Department of the Treasury

Intamal Revenue Service

Return of Organization Exempt From moome Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or th	e 201	0 calendar year, or tax year beginning , 2010,	and ending		, 20		
ь.			C Name of organization		D Employer identificat	ion number		
□ CI	neck if ap	piicable	PALOMAR COLLEGE FOUNDATION		95-6094128			
-	Addre		Doing Business As					
	1 .	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial	return	1140 W. MISSION ROAD		(760) 744-11	50		
	Termu		City or town, state or country, and ZIP + 4					
-	Amen		SAN MARCOS, CA 92069		G Gross receipts \$	1,762,700		
	return Applic	ation	F Name and address of principal officer RICHARD D. TALMO		H(a) is this a group return			
_	_ pendii	ng	1140 WEST MISSION ROAD SAN MARCOS, CA 9206	q	affiliates? H(b) Are all affiliates include	 		
	Tay av	empt st		T T	if "No," attach a list (
		<u></u>	atus X 501(c)(3) 501(c)() (insert no) 4947(a)(1) o	1 321	H(c) Group exemption num			
				- I V	tion 1959 M State of			
_		<u>-</u> _		E L Year of forma	tion 1939 In State of	legal domicile CA		
Pa			mmary					
	1	Briefly	/ describe the organization's mission or most significant activities		NAME OF THE PARTY			
9			PALOMAR COLLEGE FOUNDATION, WITH THE SUPPOR					
ernance			URES SUPPLEMENTAL FUNDING, OTHER RESOURCES, A					
_ _		_ _	PORT FOR THE BENEFIT OF PALOMAR COMMUNITY CO					
Ċģ.			this box 🕨 🔛 if the organization discontinued its operations or disposed		1 1	0.1		
6 6			er of voting members of the governing body (Part VI, line 1a)			21		
SECUMIES	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	21		
<u>₹</u>			number of individuals employed in calendar year 2010 (Part V, line 2a)			3		
 	6	Total	number of volunteers (estimate if necessary)		6	17		
S	7 a	Total	gross unrelated business revenue from Part VIII, column (C), line 12		7a	0		
			nrelated business taxable income from Form 990-T, line 34			0		
RECOMMED					Prior Year	Current Year		
Z	8	Contri	butions and grants (Part VIII, line 1h)		1,128,549.	996,581		
S ₹	9	Progra	am service revenue (Part VIII, line 2g)		0.	0		
	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		62,638.	163,304		
~Œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		306,004.	383,866		
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,497,191.	1,543,751		
			s and similar amounts paid (Part IX, column (A), lines 1-3)		1,409,100.	1,205,973		
			its paid to or for members (Part IX, column (A), line 4)		0.	0		
en.			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,421.	16,769		
186			ssional fundraising fees (Part IX, column (A), line 11e)		0.			
Expense			fundraising expenses (Part IX, column (D), line 25) ▶					
Ж			expenses (Part IX, column (A), lines 11a-11d, 117-241)		103,002.	141,436		
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A) line 25)	- (2)	1,517,523.	1,364,178		
	l		nue less expenses Subtract line 18 from line 12		-20,332.	179,573		
F 8		Kevei	AUG 3 0 2011	Begin	ining of Current Year	End of Year		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	13	5,217,980.	5,644,517		
Bala	24			<u>-</u> 3ir∜…}—	37,257.	74,043		
걸	21		liabilities (Part X, line 26)	• • • • • • • • • • • • • • • • • • • •	5,180,723.	5,570,474		
			ssets or fund balances Subtract line 21 from line 20.	Section 2017	3,100,723.	3,310,414		
	rt II		gnature Block /	and statements, and t	o the hest of my knowledge	ne and helief it is true		
cor	rect, ar	nd com	if perjury, I declare that I have examined this return, including accompanying schedules a plete Declaration of proparer (other than officer) is based on all information of which pre	parer has any knowle	edge	go ana bonon, n lo mao,		
_	<u> </u>				2/214	61		
	ign		Harathan Astrono		Date			
п	ere	1	Mignature of officer	MARK	A			
			Jaggias Mano Garage	SHOSTO				
			Type or print name and title	TD-45	I Ob and of	Letin		
Paic		l .	Type preparer's name Preparer's signature	Date	Check if self-	PTIN		
	parer		Brian Hadley Bran Habley	8/12/11	employed	P00067183		
	Only	Firm's	s name WILKINSON HADLEY KING & CO., LLP			354566		
			saddress > 218 W. DOUGLAS AVENUE EL CAJON, CA 92	020	Phone no 619-	447-6700		
May	the II	RS dis	cuss this return with the preparer shown above? (see instructions)			X Yes No		
For	Paper	rwork	Reduction Act Notice, see the separate Instructions.			Form 990 (2010		

66897S 577A

V 10-7.2

Form **990** (2010)

orm	990 (20	010) 95-6094128		Page 2
Par	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1999	HE E ECUR UPPC	describe the organization's mission PALOMAR COLLEGE FOUNDATION, WITH THE SUPPORT OF THE COMMUNITY, RES SUPPLEMENTAL FUNDING, OTHER RESOURCES, AND PROVIDES PROGRAM ORT FOR THE BENEFIT OF PALOMAR COMMUNITY COLLEGE AND ITS ENTS.		
2 [ti	old the he prior	te organization undertake any significant program services during the year which were not listed on it form 990 or 990-EZ?	Yes	X No
4 (Descri Section	s," describe these changes on Schedule O tibe the exempt purpose achievements for each of the organization's three largest program services by expe on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of tions to others, the total expenses, and revenue, if any, for each program service reported.		i
Ġ) (Expenses \$ 1,272,738. Including grants of \$ 1,205,973.) (Revenue \$ TS, ALLOCATIONS AND SCHOLARSHIPS FOR THE BENEFIT OF THE ENTS AT PALOMAR COMMUNITY COLLEGE.	996,581.	_)
4b (Code) (Expenses \$including grants of \$) (Revenue \$		_)
4c (Code:	:) (Expenses \$including grants of \$) (Revenue \$		_)
- - -				
(Expen	program services. (Describe in Schedule O) unses \$ including grants of \$) (Revenue \$)		
4e]	otal	program service expenses ► 1,272,738.	(990 (2010

