) from fundraising e | vents - | | | | |
| • | | | rom gaming activities | vents p - | | | | |
| | | See Part IV, lin | e 19 | | | | | |
| | | | a . - | | | | | |
| | b c | | penses b (loss) from gaming activ | ities | | | | |
| | | Gross sales of returns and allo | inventory, less | | | | | |
| | _ | | a | | | | | |
| | b | | oods sold b | nton. | | | | |
| | С | Miscellaneous | (loss) from sales of inve | Business Code | | | | |
| | 11a | Miscellaneous | Kevenue | Dusiliess Code | | | | |
| | ь | | ——— <u> </u> | | | | | |
| | c | | —————————————————————————————————————— | | | | | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | L | 🕨 | | | | |
| | 12 | Total revenue. | See Instructions | | | 24 | | |
| | I | | _ | | 29,187,369 | 21,026,663 | 0 | 2,208,212 |

| | 990 (2014) | | | | Page 10 |
|-------|--|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | IX Statement of Functional Expenses | | | | |
| ectio | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All | | | | |
| | Check if Schedule O contains a response or note to any line in this | | (B) | (c) | <u> </u> |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 7,188,420 | 7,188,420 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 8,500 | 8,500 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | , | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 507,846 | 72,192 | 435,654 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 8,602,923 | 6,697,673 | 1,834,620 | 70,630 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 965,336 | 804,837 | 150,036 | 10,463 |
| 9 | Other employee benefits | 1,145,241 | 768,989 | 371,001 | 5,251 |
| 10 | Payroll taxes | 508,218 | 456,982 | 48,319 | 2,917 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 66,881 | 11,422 | 55,459 | |
| c | Accounting | 41,910 | | 41,910 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,817,602 | 2,703,877 | 113,725 | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,325,809 | 1,140,500 | 185,255 | 54 |
| 14 | Information technology | 364,772 | 267,103 | 97,669 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,043,100 | 696,465 | 331,029 | 15,606 |
| 17 | Travel | 663,169 | 514,164 | 149,005 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 502,100 | 343,163 | 158,937 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 110,186 | 77,590 | 32,596 | |
| 23 | Insurance | 130,717 | 73,281 | 57,436 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | COGS-SOFTWARE LICENSING | 2,153,698 | 2,153,698 | | |
| b | GRANT RELATED EXPENSES | 76,106 | 76,106 | | |
| c | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 28,222,534 | 24,054,962 | 4,062,651 | 104,921 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| Cash- non-interest-bearing Regimmor years End fiver | Pai | 't X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X | | | |
|---|-------------|------|--|---------------------------------------|-----|-------------|
| 2 Savings and temporary cash investments 36,283,407 2 36,183,737 | | | | (A) | | |
| 3 Pledges and grants receivable, net | | 1 | Cash-non-interest-bearing | 6,665,713 | 1 | 5,679,247 |
| 4 | | 2 | Savings and temporary cash investments | 36,283,401 | 2 | 35,153,737 |
| Societable Compared to the receivables from current and former officers, directors, brustees, key employees, and highest compensated employees Complete Part II of Schedule Compared to the compared to | | 3 | Pledges and grants receivable, net | 1,715,000 | 3 | 2,415,000 |
| Rey employees, and highest compensated employees: Complete Part II of Schedule L. 5 5 | | 4 | Accounts receivable, net | 4,837,263 | 4 | 5,032,673 |
| 1 | | 5 | key employees, and highest compensated employees Complete Part II of | | 5 | |
| Prepaid expenses and deferred charges 10a 1,575,237 10a 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 12 1,131,757 13 1,131,757 13 1,131,757 13 1,131,757 13 1,131,757 | S. | 6 | 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' | | _ | |
| Prepaid expenses and deferred charges 10a 1,575,237 10a 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 12 1,131,757 13 1,131,757 13 1,131,757 13 1,131,757 13 1,131,757 | Se | _ | | | | |
| Prepaid expenses and deferred charges 10a 1,575,237 10a 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 11 1,131,757 543,539 10c 443,480 12 1,131,757 13 1,131,757 13 1,131,757 13 1,131,757 13 1,131,757 | A S | | | | | |
| 10s | _ | | | · · · · · · · · · · · · · · · · · · · | | · |
| Part VI of Schedule D 10a 1,575,237 543,589 10c 443,480 11 1,755,237 12 1,755,237 13 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 12 1,755,237 12 1,755,237 13 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 14 1,755,237 15 1,755,237 1,7 | | _ | | 149,204 | 9 | 156,367 |
| 11 Investments—publicly traded securities 56,188,880 11 54,107,269 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 2,697 15 2,697 16 Total assets, Add lines 1 through 15 (must equal line 34) 106,688,124 16 103,219,389 17 Accounts payable and accrued expenses 4,445,537 17 3,855,775 18 Grants payable 2,083,000 18 2,316,685 19 Deferred revenue 1,559,274 19 877,365 19 Deferred revenue 1,559,274 19 877,365 10 Escrow or custodial account liability Complete Part IV of Schedule D 21 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule 22 23 Secured mortpages and notes payable to unrelated third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 23 24 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 33,293,999 25 32,149,806 25 Total liabilities Add lines 17 through 25 41,781,810 26 39,199,611 27 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 24,36,911 27 2,824,009 28 Temporanily restricted net assets 2,455,050 28 21,197,343 29 Permanently restricted net assets 39,984,393 29 39,989,396 29 Permanently restricted net assets 39,984,393 29 39,989,396 20 Total liabilities for including or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 33 64,019,748 34 35 64,019,748 35 64,019,748 36 64,019,748 37 64,019,748 37 | | 10a | Part VI of Schedule D 1,575,237 | | | |
| 12 Investments—other securities See Part IV, line 11 13 13 14 14 Intangible assets 14 15 15 16 16 16 16 16 16 | | Ь | Less accumulated depreciation | 543,539 | 10c | 443,480 |
| 13 Investments—program-related See Part IV, line 11 13 14 14 15 15 16 16 16 16 16 16 | | 11 | Investments—publicly traded securities | 56,188,880 | 11 | 54,107,269 |
| 14 | | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| 15 | | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) 106,658,124 16 103,219,359 | | 14 | Intangible assets | | 14 | |
| 17 | | 15 | Other assets See Part IV, line 11 | 2,697 | 15 | 2,697 |
| 18 Grants payable | | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 106,658,124 | 16 | 103,219,359 |
| Poer Poer Poer Poer Poer Poer Poer Poer | | 17 | Accounts payable and accrued expenses | 4,845,537 | 17 | 3,855,775 |
| 20 Tax-exempt bond liabilities | | 18 | Grants payable | 2,083,000 | 18 | 2,316,665 |
| 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 19 | Deferred revenue | 1,559,274 | 19 | 877,365 |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 20 | Tax-exempt bond liabilities | | 20 | |
| Unsecured notes and loans payable to unrelated third parties | S. | 21 | Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | 21 | |
| Unsecured notes and loans payable to unrelated third parties | iitie | 22 | | | | |
| Unsecured notes and loans payable to unrelated third parties | æ | | persons Complete Part II of Schedule L | | 22 | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | _ |
| and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | _ |
| 26 Total liabilities. Add lines 17 through 25 | | 25 | | | | |
| Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | | | · · · · | | |
| lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 26 | | 41,781,810 | 26 | 39,199,611 |
| 30 Capital stock or trust principal, or current funds | s e S | | | | | |
| 30 Capital stock or trust principal, or current funds | an an | 27 | Unrestricted net assets | 2,436,911 | 27 | 2,824,009 |
| 30 Capital stock or trust principal, or current funds | - B | 28 | Temporarily restricted net assets | 22,455,050 | 28 | 21,197,343 |
| 30 Capital stock or trust principal, or current funds | <u> </u> | 29 | Permanently restricted net assets | 39,984,353 | 29 | 39,998,396 |
| 30 Capital stock or trust principal, or current funds | r Fur | | - · · · · · · · · · · · · · · · · · · · | | | |
| 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 64,876,314 33 64,019,748 | 0 | 30 | • | | 30 | |
| 33 Total net assets or fund balances | φ. | | | | | |
| 33 Total net assets or fund balances | 455 | | | | | |
| 34 Total liabilities and net assets/fund balances | ¥ | | - , , , , , , , , , , , , , , , , , , , | 64,876,314 | 33 | 64,019,748 |
| | Z | | | 106,658,124 | 34 | 103,219,359 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
|-----|--|----------|----|----------|--------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 29 1 | L87,369 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | _ | | 20,1 | 107,303 |
| | | 2 | | 28,2 | 222,534 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | g | 964,835 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | - |
| _ | | 4 | | 64,8 | 376,314 |
| 5 | Net unrealized gains (losses) on investments | 5 | | -1,8 | 321,401 |
| 6 | Donated services and use of facilities | | | | |
| 7 | Investment expenses | 6 | | | |
| , | Threstment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 8 | | | |
| | | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 64.0 | 19,748 |
| Par | t XII Financial Statements and Reporting | | | <u> </u> | • |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | wed o | וי | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | arate | | | |
| | ▼ Separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of th | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | е | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | Yes | |

Software ID: Software Version:

