Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calendar year,	or tax year beginning 7/01	, 2009, and ending	6/30	,	2010	
8	Check if	applicable:	С		D Emplo	yer Identific	cation Number	
	Add	fress change Please use IRS label		E DISTRICT	51-	-10141	66	
	Nan	ne change or type.	FOUNDATION		E Telepi	hone numbe	ŧ.	***************************************
	Initi	See specific	18422 BEAR VALLEY RD	-	760	245-	4271 252	3
		mination lions.	VICTORVILLE, CA 92395					
	-	ended return			6 0	receipts \$	2,803,	020
		<u> </u>	and address of principal officer:	E I	H(a) is this a group reti			X No
	☐ wbb		As C Above		H(b) Are all affiliates in		Yes	A No
1	ngo				If 'No,' attach a lis		uctions)	
1		exempt status X 50		4947(a)(1) or 527		_		
J			dation.com		H(c) Group exemption		~**	
K		of organization: X Corpor	ration Trust Association Ot	her L Year of Formation	on: 19/5 M	State of leg	al domicile: CA	Managan di paramanan di paraman
Pa	ırt I	Summary						
			ganization's mission or most signifi		OP_RESOURCE:	S AND	MAKE FRI	<u>ENDS</u>
0	_	TO HELP VICTO	R_VALLEY_COLLEGE_SERVE	OUR COMMUNITY.				
Governance	_	MA WAR WAR WAR WERE THE THE THE WAR WAS THE	no cando sensos sessos sessos carest sobres colore candos delese sobres delest cando					
e	_							
ó		Check this box ►	if the organization discontinued its	operations or disposed of more	than 25% of its a	assets.		0.5
∞			nbers of the governing body (Part \ nt voting members of the governing					25
ies	ŧ		yees (Part V, line 2a)	* 1		h		24
Activities &			teers (estimate if necessary)				A	25
Act	1		business revenue from Part VIII, co			\$2.000.000.000.000.000.000.000.000.000.0		0.
	1	_	s taxable income from Form 990-T,					0.
		TOT OF STATE	Taxable allowed from a state of the state of		T		C V.	
ne	8	Contributions and area	nts (Part VIII, line 1h)		2,268,		2,617,	
			nue (Part VIII, line 2g)			421.	2,017,	130.
Revenue			art VIII, column (A), lines 3, 4, and			451.	71	966.
Re	1		III. column (A), lines 5, 6d, 8c, 9c.	•		366.		406.
			nes 8 through 11 (must equal Part		L		2,721,	
	*		ounts paid (Part IX, column (A), lin					426.
	1				**************************************	700.	031,	420.
	1		members (Part IX, column (A), line			100	200	101
67) d3	1	•	nsation, employee benefits (Part IX		233,	480.	206,	121.
Expenses	16a F	Professional fundraisir	ng fees (Part IX, column (A), line 1	(e)				
ďx	b T	Total fundraising expe	nses (Part IX, column (D), line 25)	► 145,211.				
Ш	17 (Other expenses (Part	IX, column (A), lines 11a-11d, 11f-2	24f)	309,	387.	297,	322.
	18	Total expenses. Add li	nes 13-17 (must equal Part IX, colu	ımn (A), line 25)	2,294,	653.	1,354,	
	3	·	s. Subtract line 18 from line 12.			591.	1,366,	
200			and the second s		Beginning of		End of Yea	
Net Assets of Fund Balance	20	Total accete (Part X)	ne 16)		2,861,		4,320,	
A Bas			, line 26)		63,8			496.
Net	į.				t	***************************************		
-	22 N 		ances. Subtract line 21 from line 20		2,797,0	220.	4,245,	/89.
	11 1 11	Signature Blo				PATRICIA DE LA CONTRACTION DEL CONTRACTION DE LA		
		Under penalties of perjury, true, correct, and complete	I declare that I have examined this return, inc e. Declaration of preparer (other than officer) i	duding accompanying schedules and state s based on all information of which prepai	ements, and to the besiter has any knowledge.	t of my knov	vterige and belief.	rt ris
grille 25		>			week			
Sig		Signature of officer						
ric	IU	Signature of difficer			Date			
				·				
Tel Order Science		Type or print name an	a ane.					
				Date	Check if self	Prepa (see i	irer's identifying n nstructions)	umber
Pa		Preparer's		90c.cóm a refe	employed *			
Pre			na J. Wells, CPA			N/A	1	
Da Us	rer's		rs & Miers CPAs LLP					
On		yours it self 143	50 Civic Drive, Ste 18	10	EIN ► N	I/A		
VII	* y	I made a series a series announcement	torville, CA 92392		Phone no 💌		245-534	1
Mas	/ the IR	- AND CONTRACTOR AND AND CONTRACTOR OF AN AND AN AND AN AND AND ANALYSIS CONTRACTOR CONTRACTOR	with the preparer shown above? (see	e instructions)	g - were the control of the control		X Yes	No
(۲۰۲۵) مسسسد	e terito (F)		and a substitution of the contraction of the contra	rain in our tribule trust fur s managementarisments and second se		in the second se	481 153	185