Part	V Checklist of Required Schedules		-	
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	┝┺		\vdash
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
	•	۳		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
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,			X
	Part III	5	<u> </u>	 ^
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			١.,
	complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}		1
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		ł
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	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.		5	
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			<u> </u>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			·-·
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0	 	
•	the organization's separate of consolidated infancial statements for the tax year include a footilite that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
40-			 	┝╌
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	42-	x	
	complete Schedule D, Parts XI, XII, and XIII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	426		x
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	l		_v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
-	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Form 9	Form 990 (2010) 95-6094128				
Pari	Checklist of Required Schedules (continued)	-		Page 4	
			Yes	No	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				
•	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	- -			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
20	organization's current and former officers, directors, trustees, key employees, and highest compensated		}		
		22		x	
24.	employees? If "Yes," complete Schedule J	_23_		<u> </u>	
24 a	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			J.	
	through 24d and complete Schedule K. If "No," go to line 25	24a		X	
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod 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		 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	25b		X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				
	If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			57	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part N	28b		Х	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	30		х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I	31		х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	32		х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-			
	IV, and V, line 1	34		X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X	
а	Did the organization receive any payment from or engage in any transaction with a	-		<u> </u>	
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,				
36	Part V, line 2				
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		 	
J /	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R				
		27		х	
20	Part VI	37			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		v	l	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х		

95-6094128 Form 990 (2010) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V....... 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a 2b 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 X Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

JSA 151040 1 00 14a

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

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

Form 9	90 (2010) 95-6094128		F	age 6				
Part	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	belo r cha	ow, a	and s in				
•	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X				
Sect	ion A. Governing Body and Management		-					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 21		*					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X				
	any other officer, director, trustee, or key employee?							
3								
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		$\frac{x}{x}$				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders?	6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members							
	of the governing body?	7a		X				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Water and				
	the year by the following		<u> </u>	i				
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code						
			Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406						
110	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b						
ı ıa	form?	11a	x					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-9					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this is done	12c	v					
13	Does the organization have a written whistleblower policy?	13	X					
14	Does the organization have a written document retention and destruction policy?	14	Λ					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		<u> </u>				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			i				
Secti	the organization's exempt status with respect to such arrangements?	16b)						
17	List the states with which a copy of this Form 990 is required to be filed CA,							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):							
	available for public inspection. Indicate how you make these available Check all that apply	o oray)						
	X Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	rest						
	policy, and financial statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne						
	organization PAULINE RILEY 1140 W. MISSION ROAD SAN MARCOS, CA 92069 760-744-1150							

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

Check if Schedule O contains a response to any question in this Part VII...............

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		_			that app		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	emp	Former	compensation from	compensation from related	amount of other
	(describe	nect.	t to	ğ	휡	est o	e e	the	organizations	compensation
	hours for related	약별	<u>a</u>		oye	e g		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
ATTACHMENT 1	organizations in Schedule	stee	Į.		•	Den:		(44-2/1099-141130)		organization and related
	0)	_	8			Highest compensated employee				organizations
(1) ROBERT MAAG			-				l –			
CHAIR	4.00	Х		X				ο.		
(2)MARC MCGUIRE										
CHAIR-ELECT	4.00	Х		Х			ľ	0.		
(3)WILLIAM L. ADAMS										
SECRETARY	4.00	X		Х				0.		
(4) JOHN MASSON								-		
TREASURER	4.00	X		Х	_			0.		
(5) CHRISTOPHER BAIZ										
DIRECTOR	2.00	X		Х			L	0.		
(6) LYNN BANDA										
DIRECTOR	2.00	X	_	_				0.		<u></u>
(7) NICK BARNETT				Ì				_		
DIRECTOR	2.00	Х			<u> </u>		ļ	0.		
(8) JANET E. BOURGEOIS			İ		İ					
DIRECTOR	2.00	Х			L_			0.		
(9) ANTHONY BRANDENBURG	0.00				1					
DIRECTOR	2.00	Х	_	<u> </u>			<u> </u>	0.		
(10)DR. LUENE CORWIN		.,								
DIRECTOR	2.00	X	<u> </u>	<u> </u>			<u> </u>	0.		
(11)JOSEPH DAVIS DIRECTOR	2 00	v	İ					,		
(12)STEVE EGGERS	2.00	X		-	 		-	0.		
DIRECTOR	2.00	v						_		
(13)RACHAEL GONZALEZ	2.00	X	_				⊢	0.		
DIRECTOR	2.00	х					ĺ	0.		:
(14)STEVE KILDOO	2.00		├	 	-	<u> </u>	├		 	
DIRECTOR	2.00	х	ļ		 			0.		
(15)JESSE LYN CLARK	2.00				\vdash		\vdash	 		
DIRECTOR	2.00	x					l	0.		
	2.00			Ь.	<u> </u>			L		L

Form 990 (2010)