EIN: 68-0412350

Name: FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

7,256,846 including grants of \$)(Expenses \$ 4,804,669) (Revenue \$ 5,636,322) THE WORKFORCE DEVELOPMENT PROGRAM INCLUDES THE FOLLOWING SERVICES - THE CAREER CATALYST PROGRAM PROVIDES LIFE-SHAPING CAREER OPPORTUNITIES FOR STUDENTS AND RECRUITMENT SOLUTIONS FOR PUBLIC AND PRIVATE SECTOR ENTITIES THE PROGRAM PAIRS OUALIFIED STUDENTS WITH AGENCIES FOR WORK AND JOB TRAINING STUDENTS ARE RECRUITED BY THE FOUNDATION, INDIVIDUALLY SELECTED BY CONTRACTING AGENCIES, AND THEN HIRED BY THE FOUNDATION ON BEHALF OF THE AGENCIES - LAUNCHPATH IS AN ONLINE TOOL THAT USES COMPREHENSIVE DATA SYSTEMS AND ANALYTICS TO MATCH STUDENTS AND EMPLOYERS FOR INTERNSHIPS AND OTHER WORK-BASED LEARNING EXPERIENCES OUR ADVANCED MATCHING AND BADGING PLATFORM IDENTIFIES STUDENTS WITH THE RIGHT INTERESTS AND EXPERIENCES AND SIMPLIFIES THE PROCESS FOR CREATING BENEFICIAL WORK BASED LEARNING EXPERIENCES FOR THESE STUDENTS THIS REAL WORLD EXPERIENCE ENABLES STUDENTS TO MASTER THE SKILLS REQUIRED TO ATTAIN CAREERS THAT ALIGN WITH THEIR INTERESTS LAUNCHPATH AIMS TO TAKE WORK-BASED LEARNING TO SCALE THROUGHOUT CALIFORNIA AND HELP STUDENTS ASPIRE FOR SUCCESS BOTH INSIDE THE CLASSROOM AND BEYOND - THE WORKFORCE DEVELOPMENT TEAM DEVELOPS TOOLS, MATERIALS, EVENTS, AND WORKSHOPS TO SUPPORT PROGRAMS AND SYSTEMS OF WORK-BASED LEARNING THE WORKFORCE DEVELOPMENT TEAM'S EXPERTISE IS IN ACTIVELY ENGAGING BUSINESSES, EDUCATIONAL INSTITUTIONS, AND STUDENTS TO SUPPORT THE FUTURE WORKFORCE OF CALIFORNIA THE FOUNDATION PARTNERS WITH OTHER NON-PROFITS, WORKFORCE INVESTMENT BOARDS, COLLEGES, HIGH SCHOOLS, AND PRIVATE FUNDERS THE FOUNDATION'S STUDENT SUCCESS INITIATIVE CHAMPIONS AND SUPPORTS THE CALIFORNIA COMMUNITY COLLEGES BOARD OF GOVERNORS' STUDENT SUCCESS INITIATIVE A WIDESPREAD EFFORT TO PROMOTE STUDENT SUCCESS IN THE CALIFORNIA COMMUNITY COLLEGES THE FOUNDATIONS GOAL IS TO LEVERAGE EXISTING AND IDENTIFY NEW PARTNERSHIPS AND HELP IMPLEMENT SPECIFIC POLICY CHANGES THAT WILL IMPROVE EDUCATIONAL ACHIEVEMENT IN THE CALIFORNIA COMMUNITY COLLEGES YOUTH AND ADULT SERVICES PROGRAMS AIM TO HELP CURRENT AND FORMER FOSTER YOUTH TRANSITION SUCCESSFULLY INTO ADULTHOOD BY PROVIDING ONE-ON-ONE MENTORING, ACADEMIC ASSESSMENTS, TUTORING AND LIFE SKILLS TRAINING THE STUDENT MENTAL HEALTH PROGRAM PROVIDES FUNDING FOR MENTAL HEALTH PREVENTION AND INTERVENTION TRAINING AT CALIFORNIA COMMUNITY COLLEGES FUNDED BY A GRANT FROM THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY, PROGRAM COMPONENTS INCLUDE FACULTY AND STAFF TRAINING, PEER-TO-PEER BEHAVIORAL INTERVENTION TEAMS AND ONLINE SUICIDE PREVENTION TRAININGS THE FOUNDATION DERIVES FEES FROM FACILITIES MANAGEMENT SERVICES PROVIDED TO COLLEGES AND EDUCATIONAL INSTITUTIONS THESE SERVICES INCLUDE FACILITY ASSESSMENTS AND THE USE OF FUSION (FACILITIES UTILIZATION, SPACE INVENTORY OPTIONS NET), A PROPRIETARY DATABASE WITH INFORMATION REPORTING SYSTEMS THE NURSING RESOURCE CENTER IS A SUITE OF INTERNET-BASED TOOLS THAT PROVIDES CENTRALIZED, CUSTOMER-FOCUSED SERVICES FOR SCHOOLS OF NURSING AND CLINICAL AGENCIES THE GOAL OF THE NRC IS TO EXPAND CAPACITY FOR NURSING EDUCATION NATIONWIDE THROUGH THE USE OF THE CENTRALIZED CLINICAL PLACEMENT SYSTEM TO MANAGE CLINICAL PLACEMENTS AND THE CENTRALIZED FACULTY RESOURCE CENTER TO IDENTIFY AND ATTRACT OUALIFIED NURSING FACULTY THE FOUNDATION'S NURSING EDUCATION INVESTMENT FUND SUPPORTS NURSING STUDENTS AND COMMUNITY COLLEGE NURSING PROGRAMS THROUGHOUT THE STATE GRANTS FROM THE FUND SUPPORT THE EDUCATION OF ASSOCIATE DEGREE REGISTERED NURSES IN THE CALIFORNIA COMMUNITY COLLEGES THE FOUNDATION ADMINISTERS THE CALIFORNIA COMMUNITY COLLEGES SCHOLARSHIP ENDOWMENT WHICH PROVIDES SCHOLARSHIPS TO THOUSANDS OF STUDENTS EACH YEAR FOR USE TOWARDS TEXTBOOKS, EQUIPMENT, UNIFORMS, AND OTHER INSTRUCTIONAL SUPPLIES THE FOUNDATION PROVIDES DIRECT SUPPORT TO THE CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE THROUGH DIRECT DONATIONS, AWARDS AND SCHOLARSHIPS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493352007245

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| FOUND | ATION | FOR CALIFORNIA COMMUNI | TY COLLEGES | | | | | |
|-------|----------|---|------------------------|---|-------------------------|-------------------------|--------------------------|----------------------|
| | | | | | | | 68-0412350 | |
| Par | | | - | Status (All organiza | | | | ons. |
| | rganı | zation is not a private fo | | • | = ' | • | • | |
| 1 | <u> </u> | A church, convention | | | | n section 170(l | b)(1)(A)(i). | |
| 2 | | A school described in | section 170(b |) (1)(A)(ii). (Attach S | chedule E) | | | |
| 3 | Γ | A hospital or a cooper | atıve hospıtal | service organization of | described in sec | tion 170(b)(1) | (A)(iii). | |
| 4 | Γ | A medical research or | ganızatıon ope | erated in conjunction v | vith a hospital d | lescribed in sec | ction 170(b)(1)(A)(iii |). Enter the |
| | _ | hospital's name, city, | | | | | | |
| 5 | ı | An organization opera | ted for the ber | nefit of a college or uni | versity owned o | or operated by a | a governmental unit d | escribed in |
| | | section 170(b)(1)(A) | (iv). (Complet | e Part II) | | | | |
| 6 | Γ | A federal, state, or loc | al governmen | t or governmental unit | described in se | ection 170(b)(1 | L)(A)(v). | |
| 7 | \sqcap | An organization that n | ormally receiv | es a substantial part | of its support fr | om a governme | ental unit or from the g | jeneral public |
| _ | _ | described in section 1 | | | | | | |
| 8 | <u> </u> | A community trust de | | | | | | _ |
| 9 | <u>~</u> | An organization that n | | | | | | |
| | | receipts from activitie | | | | | | |
| | | its support from gross | | | | | | n businesses |
| | _ | acquired by the organi | | | | | | |
| 10 | <u> </u> | An organization organ | • | • | • | • | | |
| 11 | J | An organization organ | | | | | | |
| | | one or more publicly s the box in lines 11a th | | | | | | |
| а | \Box | Type I. A supporting of | | | | | | |
| | • | supported organization | | | | | | |
| | _ | organization You mus | • | | | | | |
| b | 1 | Type II. A supporting | _ | | | | = | = |
| | | management of the su must complete Part IV | | | same persons t | nat control or r | nanage the supported | organization(s) You |
| c | Γ | Type III functionally | • | | n operated in c | onnection with. | . and functionally inte | grated with, its |
| _ | • | supported organization | _ | | • | | • | g , |
| d | Γ | Type III non-function | | | | | | |
| | | not functionally integr | | | | | ement and an attentiv | eness requirement |
| e | \vdash | (see instructions) Yo Check this box if the o | | | | | satunei tuneii t | vne III functionally |
| | ' | integrated, or Type III | | | | | 3 d 1 ypc 1, 1 ypc 11, 1 | ype III functionally |
| f | | Enter the number of su | | | | | | |
| g | | Provide the following i | nformation abo | out the supported orga | ınızatıon(s) | | | |
| | | | | | | | | |
| | (i)Na | ame of supported | (ii) EIN | (iii) Type of | (iv) Is the org | ganızatıon | (v) A mount of | (vi) A mount of |
| | | organization | | organization | listed in your | | monetary support | other support (see |
| | | | | (described on lines 1-9 above or IRC | docume | int? | (see instructions) | instructions) |
| | | | | section (see | | | | |
| | | | | instructions)) | | | | |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | 1 | 1 | I | ı | İ | i |