Form 990 (2009) VICTOR VALLEY COLLEGE DISTRICT	51-1014166	Page
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission: WE DEVELOP RESOURCES AND MAKE FRIENDS TO HELP VICTOR VALLE COMMUNITY.	Y COLLEGE SERVE OUR	
		Minimum same and
2 Did the organization undertake any significant program services during the year which were not list	ed on the orior	
Form 990 or 990-EZ?		No
If 'Yes,' describe these new services on Schedule O.		,
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	m services? Yes X	No
If 'Yes,' describe these changes on Schedule O.	Made Andread Section 1997	J.
4 Describe the exempt purpose achievements for each of the organization's three largest program se and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran expenses, and revenue, if any, for each program service reported.	rvices by expenses. Section 501(c)(3) ts and allocations to others, the total	1
4a (Code:) (Expenses \$ 1,061,026. including grants of \$ 851,4 THE FOUNDATION SUPPORTS THE OPERATIONS AND STUDENTS OF VICTORIES. COLLEGE. IT ELICITS DONATIONS FOR SCHOLARSHIPS AND LOANS TO COLLEGE STUDENTS.	OR VALLEY COMMUNITY O NEEDY AND DESERVING)
	to the most plate name assets their most matter than the most title them the	
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	- 4004 MAX mote case same same layer app 4003 Jan day app 400	
and one can can be seen on the can		
	HI GANGE ARMIN ARMIN ARMIN ARMIN PRICES SARAH SAMAN AND MARKET SISSER ARMIN ARMIN SARAH ARMIN PRICES PRICES A	*** *** ***
4b (Code:) (Expenses \$ including grants of \$	A Prince of the Control of the Contr	
including grants of \$	(Revenue \$)
	O child which there made taken that while while while the same state may make a	
	- Marke - 1440 - 1400 -	

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
what robs care that and the time way will what only row that the time the time the time to robs the time time to robs the time to robs the time time time time to robs the time time time time time time time tim		w hada maker mean
	make make time anyon about most make make make anyon solder and about most	
		**** ****
4d Other program services. (Describe in Schedule O.)		
(Formania &	sum \$	
(Expenses \$ including grants of \$) (Rever	:uc	

Form 990 (2009) VICTOR VALLEY COLLEGE DISTRICT 51-1014166 Page 3 Part IV 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. X 1 2 Is the organization required to complete Schedule B, Schedule of Contributors?..... Χ 2

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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
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,' complete Schedule D, Part I.	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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,' complete Schedule D, Part IV.	9	д 1 до приједни приједина приједина приједина приједина приједина приједина приједина приједина приједина приј	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	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	The state of the s
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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.			
•	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.			
1	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		A P	
4	• 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? If 'Yes,' complete Schedule D, Part X.		8	
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Communication and a second	Х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
4.5	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	RES.		TO ALL
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		Х
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
å	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	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, Part II.	15		Х
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, Part III.	16		Х
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? If 'Yes,' complete Schedule G, Part I	17	And the second second second	Х
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	Did the organization operate one or more hospitais? If 'Yes,' complete Schedule H	20	0000	X