0

(16)NANCY MILLS

DIRECTOR

2.00

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
, (A)	(B)				C)			(D)	(E)			
Name and title	Average					that app	ply)	Reportable	Reporta	ble	(F) Estimated	
,	hours per	익호	Institutional trustee	ð	<u>~</u>	9 <u>F</u>	7	compensation	compens	ation	amount of	
	week			8	Key employee	P de	Former	from	from rela		other	
	(describe	용률	ᄬ롉	7	호	st c	۳ ا	the	organizat		compensation from the	
	hours for related	ੇ ਤੂ	🗐		ν	<u> </u>		organization	(W-2/1099-	·MISC)	organization	
	organizations	Individual trustee or director	\		•) eg	ĺ	(W-2/1099-MISC)	\	ļ	and related	
	n Schedule O)	"				Highest compensated employee				J	organizations	
WILLIAM C. DULM	 		\vdash				-					
(17) WILLIAM C. PULTZ DIRECTOR	2.00	X						_		İ		
	2.00		1			 -	⊢	0.	 			
(18)MATILDA ROUGH		l	1 1	i				_		1		
DIRECTOR	2.00	Х					L	0.				
(19) CHARLES W. SALTER								<u> </u>	•	1		
DIRECTOR	2.00	X	1					0.	ì	ì		
(20) BARBARA SWEARINGEN												
DIRECTOR	2.00	Х	1 1					0.		Ì		
(21) MARNI L. WALKER	1	<u> </u>									 -	
DIRECTOR	2.00	х	1		1	l	1) o.	}	}		
(22) RICHARD D. TALMO	2.00	├ 	\vdash		╁	<u> </u>	╁		<u> </u>			
EXECUTIVE DIRECTOR	45.00			х	x	}	1		120	, 957.		
	43.00	!	\vdash	_	<u> </u>	<u> </u>		 	130	, 93/4		
(23) PAULINE RILEY	1	1			l	l	ł					
FOUNDATION ACCOUNTANT	40.00				Х		<u> </u>		67	,431.		
(24) PAMELA GRASSO	1				1				[
FOUNDATION COORDINATOR	40.00				X]		74	,272.		
(25)		}	1				1					
		<u>L</u>			L		L	_				
(26)	T											
`	1								ļ	l		
(27)		<u> </u>		_	┢		1-					
<u></u>	1				Ì	ļ	i					
(28)	 	 	H		 		 					
120/	1		1 1									
Al- Code Askel		<u>. </u>		L		L	_	0.	272	,660.		
1b Sub-total								ļ	2,2	, 000.		
c Total from continuation sheets to Part VII, S								0.	273	- 660		
d Total (add lines 1b and 1c)								<u> </u>		,660		
2 Total number of individuals (including but not				d al	bov	e) wh	o re	eceived more than	\$100,000 ii	1		
reportable compensation from the organization	<u>n</u> ▶)							-		
											Yes No	
3 Did the organization list any former office	cer, directo	or or	tru	ste	e, I	key e	emp	oloyee, or highes	t compens	ated		
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lıvidı	ıal							3 X	
4 For any individual listed on line 1a, is the	e sum of	repoi	table	e d	om	nensa	atio	n and other com	pensation i	from		
the organization and related organizations												
ındividual	-						• •		• • • • • •		4 X	
5 Did any person listed on line 1a receive or		mner	eatie	on :	fron	anv	un	related organization	on or indivi	dual		
for services rendered to the organization? If "Y											5 X	
Section B. Independent Contractors							<u> </u>		<u> </u>	· · · · · ·	<u> </u>	
1 Complete this table for your five highest	compane	tad u	-den	<u> </u>	dant		trac	tore that receive	d more the	n \$10	0 000 of	
compensation from the organization.	Compensa	ieu ii	idep	CIIC	16111	COII	liau	iois that received	u more ma	λιι ΦΙ Ο	0,000 01	
							\top					
(A) Name and business add	Ironn							(B)		(C)		
	11 (20)						+	Description of ser	VICES		ompensation	
							\bot					
							\perp					
	\perp											
							\int_{-}^{-}					
							Т			_		
2 Total number of independent contractors (i	ncludina bi	ut no	t lım	ute	d to	thos	se i	isted above) who	received	.		

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Ø 10	1a	Federated campaigns 1a					
art	'a	3					
흔	b						
哥哥	°.	The second of th					
s, Big	a	Related organizations 1d					
<u> </u>	е	Government grants (contributions) 1e					
but	f	All other contributions, grits, grants,					
Contributions, gifts, grants and other similar amounts		and similar amounts not included above . 1f	996,581.				
SE	g	Noncash contributions included in lines 1a-1f \$					
	<u>h</u>	Total. Add lines 1a-1f		996,581.			
Ž			Business Code				
8	2a						
9	Ь						
Σ	С						
Š	d						
Ē	e						
Program Service Revenue	f	All other program service revenue					
<u>_</u>	9	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends, inter other similar amounts) ATTACHMENT	rest, and	163,304.	163,304.		
	4	Income from investment of tax-exempt bond i	_				
	5	Royalties (i) Real	(ii) Personal	0.			
			(II) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	<u> </u>				
	d	Net rental income or (loss)		0.			
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	0.			
ne	8a	Gross income from fundraising					
eu		events (not including \$					
ě		of contributions reported on line 1c).					
E	1	See Part IV, line 18 a	602,815.				
Other Revenue	b	Less: direct expenses b					
ŏ	С	Net income or (loss) from fundraising events .	<u>ATCH. 3.</u> ▶	383,866.			
	9a	Gross income from gaming activities.					
	İ	See Part IV, line 19 a					
	b	Less: direct expenses b	L				
	С	Net income or (loss) from gaming activities	<u> ▶</u>	0.			
	10a	Gross sales of inventory, less					
	1	returns and allowances a					
	b	Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a					·	
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d · · · · · · · · · · ·		0.			
	12	Total revenue. See instructions	<u></u> ▶	1,543,751.	163,304.	0.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B) (C) and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to governments and		4	,	
(organizations in the U.S. See Part IV, line 21	0.			*
2 (Grants and other assistance to individuals in				
1	the US See Part IV, line 22	1,205,973.	1,205,973.	»	
3 (Grants and other assistance to governments,			`	
	organizations, and individuals outside the			* /	¥
1	U.S. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	trustees, and key employees	0.			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
	•	15,205.	15,205.		
	Other salaries and wages	13,203.	13,203.		
	Pension plan contributions (include section 401(k)	, 1			
	and section 403(b) employer contributions)	0.			
	Other employee benefits				····
	Payroll taxes	1,564.	1,564.		
	Fees for services (non-employees).	_			
a l	Management	0.			
b l	Legal	0.			
c /	Accounting	0.			
d l	Lobbying $\dots\dots$	0.			
	Professional fundraising services See Part IV, line 17	0.	4000		-
	nvestment management fees	20,406.		20,406.	
	Other	17,450.		17,450.	
	Advertising and promotion	0.			
	Office expenses	7,504.		7,504.	
		0.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Information technology	0.			
	Royalties	0.			
	Occupancy	10,824.		10.004	
	Travel	10,024.		10,824.	
	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials	0.			
9 (Conferences, conventions, and meetings	6,279.		6,279.	
0 1	nterest	0.			
1 F	Payments to affiliates	0.			
2 [Depreciation, depletion, and amortization \dots	2,230.		2,230.	
3 I	nsurance ATCH 5 [3,647.	3,647.		
	Other expenses Itemize expenses not covered	· •	>	4	
	above (List miscellaneous expenses in line 24f If	, ,			ñ
	ine 24f amount exceeds 10% of line 25, column	<i>"</i>		ļ	**
	A) amount, list line 24f expenses on Schedule ()	-			•
	RINTING AND PUBLICATIONS	13,582.	13,582.		
	OSTAGE AND SHIPPING	4,619.	4,619.		····
	OFTWARE SUPPORT	11,017.	11,017.		
-	ANK AND CREDIT CARD FEES	3,447.	3,447.		
	UBSCRIPTIONS AND DUES	3,886.	3,447.		
			13 (04	3,886.	
	All other expenses	36,545.	13,684.	22,861.	
	Total functional expenses. Add lines 1 through 24f	1,364,178.	1,272,738.	91,440.	
	oint Costs. Check here I if following		1		
8	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
(1	B) joint costs from a combined educational				
С	ampaign and fundraising solicitation				
SA 2 1 00	0	_			Form 990 (
	66897S 577A	V 10-7.2	2		PA