| Pa | Support Schedule for (Complete only if you c | | | | | | |
|----------|--|--------------------------------|---------------------|-------------------|---------------------|--|-------------------|
| | Part III. If the organiza | | | | | | aamy anao. |
| S | ection A. Public Support | • | • | | , , | , | |
| Cal | endar year (or fiscal year beginning | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | in) ► | (4) 2010 | (5) 2011 | (3) 23 22 | (2) 2010 | (0) 2021 | (1) otal |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| | grants ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| _ | (f) | | | | - | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | • | • | • | • | | |
| Cal | endar year (or fiscal year beginning | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| _ | in) ► | (4) 2010 | (5) 2011 | (6) 2012 | (4) 2013 | (0) 2011 | (i) rotar |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or not the business is regularly carried | | | | | | |
| | on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) Total support Add lines 7 through | | | | | | |
| 11 | 10 | | | | | | |
| 12 | Gross receipts from related activities | s, etc (see inst | ructions) | | | 12 | |
| 13 | First five years. If the Form 990 is f | | | | | | |
| | organization, check this box and sto | | | | | <u> </u> | ▶ ┌ |
| <u>S</u> | ection C. Computation of Pub Public support percentage for 2014 | | | 11 column (f)\ | | | |
| | · · · · · · · · · · · · · · · · · · · | • | | 11, Column (1)) | | 14 | |
| 15 | Public support percentage for 2013 | - | • | | | 15 | |
| 16a | 33 1/3% support test—2014. If the and stop here. The organization qual | | | | line 14 is 33 1/3% | or more, cneck | tnis box ▶□ |
| b | 33 1/3% support test—2013. If the | | | | , and line 15 is 33 | 3 1/3% or more, c | . , |
| | box and stop here. The organization | | | | , | -, - · · · · · · · · · · · · · · · · · · | ▶ □ |
| 17a | 10%-facts-and-circumstances test- | | | | | | |
| | is 10% or more, and if the organization | | | | | | |
| | in Part VI how the organization mee organization | is the lacts-and | u-circumstances" | test The organi | Zacion quanties as | a publicly suppo | orted F |
| ь | 10%-facts-and-circumstances test— | - 2013. If the ora | anızatıon dıd not o | check a box on lu | ne 13, 16a, 16b. d | or 17a, and line | -1 |
| _ | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part VI how the organizat | ion meets the "f | acts-and-circums | stances" test Th | e organization qua | alıfıes as a publıc | |
| 10 | supported organization | ا الما المام المام المام المام | , a hay an line 43 | 165 165 17- | or 17h obselvelse | hay and | ► □ |
| 18 | Private foundation. If the organization instructions | on ala not check | ca DOX OH HITE 13 | , 10a, 10b, 1/a, | or 170, CHECK THIS | S DOX alla See | ▶ □ |

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.)

| | ction A. Public Support | _ | 1 | | | | | |
|------|--|-------------------------|---------------------|---------------------|---------------------|-----------------|-------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 36,222,280 | 24,227,317 | 22,087,265 | 22,166,477 | 19,988, | 984 | 124,692,323 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 15,461,692 | 15,913,654 | 5,898,761 | 5,541,952 | 6,990 | .172 | 49,806,231 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 51,683,972 | 40,140,971 | 27,986,026 | 27,708,429 | 26,979, | 156 | 174,498,554 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 6,912,613 | 3,700,000 | | 1,100,000 | 2,000 | ,000 | 13,712,613 |
| 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 | 8,744,587 | 9,657,662 | | | | | 18,402,249 |
| c | Add lines 7a and 7b | 15,657,200 | 13,357,662 | | 1,100,000 | 2,000 | 000 | 32,114,862 |
| 8 | Public support (Subtract line 7c | | | | | | | 142,383,692 |
| | from line 6) | | | | | | | |
| | ction B. Total Support | 1 | 1 | T | 1 | | | |
| Cale | beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | | (f) Total |
| 9 | Amounts from line 6 | 51,683,972 | 40,140,971 | 27,986,026 | 27,708,429 | 26,979, | 156 | 174,498,554 |
| .0a | Gross income from interest, | | | | | | | |
| | dividends, payments received on securities loans, rents, | 854,974 | 974,955 | 1,002,779 | 820,322 | 1,241, | 638 | 4,894,668 |
| | royalties and income from | · | | | · | | | |
| b | similar sources Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | | |
| c | acquired after June 30, 1975 Add lines 10a and 10b | 854,974 | 974,955 | 1,002,779 | 820,322 | 1,241, | 638 | 4,894,668 |
| 11 | Net income from unrelated | 031,371 | 371,333 | 1,002,773 | 020,322 | 1,211, | 050 | 1,051,000 |
| | 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 VI) | | | | | | | |
| 13 | Total support. (Add lines 9, | 52,538,946 | 41,115,926 | 28,988,805 | 28,528,751 | 28,220, | 794 | 179,393,222 |
| 14 | 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here | for the organizat | ion's first, second | , thırd, fourth, or | fifth tax year as a | section 501 | (c)(3 | 3) organization, ► |
| Se | ction C. Computation of Pub | | | | | | | · |
| 15 | Public support percentage for 2014 | | | 13, column (f)) | | 15 | | 79 370 % |
| 16 | Public support percentage from 20 | 13 Schedule A, F | art III, line 15 | | | 16 | | 78 990 % |
| Se | ction D. Computation of Inv | | | | | | | |
| 17 | Investment income percentage for | | | • | nn (f)) | 17 | | 2 730 % |
| 18 | Investment income percentage from | | | | | 18 | | 2 110 % |
| 19a | 33 1/3% support tests—2014. If th | | | | | | , and | |
| | more than 33 1/3%, check this box | and stop here. T | ne organization di | uaunes as a publi | civ supported or | anization | | ▶ ▽ |

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

| Section A. All Supporting Organizations |
|---|
|---|

| Se | ection A. All Supporting Organizations | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) . | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| L0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | |
| l1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, | | | |
| | the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|--|----|-----|----|
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions. | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | 1 1 | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | _ | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other |
|-----|----|---|
| ype | [] | II non-functionally integrated supporting organizations must complete Sections A through E |

| | Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
|---|--|----------------|--------------------------------|--|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | Current Year |
|---|--------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Section D - Distributions | Current Year | | |
|---|-------------------------------|--|---|
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthexcess of income from activity | ers exempt purposes of supp | ported organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | nured) | | |
| | | | |
| 6 Other distributions (describe in Part VI) See instru | JCTIONS | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2014 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | (::) | (:::) |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009 | | | |
| b From 2010 | | | |
| c From 2011 | | | |
| d From 2012 | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| A pplied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010 | | | |
| b From 2011 | | | |
| c From 2012 | | | |
| d From 2013 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

DLN: 93493352007245

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| tema | l Revenue Service | Information about Schedule D (Form | n 990) and its instructions is at <u>www.ii</u> | rs.gov/ | form990. Inspection |
|------|------------------------------------|--|--|-----------|---------------------------------|
| | me of the organ | iization IFORNIA COMMUNITY COLLEGES | | Emp | ployer identification number |
| U | PADALION LOR CAL | TOWAR COMMONTH COLLEGES | | 68- | 0412350 |
| ē | | nizations Maintaining Donor Adv | | unds | or Accounts. Complete if th |
| _ | organi | zation answered "Yes" to Form 990 | , Part IV, line 6. (a) Donor advised funds | | (b) Funds and other accounts |
| | Total number a | at and of year | (a) Donor advised funds | | (b) Funds and other accounts |
| | | ue of contributions to (during year) | | | |
| | | ue of grants from (during year) | | | |
| | | ue at end of year | | | |
| | 55 5 | zation inform all donors and donor adviso | L ors in writing that the assets held in do | nor adv | ısed |
| | | organization's property, subject to the or | | nor dav | ☐ Yes ☐ No |
| | used only for c | zation inform all grantees, donors, and d charitable purposes and not for the benef termissible private benefit? | | | |
| | | ervation Easements. Complete if | the organization answered "Yes" | to Forr | n 990. Part IV. line 7. |
| | | conservation easements held by the org | | | |
| | | on of land for public use (e g , recreation | | n histor | rically important land area |
| | Protection | of natural habitat | Preservation of a | certifie | d historic structure |
| | Preservati | on of open space | | | |
| | ' | s 2a through 2d if the organization held a | a qualified conservation contribution in | the forr | n of a conservation |
| | easement on t | he last day of the tax year | | | Held at the End of the Year |
| | Total number of | of conservation easements | | 2a | neid at the End of the Year |
| | | restricted by conservation easements | | 2b | |
| | - | servation easements on a certified histo | oric structure included in (a) | 2c | |
| | | nservation easements included in (c) acc | ` , | | |
| | | ure listed in the National Register | | 2d | |
| | Number of con | nservation easements modified, transferr | ed, released, extinguished, or terminat | ted by th | ne organization during |
| | the tax year ► | | | | |
| | Number of sta | tes where property subject to conservat | ion easement is located ► | | |
| | | nization have a written policy regarding t f the conservation easements it holds? | the periodic monitoring, inspection, hai | ndling of | f violations, and Yes No |
| | Staff and volur | nteer hours devoted to monitoring, inspe | cting, and enforcing conservation ease | ements | during the year |
| | | penses incurred in monitoring, inspecting | , and enforcing conservation easemen | ts durın | g the year |
| | | nservation easement reported on line 2(o70(h)(4)(B)(ii)? | d) above satisfy the requirements of se | ection 1 | 70(h)(4)(B)(ı) Yes No |
| | balance sheet | lescribe how the organization reports coi , and include, if applicable, the text of th on's accounting for conservation easeme | e footnote to the organization's financia | | |
| ľ | | nizations Maintaining Collection lete if the organization answered "Y | | or Ot | her Similar Assets. |
| | works of art, h | ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t | ts held for public exhibition, education | , or rese | earch in furtherance of public |
| • | If the organiza works of art, h | ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes | 16 (ASC 958), to report in its revenue ts held for public exhibition, education | staten | nent and balance sheet |
| | (i) Revenue in | ncluded in Form 990, Part VIII, line 1 | | | ► \$ |
| | (ii) Assets inc | :luded in Form 990, Part X | | | ► \$ |
| | If the organiza | ation received or held works of art, histor unts required to be reported under SFAS | | | |
| | Revenue inclu | ded in Form 990, Part VIII, line 1 | | | ► \$ |
| | | ed in Form 990, Part X | | | ▶ \$ |
| | | oiiii 550, i die A | | | · + |