Part IV | Checklist of Required Schedules (continued)

		magney, 6100	Yes	No
2	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	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	- 23	x
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and both the principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and both the principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and the principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and the principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and the principal amount of more than \$100,000 as of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and the principal amount of the year.			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			mine-dampanana.co
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		***************************************
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization operate in an average in a av	240		PHILIPPIN AND ADDRESS OF THE PRINCIPAL AND AD
	disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b is the organization aware that it engaged in an excess benefit transaction with a 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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27		27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	2.1		^
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		·
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.			***************************************
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.	32		<u>X</u> 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	The state of the s	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
BAA				

BAA

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns. Enter -0- if not applicable. 1 a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return?..... 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 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, Disclosure by Tax-Exempt Entity Regarding Prohibited 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ 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 deductible?... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor?..... 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract?..... 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?..... 7g 7h X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?... Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 96 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b

BAA Form **990** (2009)

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.

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

	1a Enter the number of voting members of the governing body	0.5	Yes	s No
	V Likel tile littliper at vallag memberg bhat are indonested	25		
	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	24		
	 Did the organization delegate control over management duties customarily performed by or under the direct supervision Did the organization make any significant charges to it. 	2		<u> </u>
	The state of the s			X
	since the prior Form 990 was filed?	4	-	X
	and a second decome aware untill the year of a material diversion of the economication is		NA PARAMETER STATE OF THE STATE	
	- 5000 the digarization have members or stockholders (5	-	X
	governing body? make members, stockholders, or other persons who may elect one or more members of the			X
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			X
	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
	a The governing body?			1
	b Each committee with authority to act on behalf of the governing body?	8a	X	<u> </u>
-	organization's mailing address? If 'Yes,' provide the games and addresses in School A, who cannot be reached at the		Х	Table and control of the control of
S	ection B. Policies (This Section B requests information about policies not required by the Internetion and Addresses in Schedule O.	9		X
R	evenue Code.)	nai		
		T	V	
1	Oa Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	and branches to ensure their operations are consistent with those of the agreements of such chapters, affiliates,			
1	The are organization provided a copy of this form 990 to all members of its governing best but and	10b	Χ	
	The process, if any lised by the process, if any lised by the programmation to review the management of the process.	11	_^_	
1	- 2 3 3 3 3 4 5 3 9 4 12 4 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	12a	Х	
	to conflicts?to conflicts?	12b	X	
	C Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			***************************************
de .	- 3 - 3 - 3 - 3 - 3 - 3 - 4 - 4 - 4 - 4	12c	X	
	and destruction policy?	13	X	-
75	persons, comparability data, and contemporaneous substantiation of the deliberation and approval by independent	14	Х	
	4 TRE OFFICIALIZATION'S CEO. Executive Obraston on to a continuous	35	v	
	- and another the property of		X	
	The same process in deflection (See Instructions.)	15b		
	ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt ction C. Disclosures	16a		X
Se	ction C. Disclosures	16b		-
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	 able for	 nuhlir	
	Own website Another's website X Upon request		2~ 500 / 15	-
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy state the name, physical address, and telephona number of the	and fin	ancia	.1
ì	State the name, physical address, and telephone number of the person who possesses the books and records of the organi VICTOR VALLEY COLLEGE DISTRICT 18422 BEAR VALLEY RD VICTORVILLE CA 92395 76	zation: 0 245	-42	71
	va fa van van van van van van van van van va			~ ~~

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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.