	rt X	Balance Sheet			0034120		Page 11
,	,				(A) Beginning of year		(B) End of year
	1.	Cash - non-interest-bearing			205,945.	1	205,358.
	2	Savings and temporary cash investments			4,952,411.	2	5,136,310.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	<u> </u>	4	50,740.		
	5	Receivables from current and former officers,	ctors, trustees, key				
		employees, and highest compensated employe			* ,		
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined und			*% .	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,
Assets		described in section 4958(c)(3)(B), and contributing employers	and sp	consoring organizations of	and the second second	Ť	
		section 501(c)(9) voluntary employees' beneficiary organizations	decommend attention objects and other control of the control of th	6			
	7	Notes and loans receivable, net			7		
188	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or			. ,		.5
		other basis. Complete Part VI of Schedule D	10a	23,095.	₩		
	b	Less accumulated depreciation			4,339.	10c	2,109.
	11	Investments - publicly traded securities			55,285.	11	250,000.
	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			15		
	16	Total assets. Add lines 1 through 15 (must equal			5,217,980.	16	5,644,517.
	17	Accounts payable and accrued expenses		812.		2,329.	
	18	Grants payable		18			
	19	Deferred revenue		–		19	
	20	Tax-exempt bond liabilities		_		20	
õ	21	Escrow or custodial account liability Complete				21	
Liabilities	22	Payables to current and former officers, of			,> À		, , , , , , , , , , , , , , , , , , , ,
abi		employees, highest compensated employees, a		- 1	š (,	Marine Comment
رُدُ		Complete Part II of Schedule L			a the African of African Comment of States and the	22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t	hird pa	arties		24	
	25	Other liabilities Complete Part X of Schedule D .		[36,445.	25	71,714.
	26	Total liabilities. Add lines 17 through 25		<u></u> [37,257.	26	74,043.
88		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	▶ 2	X and complete	· *	. 4	* * * * .:
띪	27	Unrestricted net assets			964,692.	27	980,253.
ga	28	Temporarily restricted net assets		<i>.</i>	1,916,231.	28	2,290,421.
힏	29	Permanently restricted net assets			2,299,800.	29	2,299,800.
or Fund Balances		Organizations that do not follow SFAS 117, checomplete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds			30		
Net Assets	31	Paid-in or capital surplus, or land, building, or equi				31	
۲	32	Retained earnings, endowment, accumulated inco			-	32	
Š	33	Total net assets or fund balances			5,180,723.		5,570,474.
	34	Total liabilities and net assets/fund balances			5,217,980.		5,644,517.

Form **990** (2010)

_	rt XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	ge 12
1	Total revenue (must equal Part VIII, column (A), line 12)	1,5	43,	751.
2	Total expenses (must equal Part IX, column (A), line 25)	1,3	64,1	178.
3	Revenue less expenses. Subtract line 2 from line 1	1	79,	573.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5,1	80,	723.
5	Other changes in net assets or fund balances (explain in Schedule O)	2	10,	178.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
•	column (B))	5,5	70,4	474.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990		16.46	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	201.X 1070	X
ь	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			T. 1
	Schedule O		,	1 25
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			, .
	issued on a separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	A. A.	å.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	a course service of	1 2 000000 4 (2] ` ` `
	the Single Audit Act and OMB Circular A-133?	3a		х
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		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

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. Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

		ne organization		-				•	Emplo	yer iden	tificatio	on numi	ber	
PA	LOMA	R COLLEGE FOU	JNDATION							95	-609	4128		
Pa				s (All organizations mu		<u> </u>				uctions	i.			
The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b) hospital's name, city, and state: X an organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3% of its support from contributions, member receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more support from gross investment income and unrelated business taxable income (less section 511 acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through the functions of supporting organization and complete lines 11e through the functions of supporting organization and complete lines 11e through the functions of supporting organization and complete lines 11e through the functions of supportin									on the ership or the tax) for the description or more than tax.	fees, and 331 from be carry (2) Second or carry (2) Second or carry (2) for carry (2) for carry (2) for carry (3) for carry (4)	ral p and g //3% (usine // out e sec wither squa n se ing	ed in ublic gross of its esses		
h				out the supported organization			• • • •							
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organii col (i) your go	Is the zation in listed in overning ment?	the org	you notify anization I (i) of upport?	organi col (i) o	Is the zation in organized US?	(v	rii) Amo suppe		f
/ A \							1	-						
(A)														
(B)													·	
(C)														
(D)		<u> </u>												
(E)														
Tots	.1			7.,,	. ***	,	Sir Tal	cal C	5 7 3 6					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 Calendar year (or fiscal year beginning in) (e) 2010 (f) Total grants. contributions and membership fees received (Do not include any "unusual grants") 1,439,176 1,226,734 1,042,479 1,128,549 996,581 5,833,519. Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 1,439,176. 1,226,734 1.042.479 Total. Add lines 1 through 3..... 1,128,549 996,581 5,833,519. 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)..... Public support. Subtract line 5 from line 4. 5,833,519. Section B. Total Support (a) 2006 (b) 2007 Calendar year (or fiscal year beginning in) (c) 2008 (d) 2009 (e) 2010 (f) Total 1,439,176. 1,226,734 1,042,479. 1,128,549 996,581 5,833,519. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 197,009 186,767 115,879 83,757 163,304 746,716. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 11 6,580,235. Total support. Add lines 7 through 10 . . . 1,193,509. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 88.65% Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 14 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ [17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			•			
C	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						_
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	i					
	ıts 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			-			
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		İ				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	1982 BA. 13	W 18 8/2 8			. Har ija k	
	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			•			
	payments received on securities loans, rents, royalties and income from similar				ļ		
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		-				
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			ļ			
13	Total support. (Add lines 9, 10c, 11,	·	_	_			
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	r fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here		<u> </u>		<u> </u>		▶
Sec	tion C. Computation of Public Sup					,	-
15	Public support percentage for 2010 (line 8	, column (f) dıvıd	ed by line 13, colu	mn (f))		15	%_
16	Public support percentage from 2009 Scho	edule A, Part III, III	ne 15			16	%%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2010 (In					17	%
18	Investment income percentage from 2009	Schedule A, Part	III, line 17			18	%
19a	331/3% support tests - 2010. If the or					e than 331/3 %	and line
	17 is not more than 331/3%, check th	ns box and sto	p here. The org	anization qualifie	s as a publicly	supported organ	ızatıon 🕨 🔝
b	331/3% support tests - 2009. If the orga	anızation dıd not	check a box on	line 14 or line 1	9a, and line 16 is	s more than 331/	3 %, and
		this how and a	ton here. The or	annization avalif	ioe se a publiche	cupported organ	ization 🕨 🗍
	line 18 is not more than 331/3 %, check	tilis bux and s	tob liele lile of	gamzation qualii	ies as a publiciy	supported organ	