| Part | Organizations Maintaining Co | llections of Art, | Histor | ical Treas | ures, or Oth | er Similar Asse | ets (continued) |
|------------|---|-------------------------------------|---|-------------------------------------|-------------------------------------|---------------------------------|--|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other record | ls, check | • | _ | - | fits |
| а | Public exhibition | | d $ egthankspace egthankspa$ | Loan or ex | change program | S | |
| b | Scholarly research | | е Г | Other | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's c Part XIII | ollections and explai | n how the | y further the | organızatıon's e | exempt purpose in | |
| 5 | During the year, did the organization solicit | | | | | | – |
| Dar | assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold | | | | | <u> </u> | Yes No |
| Fai | Part IV, line 9, or reported an ar | | | | on answered | 163 (0101111 99) | |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | lian or other interme | diary for | contributions | or other assets | | Yes No |
| b | If "Yes," explain the arrangement in Part XI | II and complete the | following | table | | _ | |
| | | | | | | Amo | unt |
| с | Beginning balance | | | | 1c | | |
| d | Additions during the year | | | | 1d | | |
| e f | Distributions during the year | | | | 1e | + | |
| f | Ending balance | 000 5 111 | 24.6 | | 1 <u>f</u> | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for e | scrow or cus | stodial account l | iability? | Yes No |
| ь | If "Yes," explain the arrangement in Part XI | | | | - | | <u> ' </u> |
| Pai | t V Endowment Funds. Complete | If the organization (a)Current year | answer (b)Prior | |) Form 990, Pa Two years back (d | | e)Four years back |
| 1a | Beginning of year balance | 46,117,097 | | .584,232 | 39,571,203 | 33,633,425 | 25,684,526 |
| ь | Contributions | 14,043 | | 9,111 | 38,948 | 7,251,445 | 5,542,588 |
| c | Net investment earnings, gains, and losses | 290,793 | 6 | E0E 7E4 | 4,025,743 | 233,326 | 2 762 265 |
| d | Grants or scholarships | 2,082,998 | | ,505,754 ,982,000 | 2,051,662 | 1,546,993 | 3,763,265 1,356,954 |
| e | Other expenditures for facilities and programs | | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | 44,338,935 | 46 | .117,097 | 41,584,232 | 39,571,203 | 33,633,425 |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1g | ı, column (a) |) held as | | _ |
| а | Board designated or quasi-endowment 🕨 | | | | | | |
| b | Permanent endowment ► 100 000 % | | | | | | |
| c | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho | uld equal 100% | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that | are held and | administered fo | r the | |
| | organization by | | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) | No |
| b | (ii) related organizations | | I on Sche | dule R? | | 3a(ii) | No |
| 4 | Describe in Part XIII the intended uses of the | · · | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | swered 'Yes' to | Form 990, Part | IV, line |
| | 11a. See Form 990, Part X, line | 10. | 17 | · | . /h\C+ | | (d) Paali valua |
| | Description of property | | | a) Cost or other sis (investment | | er (c) Accumulated depreciation | (d) Book value |
| 1 a | and | | | | | | |
| | | | | | | | |
| b l | Buildings | | . 🗀 | | | | |
| | | | · | | 52,98 | 52,986 | 0 |
| c l | Buildings | | . <u> </u> | | 453,38 | 296,374 | 157,012 |
| c l d l | Buildings | | | (D) has 20(1) | 453,38 1,068,86 | 296,374 55 782,397 | 157,012 |

| Part VII Investments—Other Securities. Com | plete if the organization | answered 'Yes' to Form 990, Part IV, l | ine 11b. |
|--|---------------------------|--|-----------|
| See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value | |
| (1) Financial derivatives | | Cost of end-of-year market value | |
| (2)Closely-held equity interests | | | |
| Other | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII Investments—Program Related. Co | mplete if the organizatio | n answered 'Yes' to Form 990, Part IV, | lıne 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of valuation | |
| (a) Description of investment | (b) Book value | Cost or end-of-year market value | |
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| - | • | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization | | D Part IV line 11d See Form 990 Part X li | ne 15 |
| (a) Descri | | (b) Book value | |
| | | | |
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| | | | |
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| | | | |
| Total (Column (h) must squal Form 2000 Part V L(D) has a | 5.) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga | | | ee |
| Form 990, Part X, line 25. | | | |
| 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | | | |
| CASH HELD ON BEHALF OF OTHERS | 101,062 | | |
| INVESTMENTS HELD ON BEHALF OF OTHERS | 32,048,744 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 32,149,806 | | |

| Part | | evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 1 | | nts With Revenue | per R | Return Complete If |
|------|--|---|-------------------------|--|-------------------|--|
| 1 | | r support per audited financial statements | | | 1 | 27,365,968 |
| 2 | Amounts included on line 1 bu | t not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) o | on investments | 2a | -1,821,40 | 1 | |
| b | Donated services and use of fa | acilities | 2b | | | |
| c | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d . | | | | 2e | -1,821,401 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 29,187,369 |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not inclu | uded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | 0 |
| 5 | Total revenue Add lines 3 and | 4c. (This must equal Form 990, Part I, line | 12) | | 5 | 29,187,369 |
| Part | | xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line | | | es per | Return. Complete |
| 1 | | audited financial statements | | | 1 | 28,222,534 |
| 2 | A mounts included on line 1 but | t not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of fa | icilities | 2a | | | |
| b | Prior year adjustments | | 2b | | 7 | |
| c | Otherlosses | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | 7 | |
| e | Add lines 2a through 2d | | | | 2e | 0 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 28,222,534 |
| 4 | Amounts included on Form 990 | D, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not inclu | uded on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | 0 |
| 5 | Total expenses Add lines 3 ar | nd 4c. (This must equal Form 990, Part I, lin | e 18) | | 5 | 28,222,534 |
| Part | XIII Supplemental Inf | ormation | | | | |
| Part | | Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and | | | | de any additional |
| | Return Reference | Explanation | | | | |
| PART | V, LINE 4 | THE FOUNDATION INTENDS TO USE A EARNINGS FROM THE OSHER SCHOLAR SCHOLARSHIPS AT ALL 112 CALIFORN BASIS | RSHIP | ENDOWMENT TO FUI | ND \$1,0 | 000 STUDENT |
| PART | X, LINE 2 | THE FOUNDATION HAS APPLIED THE AFOR UNCERTAINTY IN INCOME TAXES IMPACT ON THE FINANCIAL STATEME NO LONGER SUBJECT TO US FEDERAL AUTHORITIES FOR YEARS PRIOR TO 20 | AND H NTS W AND S | IAS DETERMINED TH /ITH SOME EXCEPTION | AT THI DNS, TI | ERE IS NO MATERIAL HE FOUNDATION IS |

| Jenedale 2 (1 31111 33 3) 23 13 | | i age S |
|------------------------------------|----------------|----------------|
| Part XIII Supplemental Information | on (continued) | |
| Return Reference | Explanation | |
| | | |
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Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493352007245

OMB No 1545-0047

(Form 990)

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

| | COILIPIC | ice ii the organization t | iliswelea les, toloili | 1 990, Fait IV, line 21 Oi | ZZ. | | | |
|--|----------------------|----------------------------------|------------------------------|---|---|---------|--------------------------|--------------------------------------|
| epartment of the Treasury Attach to Form 990. | | | | | | | | pen to Public |
| Internal Revenue Service | ► Informatio | n about Schedule I (Fo | rm 990) and its instruct | ions is at <u>www.irs.gov/</u> | <u>form990</u> . | | | Inspect ion |
| Name of the organization | | | | | | Employe | r identificatio | on number |
| FOUNDATION FOR CALIFORNIA CO | MMUNITY COLLE | GES | | | | 68-041 | 2350 | |
| Part I General Information | n on Grants and | d Assistance | | | | | | |
| Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization | ard the grants or as | sıstance? | | | | | | ✓ Yes |
| Part II Grants and Other As Form 990, Part IV, line | | | | | | | | s" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | 1/ | ription of assistance | (h) Purpose of gran or assistance |
| See Addıtıonal Data Table | | | | | • | | | |
| | | | | | | | | |