 $\overline{|X|}$ Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(c)			(D)	(E)	(F)		
Name and Title	Average hours per week				·	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per wear	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-VIISC)	compensation from the organization and related organizations		
PETER_ALLAN												
Director	2							0.	0.	0.		
PERCEY BAKKER												
EMERITUS	2							0.	0.	0.		
VAL CHRISTENSEN												
Director	2							0.	0.	0.		
STEVEN DAVISSON												
Director	2							0.	0.	0.		
DIANNA DONOFRIO												
Vice President	2							0.	0.	0.		
BRUCE M. FAY				TO THE PERSON NAMED IN								
PAST PRESIDENT	2.							0.	0.	0.		
CRAIG C. GARRICK	n and a second		diametrologi	of state of the st		-						
Director	2		-	Anna Anna Anna Anna Anna Anna Anna Anna				0.	0.	0.		
JERRY D KLEIN			alamhi (speps			and the state of t						
Director	2							0.	0.	0.		
ROBERT J. KNISS		and the same of th			- Chirage							
Director	2		are the same			4		0.	0.	0.		
CHRISTOPHER O'HEARN												
SUPERINTENDENT	2							0.	0.	0.		
JANICE L. OLSON		į	- A - A - A - A - A - A - A - A - A - A	***************************************			** Promodomo					
President	4		-		and philips do house	- Landanian State of	anous a second	0.	0.	0.		
DIANA J O'MALLEY			o de la companya della companya della companya de la companya della companya dell		-							
Vice President	4				and de de	- Control of the Cont		0.	0.	0.		
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Director	2		Active a Acrobaltum.	Olivan manageria	The state of the s		A CAMPAGE TO SERVICE	0.	0.	0.		
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Director	1 2]		Applement see	TO STATE STA	Total and a second	all and the second	0.	0.	0.		
BILL G. SCOTT			ĺ					TOTAL CONTRACT AND A CONTRACT OF THE STATE O	CONTRACTOR OF THE PROPERTY OF	V 1		
Vice President	2		1	:			1	0.	0.	0.		
RAA		non-Minimum and additional and	··· A / 5 f				occupant abbusa	***************************************				

Part VII Section A. Officers, Directors, Tru	stees,	Key	/ E	mp	oloy	ees	s, a	nd Highest Co	mpensated Em	plovees (con:
V-7	(B) (c) Average Position (check all that							(D)	(E)	(F)
Name and Title	Average hours per wee		-				****	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	man (1905) And Administration of the Authorities (Annual Andreas (Annual Annual	iuai trustee	Institutional trustee	*	employee	employee employee				organization and related organizations
DANK			***************************************	Mode Environment		å.		the discount passage		
DONNA SMITH Director					Ī		1			
RUSSELL STRINGHAM	2	-		-	-	ļ	-	0.	0.	0
Director	2			-	delication (American	e retablishment en				
SHELLY SULLIVAN	-			-	-	-	-	0.	0.	0
Director	2							0.		
CHESTER L. TOLSON				-				U.	0.	0
Director	2				Andrew Passesses			0.	0.	0
CHARLES D. UTGARD Vice President									· · · · · · · · · · · · · · · · · · ·	V
KEN WALSH	2							0.	0.	0
Director	2					-	The state of the s			**************************************
DONNA J. WELLS	2							0.	0.	0
Treasurer	2		-			and the same of th	with the state of	0		
STARLA R. WHITNEY							-	0.	0.	0
Director	2	W robital-adialysis					-	0.	0.	0
VIRGINIA K. ONTIVEROS								***	V.	0.
EXECUTIVE DIRECTOR	40		_			Χ		110,000.	0.	0.
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		-	-			_				
100 Mark 1000 Ma		-	and the same name of the same	natural description of the last	-	El de Proposition de la constantina della consta		d de la constitución de la const	ne mindensial Acc	
			\dashv	-	-	-				
	1			***************************************	-	VI VIII	To the second	PRACTICAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS		
THE SALE SALE SALE SALE SALE SALE SALE SAL				1	1					
1 h Total							ald the same and t			
1b Total						•	-	110,000.	0.	0.
2 Total number of individuals (including but not limited t from the organization ► 1	o those	liste	d al	00V6	e) wł	10 re	eceiv	ed more than \$10	00,000 in reportable	compensation
T I	MANAGAR DICKET PROBLEMAN		netobishing.		et kirket en de propositie	-	****			Reference to the second
3 Did the organization list any former officer discate										Yes No
on line 1a? If 'Yes,' complete Schedule J for such indi										
M FUL ADV IDDIVIDUAL HISTARI ON LINA TO LA HAR AL	8 1 6									3 X
the organization and related organizations greater that individual	n \$150,0	000?	If "	Yes	' con	nple	te S	chedule J for such		
5 Did any person listed on line 1a receive or accrue com- rendered to the organization? If 'Yes,' complete Scher	nancati	~~ &	~							4 X
	fule J fo	r suc	:h p	ers	unri 011	elare	3ªŒ 01	rganization for ser	vices	5 X
24441 S. Hidebendent Contractors										
 Complete this table for your five highest compensated compensation from the organization. 	indepen	ident	001	ntra	ctors	s tha	it red	ceived more than	\$100,000 of	
(A)	***************************************		-	****	·		T			
Name and business address							- T-	(8) Description of S	iervices Co	(C) mpensation
										Inhalizatioti
	·									
	******						-			
	hamana			Tomotohou,ea	-		-			
	antinona i montrologica processor						+		I have been a second as a seco	
2 Total number of independent contractors (including but	not limit	ted to) lh	05.3	isto	ed at	1	Valor range		
2 : 00.000 in Composisation from the organization ► U				_ ~~		Car Car	~~ ¥ C	/ env received mi	иe man	
VA				h-manin-at-pg- _a g _{t-an}				ta di	90108_ 01/30/10 Fo	orm 990 (2009)
									11,	(CUUD)