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990).

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No 1545-0047

Inter	al Reven	ue Service	Attach to	Form 990. ► See separate instructions.	Inspection
Name	of the a	rganization			Employer identification number
PAI	OMAR	COLLEGE	FOUNDATION		95-6094128
Par	t I		tions Maintaining Donor Advition answered "Yes" to Form 9	ised Funds or Other Similar Funds or 1990, Part IV, line 6.	Accounts. Complete if the
				(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at e	nd of year		
2			utions to (during year)		
3		_	from (during year)		
4		-	at end of year		
5		-		dvisors in writing that the assets held in do	nor advised
		_		ne organization's exclusive legal control?	1 1 1 1
6		_		nd donor advisors in writing that grant fund	
				penefit of the donor or donor advisor, or for	
	ригро	se conferrin	g impermissible private benefit?	<u></u>	Yes No
Pai				the organization answered "Yes" to Fo	
1	Purpo	se(s) of con	servation easements held by the	organization (check all that apply)	
		Preservation	of land for public use (e.g., recr	eation or education) Preservation of	f an historically important land area
		Protection of	f natural habitat	Preservation of	f a certified historic structure
		Preservation	of open space		
2	Comp	olete lines 2a	through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
	easer	ment on the	last day of the tax year		Additional to Secretary
					Held at the End of the Tax Yea
а					2a
b	Total	acreage res	tricted by conservation easement	s	2b
С	Numb	per of conse	rvation easements on a certified	historic structure included in (a)	2c
d) acquired after 8/17/06, and not on a	
	histor	ic structure l	isted in the National Register		2d
3	Numb	er of conse	rvation easements modified, tran	isferred, released, extinguished, or termina	ated by the organization during the
	•				
4				ervation easement is located	
5		-		ling the periodic monitoring, inspection, har	· 1 1
				sements it holds?	
6	Staff	and voluntee	er hours devoted to monitoring, in	nspecting, and enforcing conservation ease	ements during the year
	▶	-			
7				cting, and enforcing conservation easemen	ts during the year
8				e 2(d) above satisfy the requirements of sec	
_	(I) and	1 1/U(n)(4)(B	3)(11)'?		Yes L No
9				conservation easements in its revenue and	
			counting for conservation easeme	of the footnote to the organization's financia	ai statements that describes the
Pa	rt III			s of Art, Historical Treasures, or Other	Similar Assets
ı a		Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 8.	Jililiai Assets.
4-	If the				average statement and belease above
1a	works	organization of art, hist service, pro	n elected, as permitted under Si torical treasures, or other similar ovide, in Part XIV, the text of the f	FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ ootnote to its financial statements that desc	evenue statement and balance snee cation, or research in furtherance of cribes these items
b	works public	of art, hist service, pro	torical treasures, or other similar ovide the following amounts relat		cation, or research in furtherance of
				1	
	(ii) As	ssets include	ed in Form 990, Part X		> \$
2				rt, historical treasures, or other similar a	
	follow	ing amounts	s required to be reported under S	FAS 116 (ASC 958) relating to these items	 1
а		_			

Pai	t III Organizations Maintaini	ing Collections of	of Art, Historica	Treasures, o	r Other Sim	ilar Assets	(continued)
	•					-	<u> </u>
3	Using the organization's acquisition	on, accession, and	d other records, of	heck any of th	ne following	that are a sig	inificant use of its
•	collection items (check all that app	ly)			_	•	
а	Public exhibition		d 🗍	Loan or excha	nge program:	S	
b	Scholarly research		e 🖯	Other	5 . 5		
С	Preservation for future ge	enerations					
4	Provide a description of the organ		ns and explain h	ow they furthe	r the organiz	ration's exem	nt nurnose in Part
	XIV			,			pr parpood iii i ait
5	During the year, did the organization	on solicit or receive	e donations of art	historical treas	ures or othe	r similar	
	assets to be sold to raise funds rath						Yes No
Pai	t IV Escrow and Custodial A						
	line 9, or reported an an	nount on Form 9	90. Part X. line	19anization at	isweied le	s to Folling	30, Fait IV,
1a	Is the organization an agent, truste	e custodian or oth	aer intermediany f	or contributions	or other acc	ete not	
	included on Form 990, Part X?						□vaa □Na
h	If "Yes," explain the arrangement in					• • • • • • •	Yes No
	in rest, explain the arrangement in	in all XIV and Con	ipiete trie followin	g table	Τ	Amount	
С	Beginning balance			4	 	Amount	
	Additions during the year						
u							
•	Distributions during the year						
2-	Ending balance						
	Did the organization include an am), Part X, line 21?	• • • • • • •			Yes No
	If "Yes," explain the arrangement in		_£	10.7 - 11.4 - F	000 5 1 1	1 12 10	
Par	t V Endowment Funds. Con						14.5
10	Poginning of your holones	(a) Current year	(b) Prior year	(c) Two years i		hree years back	(e) Four years back
1a	Beginning of year balance Contributions	1,979,511.	1,697,948.	1,964,	10,		
		11,753.	125,000.	1,	000.		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
C	Net investment earnings, gains,				1, 1		
	and losses	70,845.	174,930.	-241,		(, (), (), (), (), (), (), (), (), (), (
u	Grants or scholarships	18,328.	14,050.	23,	156.		<u> </u>
е	Other expenditures for facilities .						i de la compania del compania del compania de la compania del compania del compania de la compania de la compania de la compania de la compania de la compania del compania
	and programs	4,614.	4,317.	2,	609.		18 18 18 18
	Administrative expenses				<u> </u>		1 3 4 4
g	End of year balance	2,039,167.	1,979,511.	1,697,	948.	<u> </u>	7.4%
2	Provide the estimated percentage	•					
a	Board designated or quasi-endown		%				
b	Permanent endowment ▶ 100.0						
		. %					
3a	Are there endowment funds not in	the possession of	the organization	that are held ar	nd administer	ed for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related org		•				3b
4	Describe in Part XIV the intended u					 .	
Par	t VI Land, Buildings, and Equ	<u>iipment. See Fo</u>	<u>rm 990, Part X,</u>	line 10.			· · · · · · · · · · · · · · · · · · ·
	Description of investment		or other basis (b) (estment)	Cost or other basis (other)	(C) Accumula depreciation		(d) Book value
1a	Land					73 . T	
b	Buildings				27,000	-	
C	Leasehold improvements						
d	Equipment						
е	Other			23,095.	20.	986.	2,109.
	I. Add lines 1a through 1e (Column		rm 990. Part X. co				2,109.
		, .,		(5), 1110 1	- , - / / · · · · · ·		dule D (Form 990) 2010