171

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--|---------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| (1) CLASSIFIED EMPLOYEE OF THE YEAR 2015 | 4 | 2,000 | | | |
| (2) SCCC HAYWARD AWARD | 2 | 2,500 | | | |
| (3) EXEMPLARY PROGRAM AWARD 2015 | 1 | 4,000 | | | |

| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | | |
| , | THE FOUNDATION MONITORS EACH INVOICE AS IT COMES IN IN ADDITION, THE FOUNDATION ASKS ITS GRANTEES TO SUBMIT RECEIPTS FOR A ONE-MONTH PERIOD AS PART OF THE DESK AUDIT PROCESS IN THIS PROCESS, THE FOUNDATION RECEIVES ALL OF THE BACK-UP DOCUMENTATION MATERIALS FOR A SINGLE MONTH THESE MATERIALS ALLOW THE FOUNDATION TO ENSURE THAT FUNDS ARE USED IN ACCORDANCE WITH PROGRAM COST GUIDELINES AND THE FOUNDATION'S CONTRACT WITH ITS GRANTEES IF ERRORS OR ISSUES ARISE, THE FOUNDATION WILL CONDUCT A FURTHER AUDIT OF THEIR INVOICES | | | | | | | | |

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 68-0412350

Name: FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|------------------------------------|---------------------------------------|---|---|--|---------------------------------------|
| CUESTA COLLEGEPO BOX 8106 SAN LUIS OBISPO, CA 93403 | 52-2018681 | COMMUNITY COLLEGE | , , , , , , , , , , , , , , , , , , , | | | | CAL MHSA |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| HARTNELL CCD156 HOMESTEAD AVENUE SALINAS,CA 93901 | 77-0086025 | COMMUNITY COLLEGE | , , | | | | CAL MHSA | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COMPTON CCD1111 E ARTESIA BLVD COMPTON,CA 90221 | 95-6004983 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SAN JOAQUIN DELTA CCD 5151 PACIFIC AVENUE STOCKTON,CA 95207 | 94-1044400 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| RANCHO SANTIAGO CCD 2323 N BROADWAY 4TH FLOOR SANTA ANA,CA 92706 | 95-2696799 | COMMUNITY COLLEGE | - / | | | | CAL MHSA | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|------------------------------------|-----------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COLLEGE OF THE SEQUOIAS915 S MOONEY BLVD VISALIA,CA 93277 | 94-6003004 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| YUBA CCD2088 NORTH BEALE ROAD MARYSVILLE,CA 95901 | 68-0447767 | COMMUNITY COLLEGE | 1 | | | | CAL MHSA | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-----------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| BUTTE COLLEGE3536 BUTTE CAMPUS DRIVE OROVILLE,CA 95965 | 94-1637174 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---|------------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| WOODLAND COMMUNITY COLLEGE2300 E GIBSON ROAD WOODLAND,CA 95776 | 68-0447767 | COMMUNITY COLLEGE | 15,000 | | | | CAL MHSA | | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COLLEGE OF SAN MATEO 3401 CSM DRIVE SAN MATEO,CA 94402 | 94-3084147 | COMMUNITY COLLEGE | · | | | | CAL MHSA | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SANTIAGO CANYON COLLEGE8045 E CHAPMAN AVENUE T-102 ORANGE,CA 92869 | 95-2696799 | COMMUNITY COLLEGE | 1 ' 1 | | | | CAL MHSA | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MIRA COSTA COLLEGE1 BARNARD DRIVE OCEANSIDE, CA 920563820 | 95-6006662 | COMMUNITY COLLEGE | 30,370 | | | | CAL MHSA | | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|--|---|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SANTA MONICA COLLEGE 1900 PICO BLVD SANTA MONICA,CA 90405 | 95-2767537 | COMMUNITY COLLEGE | / | | | | CAL MHSA | | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|--|--|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COAST CCD1370 ADAMS AVE COSTA MESA,CA 92626 | 95-6002272 | COMMUNITY COLLEGE | | | | | CAL MHSA | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| RIO HONDO COLLEGE3600 WORKMAN MILL ROAD WHITTIER,CA 90601 | 95-6006673 | COMMUNITY COLLEGE | · ' | | | | CAL MHSA | | |

| Form 990,Schedule I, Pai | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SAN BERNARDINO CCD114 SOUTH DEL ROSA DRIVE SAN BERNARDINO,CA 92408 | 95-6002754 | COMMUNITY COLLEGE | 47,737 | | | | CAL MHSA | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SANTA ROSA JUNIOR COLLEGE1501 MENDOCINO AVE SANTA ROSA,CA 95401 | 94-6033759 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN DIEGO CCD3375 CAMINO DEL RIO SOUTH SAN DIEGO,CA 921083883 | 95-2644299 | COMMUNITY COLLEGE | / | | | | CAL MHSA | | |

| Form 990,Schedule 1, Pa | Form 990, Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|--|------------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| RIVERSIDE COMMUNITY COLLEGE1533 SPRUCE ST 3RD FLOOR RIVERSIDE,CA 92507 | 33-0831357 | COMMUNITY COLLEGE | 69,046 | | | | CAL MHSA | | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| STATE CENTER CCD1525 EAST WELDON AVENUE FRESNO,CA 93704 | 94-1574802 | COMMUNITY COLLEGE | | | | | CAL MHSA | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MONTEREY PENINSULA COLLEGE FOUNDATION 980 FREMONT BLVD MONTEREY,CA 93940 | 77-0391075 | COMMUNITY COLLEGE | / | | | | CAL MHSA | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| WEST VALLEY COLLEGE 14000 FRUITVALE AVENUE SARATOGA,CA 950705698 | 77-0268786 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SIERRA JOINT CCD5000 ROCKLIN ROAD ROCKLIN,CA 95677 | 94-6031260 | COMMUNITY COLLEGE | 1 ' 1 | | | | CAL MHSA | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES HARBOR COLLEGE770 WILSHIRE BLVD 7TH FLOOR LOS ANGELES,CA 90017 | 95-2587353 | COMMUNITY COLLEGE | , | | | | CAL MHSA | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| PACIFIC INSTITUTE FOR RESEARCH AND EVAL (HBSA)11720 BELTSVILLE DRIVE SUITE 900 BELTSVILLE, MD 207053111 | 94-2243283 | 501(C)3 | 226,003 | | | | CAL MHSA | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CENTER FOR APPLIED RESEARCH SOLUTIONS (CARS)708 COLLEGE AVENUE SANTA ROSA,CA 95404 | 30-0088507 | 501(C)3 | 394,608 | | | | CAL MHSA | | | |

| Form 990,Schedule I, Pa | form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|--|---|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| NAPA VALLEY COLLEGE 2277 NAPA-VALLEJO HIGHWAY NAPA,CA 94558 | 68-0314463 | COMMUNITY COLLEGE | , | | | | CALIFORNIA OPEN EDUCATION RESOURCES COUNCIL | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-----------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COASTLINE COMMUNITY COLLEGE11460 WARNER AVENUE FOUNTAIN VALLEY,CA 92708 | 95-6002272 | COMMUNITY COLLEGE | 13,350 | | | | CALIFORNIA OPEN EDUCATION RESOURCES COUNCIL | | | |

| Form 990,Schedule I, Pa | form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COLLEGE OF THE REDWOODS7351 TOMPKINS HILL ROAD EUREKA,CA 95501 | 94-6002186 | COMMUNITY COLLEGE | 15,699 | | | | CALIFORNIA OPEN EDUCATION RESOURCES COUNCIL | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PAMELA BURDMAN1770 SONOMA AVE BERKELEY, CA 94707 | 30-0508705 | 501(C)3 | 78,500 | | | | CAREER LADDERS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-----------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES CCD770 WILSHIRE BLVD 7TH FLOOR LOS ANGELES,CA 90017 | 95-2587353 | COMMUNITY COLLEGE | , | | | | CAREER LADDERS | | |

| <u>Form 990,Schedule I, Pa</u> | form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|--|---|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CONTRA COSTA CCD500 COURT STREET MARTINEZ,CA 94553 | 68-0342035 | COMMUNITY COLLEGE | , | | | | CAREER LADDERS | | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|--|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PERALTA CCD333 E 8TH STREET OKLAND,CA 94606 | 94-1590799 | COMMUNITY COLLEGE | / | | | | CAREER LADDERS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FOSTERCLUB INC753 FIRST AVENUE SEASIDE,OR 97138 | 93-1287234 | COMMUNITY COLLEGE | / | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN JOAQUIN DELTA CCD 5151 PACIFIC AVENUE STOCKTON,CA 95207 | 94-1044400 | COMMUNITY COLLEGE | | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| RIO HONDO CCD3600 WORKMAN MILL ROAD WHITTIER,CA 90601 | 95-6006673 | COMMUNITY COLLEGE | / | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| LOS RIOS CCD1919 SPANOS COURT SACRAMENTO,CA 92825 | 94-1576340 | COMMUNITY COLLEGE | | | | | INDEPENDENT LIVING PROGRAM | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SOLANO COUNTY CCD 4000 SUISUN VALLEY RD SUISUN,CA 94585 | 37-1530205 | COMMUNITY COLLEGE | / | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SAN BERNARDINO CCD114 SOUTH DEL ROSA DRIVE SAN BERNARDINO,CA 92408 | 95-6002754 | COMMUNITY COLLEGE | / | | | | INDEPENDENT LIVING PROGRAM | | | |