Pa	rt VIII 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
SS	1a Federated campaigns	REPORT OF THE PERSON NAMED IN			E BISTORY
WAN	b Membership dues				
S, G	c Fundraising events 1 c				
AR	d Related organizations 1d		TENES NEEDS		
NS.	e Government grants (contributions) 1 e				The Contract of
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 2, 617, 198.				
TRIE	q Noncash contributs included in Ins 1a-1f: \$				
S A	h Total. Add lines 1a-1f.	2,617,198.			
ш	Business Code	Annual Company			
ENU	2a				
RE	b				
JCE	c			*** *** * *** *** **** ********* * ***	
ER	d				
×	e				
SGR.	f All other program service revenue				
PR	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)	74,966.			74,966.
	4 Income from investment of tax-exempt bond proceeds . >			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) (i) Securities (ii) Other				Name and Address of the Owner, where
	7a Gross amount from sales of assets other than inventory.				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)		ATT AND ASSESSED.		
	d Net gain or (loss).				
Æ	8a Gross income from fundraising events (not including. \$				
VEN.	of contributions reported on line 1c).		THE HOUSE IN		
OTHER REVENUE	See Part IV, line 18 a 110, 856.				
W.	b Less: direct expenses				
6	c Net income or (loss) from fundraising events	29,406.	29,406.		
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b		A STREET		
	c Net income or (loss) from gaming activities	- Anna mpinnoo			
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	000/	- Anna-Appe		
	Miscellaneous Revenue Business Code				
	11a	· ·	000000000000000000000000000000000000000		
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				A Section
	12 Total revenue. See instructions	2,721,570.	29,406.	0.	74,966.

Part IX Statement of Functional Expenses

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

	Section 501(c)((3) and 501(c)(4) organizations must complete all columns. mplete column (A) but are not required to complete columns (B), (C), and (D).								
	All other organizations must com		(D).							
60,	not include amounts reported on lines 7b, 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 organizations in the U.S. See Part IV, line 21	413,629.	412 620		CAPCI (303					
2			413,629.							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	437,797.	437,797.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	132,778.	39,834.	92,944.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.		0.					
7	Other salaries and wages.	73,343.	44,699.	28,644.	0.					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		11,000.	20,044.	and the second s					
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
	Management									
ŧ	Legal									
	: Accounting									
C	Lobbying									
е	Prof fundraising svcs. See Part IV, In 17	<u> </u>								
	Investment management fees.									
g	Other	6,880.	1,947.	4,902.	31.					
	Advertising and promotion	2,710.	240.	501.	1,969.					
13	Office expenses	6,588.	310.	4,313.	1,965.					
14	Information technology.									
15	Royalties									
16	Occupancy									
17	Travel	20,075.	16,197.	2,236.	1,642.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.									
19	Conferences, conventions, and meetings	3,475.	3,400.	75.						
	Interest									
	Payments to affiliates.									
	Depreciation, depletion, and amortization.									
23	insurance	1,179.		129.	1,050.					
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				1,030.					
	BAD DEBT	37,550.	25,000.	·····································						
b	CATERING	25,061.	2,467.		12,550.					
c	SUPPLIES	23,757.	21,839.		22,594.					
ď	GRANTS AWARDED	22,282.	41,037.		1,918.					
	FACILITES & DECORATIONS	21,627.	4,190.	200	22,282.					
	All other expenses.	126,138.	49,477.	393.	17,044.					
	Total functional expenses. Add lines 1 through 24f	1,354,869.	1,061,026.	14,495.	62,166.					
26 . (Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	2,332,003.	1,001,028.	148,632.	145,211.					