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, Iir	ne 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(<u>A</u>)				
(B)				
(C)		<u> </u>	<u> </u>	
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				* * * * * * * * * * * * * * * * * * *
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See F	T		
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)		Γ		
(2)		ļ		
(3)		<u> </u>		
(4)			<u> </u>	
(5)		ļ	<u> </u>	
(6)		<u> </u>		
(7)		 	+	
(8)		 	 	
(9)		<u></u>		
(10)	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, li	_	> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 ,7 ,4 MM AP. 3
		Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				1-7
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X		<u> </u>	
1.	(a) Description of liability	(b) Amoun	nt entre	
(1) Feder	ral income taxes			
	BLE TO BENEFICIARIES	/1,	,714.	
_(3)				
(4)				
(5)				
(6)				b iological (1980)
(7)				
(8)				
(9)				
(10)				
(11)		I		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

71,714.

Schedule D (Form 990) 2010 95-6094128 Page

~	0 5 (1 dilli 000) 20 (0			Tage 4
Part		1	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,543,751.
. 2	`Total expenses (Form 990, Part IX, column (A), line 25)			1,364,178.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	┷.	179,573.
4	Net unrealized gains (losses) on investments	4	<u> </u>	210,178.
5	Donated services and use of facilities	5		
6	Investment expenses			
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		210,178.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			389,751.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements		1	2,442,795.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities	20.		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV)	46.		
е	Add lines 2a through 2d	\Box	2e	899,044.
3	Subtract line 2e from line 1	[3	1,543,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		14	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,543,751.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		rn	
1	Total expenses and losses per audited financial statements		1	2,053,044
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	200	
а	Donated services and use of facilities 2a 465, 5	20.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.) 2d 223, 3	46.		
е	Add lines 2a through 2d		2e	688,866
3	Subtract line 2e from line 1		3	1,364,178
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	ŀ		
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,364,178
Part				
Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete	this p	art to provide
	·			

Part XIV Supplemental Information (continued)

SPECIAL EVENTS EXPENSE

PART XII LINE 2D

TOTAL OF \$218,949 IN SPECIAL EVENTS EXPENSE

ADJUSTED VALUE IN TRUSTS

PART XII LINE 2D

TOTAL OF \$4,397 IN ADJUSTED VALUE OF TRUSTS

SPECIAL EVENTS EXPENSE

PART X111 LINE 2D

TOTAL OF \$218,949 IN SPECIAL EVENTS EXPENSE.

ADJUSTED VALUE IN TRUSTS

PART XIII LINE 2B

TOTAL OF \$4,397 IN ADJUSTED VALUE OF TRUSTS.

ENDOWMENT FUNDS

PART V LINE 4

INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE SCHOLARSHIPS AND SUPPORT TO STUDENTS OF PALOMAR COLLEGE THROUGH INVESTMENT INCOME DERIVED FROM ESTABLISHED PERMANENT PRINCIPAL BALANCE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service

Inspection

ame o	f the organization					Employer identification	n number
ALO	MAR COLLEGE FOUNDATION					95-6094128	
art	Fundraising Activities. Con Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rai		·		activities Check a	III that apply	
а	X Mail solicitations	e		-	non-government g		
b	X Internet and email solicitations	f			government grants		
c	X Phone solicitations	g			ising events		
d	X In-person solicitations	_			•		
b	Did the organization have a written or or key employees listed in Form 990 If "Yes," list the ten highest paid indi), Part VII) or entity viduals or entities (f	in connec	tion with p	rofessional fundra	sing services?	X Yes No
	compensated at least \$5,000 by the	organization.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1		GOLF EVENT					
DAVI	D KORAVOS	2010		X	262,935.	33,000.	229,935.
2							
3							
4					-		
5			_				
6							
7		<u> </u>	ļ —	-			
8							
9							
10							
		<u> </u>			262,935.	33,000.	229,935.
3	List all states in which the organiza registration or licensing	_					
Έ <u>Α</u> ,_							
				- 			
		· -					

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000.	nt contributions and gros			
•		·	(a) Event #1 GALA EVENT 2010 (event type)	(b) Event #2 GOLF EVENT 201 (event type)	(c) Other Events 2.	(d) Total events (add col (a) through col (c))
Revenue		Gross receipts	239,945.		99,935.	602,815
	3	Gross income (line 1 minus line 2)		262,935.	99,935.	602,815
	4	Cash prizes				
	5	Noncash prizes	1,500.		•	1,500
enses	6	Rent/facility costs				
Oirect Expenses	7	Food and beverages	68,443.	33,482.		101,925
Dire	8	Entertainment	3,894.			3,894
	9	Other direct expenses	45,433.	56,851.	9,346.	111,630
Pa	11	Net income summary Combine line 3 Gaming. Complete if the org than \$15,000 on Form 990-	3, column (d), and line 10 ganization answered "	0	<u></u>	
Revenue	4	O	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ses		Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	Yes%	
	7	Direct expense summary. Add lines 2	through 5 in column (d)		▶	()
	8	Net gaming income summary. Combi	ine line 1, column d, and	I line 7	<u> </u>	
9 a b	IS	nter the state(s) in which the organizat the organization licensed to operate g "No," explain.	jaming activities in each	of these states?	· · · · · · · · · · · · · · · · · · ·	Yes No
10 a	W	ere any of the organization's gaming li	icenses revoked, suspe	nded or terminated durin	g the tax year?	. Yes No
						(Form 990 or 990 EZ) 2010

Sched	ule G (Form 990 or 990-EZ) 2010 Page
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
4.	
13	Indicate the percentage of gaming activity operated in.
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ▶
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
D	and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address >
16	Gaming manager information.
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Independent contractor
17	Mandatory distributions.
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	
_	retain the state gaming license?
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).
	Schedule G (Form 990 or 990-EZ) 201

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

lame of the organization
of the
lame (

Grants and Other Assistance to Organizations, Governments, and Individuals in the United State	Complete if the organization answered "Yes" to Form 990, Part IV. line 21 or
--	--

orm 990, Part IV, line 21 or 22. n the United States

► Attach to Form 990.