| <u>Form 990,Schedule I, Pa</u> | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| STATE CENTER CCD1525 EAST WELDON AVENUE FRESNO,CA 93704 | 94-1574802 | COMMUNITY COLLEGE | 22,422 | | | | INDEPENDENT LIVING PROGRAM | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| RANCHO SANTIAGO CCD 2323 N BROADWAY 4TH FLOOR SANTA ANA,CA 92706 | 95-2696799 | COMMUNITY COLLEGE | , | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| YUBA CCD2088 NORTH BEALE ROAD MARYSVILLE,CA 95901 | 68-0447767 | COMMUNITY COLLEGE | / | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SEQUOIAS CCD915 S MOONEY RD VISALLA,CA 93277 | 94-6003004 | COMMUNITY COLLEGE | · ' ' | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CUESTA COLLEGEPO BOX 8106 SAN LUIS OBISPO,CA 93403 | 52-2018681 | COMMUNITY COLLEGE | · ' ' | | | l l | INDEPENDENT LIVING PROGRAM | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| GROSSMONT-CUYAMACA CCD900 RANCHO SAN DIEGO PARKWAY EL CAJON,CA 92019 | 95-6006652 | COMMUNITY COLLEGE | 22,500 | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES CITY COLLEGE855 NORTH VERMONT AVENUE LOS ANGELES, CA 900293590 | 95-2587353 | COMMUNITY COLLEGE | 22,500 | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| SONOMA COUNTY CCD 1501 MENDOCINO AVE SANTA ROSA,CA 95401 | 94-6033759 | COMMUNITY COLLEGE | , | | | | INDEPENDENT LIVING PROGRAM | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| WOODLAND COMMUNITY COLLEGE2300 E GIBSON ROAD WOODLAND,CA 95776 | 68-0447767 | COMMUNITY COLLEGE | , , | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SHASTA-TEHAMA- TRINITY JNT CCD11555 OLD OREGON TRAIL REDDING,CA 96049 | 68-0175047 | COMMUNITY COLLEGE | · ' | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| HARTNELL COLLEGE411 CENTRAL AVENUE SALINAS,CA 93901 | 77-0086025 | COMMUNITY COLLEGE | ,- | | | | INDEPENDENT LIVING PROGRAM | |