BAA

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	54,390.	1	161,259.
	2	Savings and temporary cash investments	696,549.		637,149.
	3	Pledges and grants receivable, net.		3	33//233.
	4	Accounts receivable, net.	892,359.		305,368.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	303,308.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	- Control of the Cont	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S S E	7	Notes and loans receivable, net	36,671.	7	37,671.
Ē	8	inventories for sale or use	140,000.	8	140,000.
Ś	9	Prepaid expenses and deferred charges	2107000.	9	140,000.
	10	a Land, buildings, and equipment: cost or other basis. 10a 2,371,880.		9	
		Complete Part VI of Schedule D			
	ı	Less: accumulated depreciation	460,000.	10 c	2 205 000
	11	Investments – publicly-traded securities	581,471.	11	
	12	Investments – other securities. See Part IV, line 11.	JU1,4/1.	12	733,838.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).	2,861,440.		1 220 025
	17	Accounts payable and accrued expenses	63,202.	16	4,320,285.
	18	Grants payable.	03,202.	17	73,896.
	19	Deferred revenue		18	
Ĺ.	20	Tax-exempt bond liabilities		19	
Å B	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		20	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		21	
T		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable to unrelated third parties.		23	
	25	Other liabilities. Complete Part X of Schedule D.	600.	24	
and the same	26	Total liabilities. Add lines 17 through 25	63,802.	25	600.
N	****************	Organizations that follow SFAS 117, check here ► X and complete lines	03,802.	26	74,496.
NE P		27 through 29 and lines 33 and 34.			
Å	27	Unrestricted net assets	744 022	07	2 500 001
d contraction of the	28	Temporarily restricted net assets.	744,923. 1,625,095.	27	2,590,921.
s	29	Permanently restricted net assets.		28	1,220,998.
OR		Organizations that do not follow SFAS 117, check here ► and complete	427,620.	29	433,870.
- 1		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds.			
- }	31	Paid-in or capital surplus, or land, building, and equipment fund		30	
A	32	Retained earnings, endowment, accumulated income, or other funds		31	
N	33	Total net assets or fund balances.		32	
BA JA NONS		Total liabilities and net assets/fund halances		33	4,245,789.
BAA		Total liabilities and net assets/fund balances.	2,861,440.	34	4,320,285.
	-				Form 990 (2009)

Form **990** (2009)

Form 990 (2009) VICTOR VALLEY COLLEGE DISTRICT	51-1014166	p,	ige 12
Part XI Financial Statements and Reporting			ige iz
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	N. S.
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	2-	х	
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O.	kplain		25
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both:	r were issued on a		
Separate basis Consolidated basis Both consolidated and separate basis	(**************************************		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	orth in the Single	And display and the state of th	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	and the state of t	Andrew Control of the	Λ

TEEA0112L 02/05/10

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.