	'	
, OMB NO. 1646.		Open to Public
_		_

Name of the organization						Employer identification number	n number
PALOMAR COLLEGE FOUNDATION	i					95-6094128	
Part General Information on Grants and Assistance	Assistance					-	
1 Does the organization maintain records to substantiate the	bstantiate the		grants or assistan	ce, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
the selection criteria used to award the grants or assistance?	or assistance ures for monit	? oring the use o	f grant funds in the	United States			X Yes No
Part II Grants and Other Assistance to Governments	overnments	and Organization	ations in the Unit	ed States. Comp	lete if the organiza	and Organizations in the United States. Complete if the organization answered "Yes" to	s" to
	ce is needed	_					#3,000. rail
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(3)							
(4)							
(5)							_
(9)							
(7)							-
(8)							
(6)							=
(10)							
(11)							
(12)							
Ì	overnment org	janizations				A	
3 Enter total number of other organizations						A · · · · · · · · · · · · · · · · · · ·	
For Paperwork Reduction Act Notice, see the Instructions for	structions for	Form 990.				Schedu	Schedule I (Form 990) (2010)

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

	i ai t iii cai i se daplicated ii additional space is needed.	co is incoded.				•
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 всног	1 SCHOLARSHIPS AND GRANTS - PALOMAR COLLEGE STUDENTS	1,675.	1,205,973.		ВООК	
2						
ဗ						
4						
5						
9						
~						
Part IV	Part IV Supplemental Information. Complete this part		vide the informa	tion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

PART 1, LINE 2

GRANTS AND SCHOLARSHIPS TO STUDENTS ARE MONITORED BY THE FINANCIAL AID

OFFICE AND SUBSEQUENTLY REVIEWED BY THE SCHOLARSHIP COORDINATOR OF THE

ELIGIBILITY IS KEPT ON FILE AT THE FINANCIAL AID FOUNDATION. STUDENT

OFFICE.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PALOMAR COLLEGE FOUNDATION

Employer identification number 95-6094128

PART VI: GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION B: POLICIES

LINE 11A: THE TAX RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM UTILIZING AUDITED FINANCIAL INFORMATION AND IS REVIEWED BY THE EXECUTIVE DIRECTOR, FOUNDATION ACCOUNTANT, AND BOARD TREASURER PRIOR TO FILING. IN ADDITION, OTHER MEMBERS OF THE GOVERNING BOARD REVIEW THE TAX RETURN AT THE MONTHLY BOARD MEETING BEFORE THE TAX RETURN IS FILED.

LINE 15A/15B: COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES

IS REVIEWED ANNUALLY BY THE GOVERNING BOARD. ANY INCREASE TO SALARIES FOR

THE EXECUTIVE DIRECTOR/KEY EMPLOYEES MUST BE APPROVED BY THE GOVERNING

BOARD.

PART VI: GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION C: DISCLOSURE

LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, POLICIES, AND OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND ARE DISCLOSED IN THE ANNUAL REPORT AND THROUGH ITS OWN WEBSITE.

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

ROBERT MAAG

CHAIR 4.00

MARC MCGUIRE

CHAIR-ELECT 4.00
WILLIAM L. ADAMS

SECRETARY 4.00

Name of the organization PALOMAR COLLEGE FOUNDATION	-	Employer identification number 95-6094128
		ATTACHMENT 1 (CONT'D)
TOUN MACCON		
JOHN MASSON	4 00	
TREASURER	4.00	
CHRISTOPHER BAIZ	2 00	
DIRECTOR	2.00	
LYNN BANDA	0.00	
DIRECTOR	2.00	
NICK BARNETT	2.22	
DIRECTOR	2.00	
JANET E. BOURGEOIS		
DIRECTOR	2.00	
ANTHONY BRANDENBURG		
DIRECTOR	2.00	
DR. LUENE CORWIN		
DIRECTOR	2.00	
JOSEPH DAVIS		
DIRECTOR	2.00	
STEVE EGGERS		
DIRECTOR	2.00	
RACHAEL GONZALEZ		
DIRECTOR	2.00	
STEVE KILDOO		
DIRECTOR	2.00	
JESSE LYN CLARK		
DIRECTOR	2.00	
NANCY MILLS		
DIRECTOR	2.00	
WILLIAM C. PULTZ		
DIRECTOR	2.00	
MATILDA ROUGH		
DIRECTOR	2.00	
CHARLES W. SALTER		
DIRECTOR	2.00	
BARBARA SWEARINGEN		
DIRECTOR	2.00	
MARNI L. WALKER	2.00	
DIRECTOR	2.00	
RICHARD D. TALMO	2.00	
EXECUTIVE DIRECTOR	45.00	
PAULINE RILEY	43.00	
FOUNDATION ACCOUNTANT	40.00	
PAMELA GRASSO	40.00	
FOUNDATION COORDINATOR	40.00	
ECOUPTION COOKDINATOR	40.00	

Name of the organization PALOMAR COLLEGE FOUNDATION			Employer identification 95-6094128	
FORM 990, PART VIII - INVESTMENT INCO	ME		ATTACHMENT 2	
DESCRIPTION INTEREST AND DIVIDENDS ON INVESTMENTS		(B) RELATED OR XEMPT REVENUE 163,304.	(C) UNRELATED BUSINESS REV.	(D) EXCLUDE REVENUE
TOTALS	163,304.	163,304.		
			ATTACHMENT 3	
FORM 990, PART VIII - FUNDRAISING EVE	NTS			
DESCRIPTION	GROSS INCOME	DIRECT EXPENSE:	<u>s</u>	NET INCOME
PALOMAR GALA CELEBRATES 2009	86,650	. 6	,760.	79,890.
PALOMAR GOLF CLASSIC 2010	262,935	. 90	,333.	172,602.
PALOMAR GALA CELEBRATES 2010	239,945	. 119	,270.	120,675.
NORTH COUNTY BUSINESS INDUSTRY	13,285	. 2	,586.	10,699.
TOTALS =	602,815	218	, 949.	383,866.
		AT	FACHMENT 4	
FORM 990, PART X - INVESTMENTS - PUBL	ICLY TRADED S	SECURITIES		

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
FIDELITY INVESTMENTS	250,000.	FMV
TOTALS	250,000.	