| Form 990,Schedule I, Par | form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN JOSEEVERGREEN CCD 40 SOUTH MARKET STREET SAN JOSE,CA 951132367 | | COMMUNITY COLLEGE | 1 ' 1 | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COMPTON CCD1111 E ARTESIA BLVD COMPTON,CA 90221 | 95-6004983 | COMMUNITY COLLEGE | 1 ' 1 | | | | INDEPENDENT LIVING PROGRAM | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CONTRA COSTA REGIONAL HEALTH FOUNDATION50 DOUGLAS DRIVE ROOM 312 MARTINEZ,CA 94553 | 20-0555977 | 501(C)3 | 12,171 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MONTEFIORE MEDICAL CENTERPO 29581 NEW YORK, NY 100879581 | 13-1740114 | 501(C)3 | 32,982 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| THE OSBORNE ASSOCIATION INC809 WESTCHESTER AVENUE BRONX,NY 10455 | 13-5563028 | 501(C)3 | 53,100 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| UNIVERSITY OF PUERTO RICO-MEDICAL SCIENCES CAMPUSPO BOX 365067 SAN JUAN 00936-5067 RQ | 66-0433762 | 501(C)3 | 59,880 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF ROCHESTER910 GENESEE STREET ROCHESTER, NY 146113847 | 16-0743209 | 501(C)3 | 65,849 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CORPORACION SANOSPO BOX 1025 CAGUAS, PR 007261025 | 66-0671421 | 501(C)3 | 81,547 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CONTRA COSTA REGIONAL HEALT FOUNDATION50 DOUGLAS DRIVE ROOM 312 MARTINEZ,CA 94553 | 20-0555977 | 501(C)3 | 85,688 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DR CHICAGO,IL 60693 | 52-0595110 | 501(C)3 | 92,375 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-----------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM INC780 ALBANY STREET BOSTON,MA 02118 | 04-3160480 | 501(C)3 | 99,101 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM1720 SECOND AVE SOUTH BIRMINGHAM,AL 352940109 | 63-6005396 | 501(C)3 | 124,501 | | | | TRANSITIONS CLINICAL NETWORK | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COUNTY OF SANTA CLARA 70 WEST HEDDING STREET EAST WING 2ND FLOOR SAN JOSE,CA 95110 | 94-6000533 | 501(C)3 | 132,370 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| THE REGENTS OF THE UNIVERSITY OF CA SAN FRANCISCO1855 FOLSOM STREET MCB 425 SAN FRANCISCO, CA 941430812 | 94-6036493 | 501(C)3 | 225,520 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| ST LUKE'S - ROOSEVELT HOSPITAL CENTER555 WEST 57TH STREET 5TH FLOOR NEW YORK, NY 10019 | 13-2997301 | 501(C)3 | 227,919 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| YALE UNIVERSITYPO BOX 1873 NEW HAVEN,CT 065081873 | 06-0646973 | 501(C)3 | 271,484 | | | | TRANSITIONS CLINICAL NETWORK | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SAN FRANCISCO PUBLIC HEALTH FOUNDATION375 LAGUNA HONDA BLVD B303 SAN FRANCISCO,CA 94116 | 94-3117093 | 501(C)3 | 336,325 | | | | TRANSITIONS CLINICAL NETWORK | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN FRANCISCO CCD44 GOUGH STREET SAN FRANCISCO,CA 94103 | 94-1721925 | 501(C)3 | 450,545 | | | | TRANSITIONS CLINICAL NETWORK | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MT SAN ANTONIO COLLEGE1100 N GRAND AVENUE WALNUT,CA 91789 | 95-6002131 | COMMUNITY COLLEGE | • | | | | WORKFORCE DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| EL CAMINO COLLEGE 16007 CRENSHAW BLVD TORRANCE, CA 905060002 | 95-6001060 | COMMUNITY COLLEGE | 7,200 | | | | WORKFORCE DEVELOPMENT | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CAPITOL IMPACT LLC1107 9TH STREET SUITE 500 SACRAMENTO,CA 95814 | 03-0539997 | LLC | 125,000 | | | | WORKFORCE DEVELOPMENT | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COLLEGE OF THE SISKIYOUS FOUNDATION 800 COLLEGE AVE WEED,CA 96094 | 94-3146801 | COMMUNITY COLLEGE | 6,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CRAFTON HILLS COLLEGE FOUNDATION11711 SAND CANYON RD YUCAIPA,CA 923991799 | 23-7314077 | COMMUNITY COLLEGE | 6,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FOLSOM LAKE COLLEGE FOUNDATION10 COLLEGE PARKWAY FOLSOM,CA 95630 | 94-2506591 | COMMUNITY COLLEGE | 6,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MENDOCINO-LAKE COMMUNITY COLLEGE FOUNDATION1000 HENSLEY CREEK RD UKIAH,CA 95482 | 94-6002711 | COMMUNITY COLLEGE | 6,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| LAKE TAHOE COMMUNITY COLLEGE FOUNDATION ONE COLLEGE DR SOUTH LAKE TAHOE,CA 961504524 | 68-0383810 | COMMUNITY COLLEGE | 6,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FOUNDATION OF THE COMPTON COMMUNITY COLLEGE DISTRICT1111 E ARTESIA BLVD COMPTON,CA 90221 | 27-0340685 | COMMUNITY COLLEGE | 6,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COPPER MOUNTAIN COLLEGE FOUNDATIONPO BOX 1398 JOSHUA TREE,CA 92252 | 95-3778234 | COMMUNITY COLLEGE | 6,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| WOODLAND COMMUNITY COLLEGE2300 E GIBSON ROAD WOODLAND,CA 95776 | 68-0447767 | COMMUNITY COLLEGE | | | | | CCCSE ENDO WMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GAVILAN COLLEGE EDUCATIONAL FOUNDATION5055 SANTA TERESA BLVD GILROY,CA 950209599 | 77-0376063 | COMMUNITY COLLEGE | | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FEATHER RIVER COLLEGE FOUNDATION570 GOLDEN EAGLE DR QUINCY,CA 959719124 | 68-0188281 | COMMUNITY COLLEGE | 7,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CONTRA COSTA COLLEGE FOUNDATION (CCCCD) 2600 MISSION BELL DRIVE SAN PABLO,CA 94806 | 94-6135368 | COMMUNITY COLLEGE | 8,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LASSEN COLLEGE FOUNDATION478-200 HWY 139 SUSANVILLE,CA 96130 | 94-2450784 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| NAPA VALLEY COLLEGE FOUNDATION2277 NAPA VALLEJO HIGHWAY NAPA,CA 945589976 | 23-7003565 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BARSTOW COLLEGE FOUNDATION2700 BARSTOW RD BARSTOW,CA 92311 | 95-3736589 | COMMUNITY COLLEGE | 8,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COLLEGE OF THE REDWOODS FOUNDATION 7351 TOMPKINS HILL RD EUREKA,CA 955019350 | 94-1603509 | COMMUNITY COLLEGE | · ' ' | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PALO VERDE COLLEGE FOUNDATIONONE COLLEGE DR BLYTHE,CA 92225 | 33-0078920 | COMMUNITY COLLEGE | 8,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| OHLONE COLLEGE FOUNDATION43600 MISSION BLVD FREMONT,CA 945390390 | 77-0136497 | COMMUNITY COLLEGE | , , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES MISSION COLLEGE FOUNDATION 13356 ELDRIDGE AVE SYLMAR,CA 91342 | 95-2925621 | COMMUNITY COLLEGE | 9,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CERRO COSO COLLEGE - FIRE MTN FOUNDATION 3000 COLLEGE HEIGHTS BLVD RIDGECREST,CA 93555 | 95-3275665 | COMMUNITY COLLEGE | 10,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES HARBOR COLLEGE FOUNDATION 1111 S FIGUEROA PLACE WILMINGTON,CA 90744 | 23-7307260 | COMMUNITY COLLEGE | 10,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS MEDANOS COLLEGE FOUNDATION(CCCCD) 2700 E LELAND RD PITTSBURG, CA 94565 | 94-3295149 | COMMUNITY COLLEGE | 10,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SHASTA COLLEGE FOUNDATIONPO BOX 496006 REDDING,CA 960496006 | 68-0363349 | COMMUNITY COLLEGE | 10,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES SOUTHWEST COLLEGE FOUNDATION 1600 WIMPERIAL HWY LOS ANGELES,CA 90047 | 95-3941686 | COMMUNITY COLLEGE | 10,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| TAFT COLLEGE FOUNDATION (WKCCD)29 EMMONS PARK DR TAFT,CA 93268 | 43-2023035 | COMMUNITY COLLEGE | / | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COLLEGE OF MARIN FOUNDATIONPO BOX 325 KENTFIELD,CA 94914 | 94-6109451 | COMMUNITY COLLEGE | / | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CUESTA COLLEGE FOUNDATIONPO BOX 8106 SAN LUIS OBISPO, CA 934038106 | 23-7225601 | COMMUNITY COLLEGE | , , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COLLEGE OF THE SEQUOIAS FOUNDATION 915 S MOONEY BLVD VISALIA, CA 93277 | 77-0071634 | COMMUNITY COLLEGE | 11,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COLUMBIA COLLEGE FOUNDATION11600 COLUMBIA COLLEGE DR SONORA,CA 95370 | 23-7306390 | COMMUNITY COLLEGE | 12,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COSUMNES RIVER COLLEGE FOUNDATION 8401 CENTER PKWY SACRAMENTO,CA 95823 | 94-2506591 | COMMUNITY COLLEGE | 1 ' 1 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| MIRAMAR COLLEGE FOUNDATION10440 BLACK MOUNTAIN RD SAN DIEGO,CA 921262999 | 33-0630560 | COMMUNITY COLLEGE | 12,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CABRILLO COLLEGE FOUNDATION6500 SOQUEL DR APTOS,CA 95003 | 94-6121953 | COMMUNITY COLLEGE | · ' ' | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| OXNARD COLLEGE FOUNDATION4000 S ROSE AVE OXNARD,CA 93033 | 77-0003378 | COMMUNITY COLLEGE | 13,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SOLANO COLLEGE EDUCATIONAL FOUNDATION4000 SUISUN VALLEY RD FAIRFIELD,CA 945343197 | 94-2985548 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CHABOT COLLEGE FOUNDATION25555 HESPERIAN BLVD HAYWARD,CA 94545 | 20-0027721 | COMMUNITY COLLEGE | 13,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SANTIAGO CANYON COLLEGE FOUNDATION 8045 E CHAPMAN AVE ORANGE,CA 928694512 | 33-0794988 | COMMUNITY COLLEGE | 13,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MT SAN JACINTO COLLEGE FOUNDATION1499 N STATE ST SAN JACINTO,CA 92583 | 95-3871238 | COMMUNITY COLLEGE | 14,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PORTERVILLE COLLEGE FOUNDATION100 E COLLEGE AVE PORTERVILLE,CA 93257 | 94-2707720 | COMMUNITY COLLEGE | 14,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| BUTTE COLLEGE FOUNDATION3536 BUTTE CAMPUS DR OROVILLE,CA 95965 | 94-3153995 | COMMUNITY COLLEGE | 15,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CUYAMACA COLLEGE FOUNDATION900 RANCHO SAN DIEGO PKWY EL CAJON,CA 92019 | 33-0657273 | COMMUNITY COLLEGE | 15,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MOORPARK COLLEGE FOUNDATION7075 CAMPUS RD MOORPARK,CA 93021 | 95-3533986 | COMMUNITY COLLEGE | 15,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COASTLINE COMMUNITY COLLEGE FOUNDATION 11460 WARNER AVE FOUNTAIN VALLEY, CA 92708 | 33-0094898 | COMMUNITY COLLEGE | 15,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| CITRUS COLLEGE FOUNDATION1000 W FOOTHILL BLVD GLENDORA, CA 917411899 | 95-2452557 | COMMUNITY COLLEGE | 16,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| YUBA COMMUNITY COLLEGE DISTRICT FOUNDATION2088 N BEALE RD MARYSVILLE,CA 95901 | 23-7222541 | COMMUNITY COLLEGE | 16,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| ALLAN HANCOCK COLLEGE FOUNDATIONPO BOX 5170 SANTA MARIA,CA 934565170 | 95-3143396 | COMMUNITY COLLEGE | 16,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| LAS POSITAS COLLEGE FOUNDATION3000 CAMPUS HILL DR LIVERMORE, CA 945507650 | 71-0942040 | COMMUNITY COLLEGE | 16,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| HARTNELL COLLEGE FOUNDATION411 CENTRAL AVE SALINAS,CA 93901 | 94-2781664 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES VALLEY COLLEGE FOUNDATION 5800 FULTON AVE VALLEY GLEN,CA 91401 | 23-7349231 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| WEST LOS ANGELES COLLEGE FOUNDATION 4800 FRESHMAN DR CULVER CITY,CA 90230 | 23-7351797 | COMMUNITY COLLEGE | 17,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| SAN JOSEEVERGREEN COMMUNITY COLLEGE DISTRICT FOUNDATION40 S MARKET STREET SAN JOSE,CA 951132367 | 94-2877474 | COMMUNITY COLLEGE | 17,666 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOLDEN WEST COLLEGE FOUNDATION15744 GOLDEN WEST ST HUNTINGTON BEACH,CA 926472748 | 33-0073702 | COMMUNITY COLLEGE | 18,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MODESTO JUNIOR COLLEGE FOUNDATION 435 COLLEGE AVE MODESTO,CA 95350 | 94-1658486 | COMMUNITY COLLEGE | 18,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MONTEREY PENINSULA COLLEGE FOUNDATION 980 FREMONT BLVD MONTEREY,CA 93940 | 77-0391075 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| VICTOR VALLEY COLLEGE FOUNDATION18422 BEAR VALLEY RD VICTORVILLE,CA 92395 | 51-0141667 | COMMUNITY COLLEGE | · ' ' | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| CHAFFEY COLLEGE FOUNDATION5885 HAVEN AVE RANCHO CUCAMONGA,CA 91737 | 95-4095445 | COMMUNITY COLLEGE | 19,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN JOAQUIN DELTA COLLEGE FOUNDATION 5151 PACIFIC AVE STOCKTON,CA 95207 | 68-0061677 | COMMUNITY COLLEGE | 19,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| WEST HILLS COMMUNITY COLLEGE FOUNDATION 9900 CODY ST COALINGA,CA 93210 | 77-0186793 | COMMUNITY COLLEGE | , , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| FOUNDATION FOR PIERCE COLLEGE6201 WINNETKA AVE WOODLAND HILLS,CA 91371 | 95-2586462 | COMMUNITY COLLEGE | 19,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| COLLEGE OF THE DESERT FOUNDATION43-500 MONTEREY AVE PALM DESERT,CA 92260 | 95-3829219 | COMMUNITY COLLEGE | 20,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| SACRAMENTO CITY COLLEGE FOUNDATION (LRCCD)3835 FREEPORT BLVD RN 222 SACRAMENTO,CA 95822 | 94-2506591 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| CYPRESS COLLEGE FOUNDATION (NOCCCD) 9200 VALLEY VIEW CYPRESS,CA 906305805 | 23-7197703 | COMMUNITY COLLEGE | 20,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| ORANGE COAST COLLEGE FOUNDATIONPO BOX 5005 COSTA MESA,CA 926285005 | 33-0071349 | COMMUNITY COLLEGE | , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| SOUTHWESTERN COLLEGE FOUNDATION900 OTAY LAKES RD CHULA VISTA,CA 91910 | 95-3794927 | COMMUNITY COLLEGE | 21,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| DIABLO VALLEY COLLEGE FOUNDATION (CCCCD)321 GOLF CLUB RD PLEASANT HILL, CA 945231529 | 94-9622202 | COMMUNITY COLLEGE | 22,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| GLENDALE COLLEGE FOUNDATION1500 N VERDUGO ROAD GLENDALE,CA 91208 | 95-3876072 | COMMUNITY COLLEGE | 22,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOS ANGELES CITY COLLEGE FOUNDATION 855 N VERMONT AVE LOS ANGELES, CA 900293590 | 95-6207819 | COMMUNITY COLLEGE | 22,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| SAN BERNARDINO VALLEY COLLEGE FOUNDATION 701 S MT VERNON AVE SAN BERNARDINO, CA 92410 | 23-7321533 | COMMUNITY COLLEGE | 22,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IRVINE VALLEY COLLEGE FOUNDATION (SOCCCD) 5500 IRVINE CENTER DR IRVINE,CA 926204399 | 77-0239916 | COMMUNITY COLLEGE | 22,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| LOS ANGELES TRADE- TECH COLLEGE FOUNDATION400 W WASHINGTON BLVD LOS ANGELES,CA 90015 | 95-3813527 | COMMUNITY COLLEGE | 22,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|------------|------------------------------------|------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| MERCED COLLEGE FOUNDATION3600 M ST MERCED,CA 953482898 | 23-7385578 | COMMUNITY COLLEGE | ==/ | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| RIO HONDO COLLEGE FOUNDATION3600 WORKMAN MILL RD WHITTIER, CA 906011699 | 95-4367487 | COMMUNITY COLLEGE | 22,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| IMPERIAL VALLEY COLLEGE FOUNDATIONPO BOX 158 IMPERIAL,CA 922510158 | | COMMUNITY COLLEGE | , , | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| ANTELOPE VALLEY COLLEGE FOUNDATION 3041 WEST AVE K LANCASTER, CA 935365402 | 95-4398700 | COMMUNITY COLLEGE | 25,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SAN MATEO COUNTY COMMUNITY COLLEGES FOUNDATION3401 CSM DRIVE SAN MATEO,CA 94402 | 94-6133905 | COMMUNITY COLLEGE | 25,666 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| SAN DIEGO MESA COLLEGE FOUNDATION 7250 MESA COLLEGE DR SAN DIEGO, CA 921114998 | 33-0141259 | COMMUNITY COLLEGE | 25,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PERALTA CCD FOUNDATION333 E EIGHTH ST OAKLAND,CA 94606 | 23-7094547 | COMMUNITY COLLEGE | 27,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CERRITOS COLLEGE FOUNDATION11110 ALONDRA BLVD NORWALK,CA 90650 | 95-3387108 | COMMUNITY COLLEGE | 27,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SANTA ANA COLLEGE FOUNDATION1530 W 17TH ST SANTA ANA, CA 927063398 | 95-6209198 | COMMUNITY COLLEGE | 28,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| WEST VALLEY-MISSION ADVANCEMENT FOUNDATION14000 FRUITVALE AVE SARATOGA,CA 95070 | 77-0396330 | COMMUNITY COLLEGE | 28,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| AMERICAN RIVER COLLEGE FOUNDATION 4700 COLLEGE OAK DR SACRAMENTO,CA 95841 | 94-2506591 | COMMUNITY COLLEGE | / | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BAKERSFIELD COLLEGE FOUNDATION1801 PANORAMA DR BAKERSFIELD,CA 93305 | 51-0151490 | COMMUNITY COLLEGE | 32,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| GROSSMONT COLLEGE FOUNDATION8800 GROSSMONT COLLEGE DR EL CAJON,CA 920201799 | 33-0632962 | COMMUNITY COLLEGE | 34,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MIRACOSTA COLLEGE FOUNDATIONONE BARNARD DR OCEANSIDE,CA 92056 | 95-6151938 | COMMUNITY COLLEGE | 34,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SIERRA COLLEGE FOUNDATION5000 ROCKLIN RD ROCKLIN,CA 95677 | 23-7241877 | COMMUNITY COLLEGE | 34,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FOOTHILL-DE ANZA COMMUNITY COLLEGES FOUNDATION12345 EL MONTE RD LOS ALTOS HILLS, CA 940224599 | 94-3258220 | COMMUNITY COLLEGE | 37,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FULLERTON COLLEGE FOUNDATION (NOCCCD) PO BOX 431/315 N POMONA AVE FULLERTON,CA 92836 | 95-6098253 | COMMUNITY COLLEGE | 38,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| PALOMAR COLLEGE FOUNDATION1140 W MISSION RD SAN MARCOS,CA 920691487 | 95-6094128 | COMMUNITY COLLEGE | 39,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| FOUNDATION FOR SANTA BARBARA CITY COLLEGE 721 CLIFF DR SANTA BARBARA,CA 93109 | 95-3234551 | COMMUNITY COLLEGE | 40,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN DIEGO CITY COLLEGE FOUNDATION1313 PARK BLVD SAN DIEGO,CA 92106 | 23-7261624 | COMMUNITY COLLEGE | 42,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| SADDLEBACK CC FOUNDATION (SOCCCD) 28000 MARGUERITE PKWY MISSION VIEJO, CA 92692 | 33-0390547 | COMMUNITY COLLEGE | 43,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| RIVERSIDE COMMUNITY COLLEGE FOUNDATION 4800 MAGNOLIA AVE RIVERSIDE,CA 92506 | 95-2993847 | COMMUNITY COLLEGE | 47,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LONG BEACH CITY COLLEGE FOUNDATION 4901 E CARSON ST B-12 LONG BEACH,CA 90808 | 95-3297459 | COMMUNITY COLLEGE | 47,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| VENTURA COLLEGE FOUNDATION4667 TELEGRAPH RD VENTURA,CA 93003 | 77-0037747 | COMMUNITY COLLEGE | 47,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SANTA ROSA JUNIOR COLLEGE FOUNDATION 1501 MENDOCINO AVE SANTA ROSA,CA 954014395 | 94-1735861 | COMMUNITY COLLEGE | 50,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|--------------------------------------|---|--|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| COLLEGE OF THE CANYONS FOUNDATION 26455 ROCKWELL CANYON ROAD SANTA CLARITA,CA 91355 | 95-3574259 | COMMUNITY COLLEGE | 50,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SANTA MONICA COLLEGE FOUNDATION1900 PICO BLVD SANTA MONICA,CA 904051628 | 95-6047779 | COMMUNITY COLLEGE | 51,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| STATE CENTER COMMUNITY COLLEGE FOUNDATION390 W FIR AVENUE SUITE 300 CLOVIS,CA 93611 | 94-1574802 | COMMUNITY COLLEGE | 54,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| EAST LOS ANGELES COLLEGE FOUNDATION 1301 AVENIDA CESAR CHAVEZ MONTEREY PARK, CA 917546099 | 33-0034221 | COMMUNITY COLLEGE | 55,667 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MT SAN ANTONIO COLLEGE FOUNDATION 1100 N GRAND AVE WALNUT,CA 91789 | 95-6196020 | COMMUNITY COLLEGE | 69,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| EL CAMINO COLLEGE FOUNDATION16007 CRENSHAW BLVD TORRANCE,CA 90506 | 95-3874302 | COMMUNITY COLLEGE | 73,665 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| PASADENA CITY COLLEGE FOUNDATION1570 E COLORADO BLVD PASADENA,CA 91106 | 95-3434226 | COMMUNITY COLLEGE | 80,333 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| FOUNDATION OF CITY COLLEGE OF SAN FRANCISCO 50 PHELAN AVENUE SAN FRANCISCO, CA 94112 | 94-1682567 | COMMUNITY COLLEGE | 87,000 | | | | CCCSE ENDOWMENT SCHOLARSHIP GRANTS | |