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

VICTOR VALLEY COLLEGE DISTRICT

	FO	UNDATION	DLLEGE DISTRICT					1		ication numbe		2000
Pai	rt I Reason for	Public Charity St	atus (All organizatio	>P20 P20 (12 1	51-	10141	66		
The	organization is not a	private foundation her	cause it is: (For lines 1 th	JIIS MU	ist com	piete	this pa	art.) Se	e instr	uctions		
1	A church, conve	ention of churches or	association of churches di	rough 11	. check	only on	e box.)					
2	A school descri	bed in section 170/hV	IXAXii). (Attach Schedule	escribed - = \	in secti	on 170(I)(A)(1)(A)	(i).				
3	A hospital or co	operative hospital sen	vice organization describe	e E.)								
4	A medical resea	arch organization oper	ated in conjunction with a	ed in sec	tion 170	(b)(T)(A)(iii).					
			ated in conjunction with a									
5			fit of a college or univers						l unit de	scribed in s	section	
6 7		or local government of that normally receives X1XA)(vi). (Complete	or governmental unit desc a substantial part of its s Part II.)	cribed in support t	section from a g	170(b)(1	I)(A)(v). ental un	it or from	1 the ner	neral nublic	docoribad	
8									. 11.0 gc/	iorai papiic	described	
9	An organization	that narmally various	n 170(b)(1)(A)(vi). (Compl									
	June 30, 1975. S	me and unrelated busi See section 509(a)(2). (: (1) more than 33-1/3 % nctions — subject to certa ness taxable income (less (Complete Part III.)	s section	511 tax) from b	usiness	es acqui	ership fe 1/3 % of red by th	es, and gro its support re organiza	ss receipt from gross tion after	S S
10	An organization	organized and operate	ed exclusively to test for p	oublic sa	fetv. See	e sectio	n 509/a\	(A)				
11	more publicly su describes the typ	organized and operate prorted organizations	ed exclusively for the bene described in section 509 nization and complete line	efit of, to	perforn	the fur			ry out th 5 09(a)(3)	e purposes . Check the	of one or box that	
	a Type	b Type	II c Tyne	111 _ F. o	notionali		ated		d 🗆	Type III-	Other	
е	By checking this than foundation (509(a)(2).	box, I certify that the omanagers and other th	organization is not control an one or more publicly s					or more ed in sec	disqualif tion 509			
f	If the organizatio	n received a written de	etermination from the IRS	that ie :	а Туре I,	Туре ІІ	or Type	e III supp	orting o	rganization		
g			ation accepted any gift of								L	
											·	
	(i) a person w	ho directly or indirectly	controls, either alone or	together	with ne	renne di	acoribas	Vie div	and Ziris		Yes No)
										11g(i)		
	a ranning me	niber of a person des	cribed in (i) above?							. 11 g (ii)		
h	(III) a 33 % CUIRI	rolled entity of a persol	n described in (i) or (ii) al	bove?						11 g (iii)		
	1.01.00 are 101104	ring initimation about	the supported organization	ons.						5 5 ()	L	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	organiza (i) liste	is the stion in col. sd in your erning iment?	the organicol.	you notify nization in (i) of upport?	organizat	ted in the	(vii) Amoun	t of Support	
				Yes	No	Yes	No	Yes	No			
		accept planes or property and a prop									****	
1					Veteronica							
												~~
	TOTAL SAND AND AND AND AND AND AND AND AND AND			a producent	Marie Paris i communica	Military and a second	Water industry and a second	100				
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				The state of the s		WWellman	A total commangge	And the second	ļ			
Total		100									of management of the second se	
RAA Eo	or Privacy Act and Danes											

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 VICTOR VALLEY COLLEGE DISTRICT 51-1014166

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7 or 8 of Part I.)

S	ection A. Public Support	NCC THE DOX OF THE	e 5, 7, 0f a 0f Par	t I.)			
Ca be	lendar year (or fiscal year ginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,065,063.	2,155,876	1,902.706	2 128 427	2,617,198.	9,869,270.
i	2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.				2,120,121.	. 2,017,130.	
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	1,065,063.	2,155,876.	1,902,706.	2,128,427	2,617,198.	9,869,270.
\$	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					2,017,130.	0.
6					20152100		<u> </u>
Se	from line 4 ction B. Total Support						9,869,270.
Cal	endar vear (or fiscal vear						
beg	inning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,065,063.	2,155,876.	1,902,706.	2,128,427.	2,617,198.	9,869,270.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	72,897.	70,599.	53,195.	48,451.	74,966.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on.			33, 133.	40,451.	74,966.	320,108.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. Add lines 7 through 10						10,189,378.
12	Gross receipts from related activit	ties, etc. (see insti	ructions)				0.
13	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second	Albert and Fr. 14	eren .		
14	The second secon	auc authour L	cicentaue				and the second s
15	Public support percentage for 200 Public support percentage from 20	o (line 6, column (208 Schedule A =	(T) divided by line	11, column (f)	100111111111111111111111111111111111111	14	96.9%
16a	33-1/3 support test — 2009. If the and stop here. The organization q	orospization did a	at about the stand				96.8% (this box
b	33-1/3 support test — 2008. If the cand stop here. The organization qu	aragnization did no	stabaal a ba	0. 32 16			harmon
	10%-facts-and-circumstances test or more, and if the organization method organization meets the 'facts-a	: — 2009 if the organic the constances ind-circumstances	anization did not o d-circumstances' t ' test. The organi	check a box on line est, check this bo zation qualifies as	e 13, 16a, or 16b, x and stop here. E s a publicly suppo	and line 14 is 109 Explain in Part (V) rted organization.	6 now
	10%-facts-and-circumstances test or more, and if the organization me organization meets the 'facts-and-organization meets the 'facts-and-organization' facts and organization' facts and organization or facts and organization organization or facts and organization or	circumstances' te	st. The organizat	ion qualifies as a i	x and stop nere. E Dublicky supported	explain in Part IV t	now the
10	Private foundation. If the organizal	tion did not check	a box on line, 13,	16a, 16b, 17a, or	17b, check this b	ox and see instruc	ctions.
BAA					and the second s	The state of the s	