DEPRECATION Control Property				ļ				Ì							
TION Decirity De	Description of Property							ATTACHME							
Control Discreption Disc	DEPRECIATION														
Control Cont		Date	Unadjusted	9	179 exp			Beginning	Ending		_	L	Ψ		
1/21/2001 6-81. 10-000 6-81.	Asset description	placed in service	or basis	sns %	reduction in basis	Basis Reduction	basis for depreciation	Accumulated depreciation	Accumulated depreciation	Me- Cor			S CRS		Current-year depreciation
Distriction 1,181, 100.00	COMPUTERS	12/31/2003		100.000			6,581.	6,581.	6,581.			_		L_	
1,10 1,10	PRINTER	05/31/2004		100.000			1,983.	1,784.	$\overline{}$	1	5.0	0	_		
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	FURNITURE	12/31/2003	$\overline{}$	100.000			7,168.	6,143.	<u> </u>	ı	7.0	0			1,025.
Section Sect	FURNITURE	05/01/2005	4,004.	100.000			4,004.	2,763.	335.	11	7.00	9			572.
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	COPIER	09/01/2007		100.000			. 727.	327.	٠.	1	5.0	9			145.
1,951 1,951 1,951 1,951 1,131 51	FURNITURE	06/01/2007		100.000			671.	240.	_	1	7.0	9			96.
10 10 10 10 10 10 10 10	COMPUTER LAPTOP	03/01/2008	1,961.	100.000				719.	т.	1	5.0	9			392.
Saels												-			
Seels															
See See											 		_		
Seeks					-										
Seeks															
18-96 18-95- 1										ł					
Seels											4		Ì		
Seets										+	_	-			
Seeks 18,557 20,787 18,557 20,787 19,557 19										+	-	-			
18-557 18-557 20.787 Seeks S										$\frac{1}{1}$		_			
Seets Seet										H					
Seels	Less Retired Assets									`	•				,
110N Date Cost	Subtotals		23, 095.	*			23,095.	18,557.	20,787.		- 1				2,230.
Seets							ļ								
ITION Date Cost placed in or service basis service and placed in or service basis ser															
TION Date Cost placed in or service basis Service basis Date Cost amortization amortization Code Life amortization amortization code Life amortization amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life code code code code code code code cod											\perp	_			
TTION Date Cost placed in or service basis Accumulated Accumulated Accumulated Accumulated amortization amo	Less: Retired Assets								,						·
TION Date Cost	Subtotals			*							,				
Date Cost Placed in or Service basis Accumulated Accum	TOTALS		23,095.	-			23,095.	18,557.	20,787.						2,230.
lescription service basis Accumulated Accumulated Accumulated amortization Code Life amortization amortization Code Life	AMORIIZATION	1					· · ·			-	ŀ				
	Asset description	placed in service		\$	****			Accumulated	Ending Accumulated amortization		<u>و</u>			, » *	Current-year amortization
					*	*	*. Z					,		,*	
					8 *	,				_	Ť				
				٠,	** **	,					*			<u> </u>	
	TOTALS				>		* ;					,^			

ATTACHMENT 5 PAGE 40

*Assets Retired
JSA
0X9024 1 000
66897S 577A

0
~
0
2

	. [
6004120	77.600
,	
10	
20	
-	
NDATION	4
EGE FOU	Proper
AR COLL	ption of
PALOM	Descr

	DEPRECIATION													:
1,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10, 1,10,10,10,10,10,10,10,10,10,10,10,10,10	Asset description	Date placed in service	Unadjusted Cost or basis		179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	A Me		ACRS Q		Current-year
	COMPUTERS	12/31/2003					6,581.	6,581.	6, 581.	SL	+-			
10 10 10 10 10 10 10 10	PRINTER	05/31/2004		100.000			1,983.	1,784.		SI	5.000			
	FURNITURE	12/31/2003	7,168.	100.001			7,168.	6,143.	т.	SI	7.000			1,025.
10 10 10 10 10 10 10 10	FURNITURE	05/01/2005	4,004.	100.000			4,004.	2,763.	_ ·	SI	7.000			572.
December December	COPIER	09/01/2007	727.	100.000			727.	327.		SL	5.000			145.
1, 16, 10, 100, 100 1, 16, 100, 100 1, 16, 10	FURNITURE	06/01/2007		100.001			671.	240.		SI	7.000			.96
1	COMPUTER LAPTOP	03/01/2008	1,961.	100.000			1,961.	719.	\Box	SL	5.000			392.
150 150														
Sedit														
1 1 1 1 1 1 1 1 1 1														
18-854 18-557 1										+				
Seeks														
18,557 20,787 2	Less Retired Assets								^	٠.				s- 4
Seels Seel	SubtotalsListed Property		23,095.				23,095.	18,557.	20,787.		<i>₹</i>		~ **	2,230.
Selfs					:									
10														
18,557 20,787 2	Less: Retired Assets								*					
TION Date Cost or placed in or service basis Service basis Service basis Service basis Accumulated Accumulate	Subtotals		100							«بهرد، د		· }x		
Date Cost placed in or service basis amortization amortization Code Life amortization amortization amortization Post amortization amort	AMORTIZATION		23,095.				23,095.	18, 557.	20,787.		9			2,230.
577A V 10-7.2	Asset description	Date placed in service	1 1 1					Accumulated amortization	Ending Accumulated amortization	L				Current-year amortization
577A V 10-7.2														
577A V 10-7.2	TOTALS				,	*				**]			
V 10-7.2	*Assets Retired JSA 0X9024 1 000													
	66897S 577A				V 10-7.2								PAGE	41