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DLN: 93493352007245

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES 68-0412350

| Pa | rt L Questions Regarding Compensation | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | Compensation committee | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | No |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | No |
| b | Any related organization? | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | No |
| b | Any related organization? | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of | FW-2 and/or 1099-MIS | <u>'</u> | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | 3 7 |
|--|------|--------------------------|---|---|-----------------------------------|------------------------------------|------------------------------------|----------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Dellellits | (6)(1)-(0) | as deferred in prior Form 990 |
| 1 KEETHA MILLS, CEO/PRESIDENT | (i) | 187,311 | 0 | 0 | 15,051 | 6,312 | 208,674 | 0 |
| CLO, FRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 MARK CARLOCK, VP ENVIRONMENTAL PROGRAMS | (i) | 130,344 | 0 | 0 | 10,560 | 13,923 | 154,827 | 0 |
| ENVIRONMENTAL FROGRAMS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 MELISSA CONNER, VP ADVANCEMENT | (i) | 118,034 | 0 | 0 | 10,246 | 22,055 | 150,335 | 0 |
| ADVANCEMENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493352007245

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Name of the organization | Employer identification number |
|---|--------------------------------|
| OUNDATION FOR CALIFORNIA COMMUNITY COLLEGES | |
| | 68-0412350 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 4 | |
| FORM 990, PART VI, SECTION A, LINE 7A | CALIFORNIA COMMUNITY COLLEGES BOARD OF GOVERNORS HAS THE RIGHT TO APPOINT AND REMOVE FOUNDATION BOARD MEMBERS |
| FORM 990, PART VI, SECTION A, LINE 8B | THE ORGANIZATION HAS NO SUCH COMMITTEES THEREFORE, THERE WERE NO MEETINGS TO DOCUMENT |
| FORM 990, PART VI, SECTION B, LINE 11 | FORM 990 WILL BE REVIEWED BY THE FOUNDATION'S OFFICERS AND BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS |
| FORM 990, PART VI, SECTION B, LINE 12C | BOARD MEMBERS, OFFICERS, VICE PRESIDENTS AND CERTAIN EXECUTIVE STAFF EMPLOYEES RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY ANNUAL DISCLOSURES ARE FILLED OUT WHEN A CONFLICT OF INTEREST IS DISCLOSED, THE LEGAL DEPARTMENT REVIEWS ALL DISCLOSURES AND MAKES AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS CERTAIN SENSITIVE MATTERS ARE TAKEN TO THE BOARD OF DIRECTORS |
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION IS ESTABLISHED AND PERIODICALLY REVIEWED USING COMPARABLE MARKET DATA AS PUBL ISHED BY VARIOUS THIRD PARTY SOURCES DURING FISCAL YEAR 2015, A COMPENSATION REVIEW WAS PREPARED AND REVIEWED BY THE BOARD OF DIRECTORS THE COMPENSATION REVIEW INCLUDED INDIVIDUA L OFFICER COMPENSATION AS WELL AS KEY EMPLOYEES AND POSITION GROUPINGS, AS COMPARED TO COMPARABLE MARKET DATA OBTAINED FROM SIX DIFFERENT INDUSTRY SOURCES |
| FORM 990, PART VI, SECTION C, LINE 19 | THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |
| FORM 990, PART XII, LINE 2C | NEITHER THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT NOR THE PROCESS FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS CHANGED FROM THE PRIOR YEAR |