Schedule A (Form 990 or 990-EZ) 2009 VICTOR VALLEY COLLEGE DISTRICT 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.)

Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.		(b) 2006	(c) 2007	(d) 2008	(6) 2000	/A =)
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.				(4) 2000	(e) 2009	(f) Total
admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
facilities furnished in a activity that is related to the organization's tax-exempt purpose.				To Conference of the Conferenc		
that is related to the organization's tax-exempt purpose.			and the second	and department of the second	Attended to the state of the st	
purpose.		1. District special section of the s		The state of the s	Tomas and the second se	
par posto			VA CAPPARIAN	Andrew Comment	deduccopies.	
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	- District					
either paid to or expended on its behalf.	Mora egyana					
The value of services or						
facilities furnished by a			The state of the s		Martin acce	
governmental unit to the organization without charge			Victor and American	PRADALAgge		
Total. Add lines 1 through 5						
a Amounts included on lines 1						***************************************
2, 3 received from disqualified persons.	- 1,0000 samman,441					
b Amounts included on lines 2						
and 3 received from other than disqualified persons that		AVEL BALLEY	***************************************	and property and the second	richman de aumante	
exceed the greater of 1% of	store available	perimonapad	Palabathinaan	WANTED A STATE OF THE STATE OF	domyrepholia	
the amount on line 13 for the	1 1000000	Military	an and the state of the state o	PERMANIA	Syrvacionicolos	
year				Abbrekernaa	PARAMATINA	
c Add lines 7a and 7b.						
Public support (Subtract line						
7c from line 6.)						
ction B. Total Support						
	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	/A T.1.7
Amounts from line 6					(0) 2003	(f) Total
a Gross income from interest, dividends, payments received						······································
on securities loans, rents	delinensesso		AMMERICANCE	Anamapation		
royalties and income form	-	w experience	III III Consession III III II			
similar sources	theretelphine	Proposition	The second			
Unrelated business taxable income (less section 511						· · · · · · · · · · · · · · · · · · ·
taxes) from businesses	man, and a	mapoint in contract of the con			an house, and a second a second and a second a second and	
acquired after June 30, 1975	w		T T T T T T T T T T T T T T T T T T T	and distribution of the state o	and the second	
Add lines 10a and 10b						
Net income from unrelated business						
activities not included inline 10b, whether or not the business is	***************************************		Wall-billion or	Andrew statutal	Villabane	
regularly carried on	Perfections	And Additional	probability.	4 Millionoco		
Other income. Do not include	1					
gain or loss from the sale of capital assets (Explain in	ФФФ	resonanded.		disprovidure.	w post of the state of the stat	
Part IV.)	Arthurst	Оптерозована		Polymer and Property and Proper	A Same V. p. J. Commi	
Total support. (add ins 9, 10c. 11, and 12,1	he organizatioi	n's first, second	third, fourth or 64	h lay year as a	notion E01/11/01	
Total support. (add ins 9, 10c. 11, and 12,1	ere.		and the state of t	un tax year as a si	ection 501(c)(3)	▶ [
Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for to organization, check this box and stop here.		5 C . Print 2 7 4 5 7 4-2				***************************************
First five years. If the Form 990 is for to organization, check this box and stop the Computation of Public.		additional and the second second	2 001 000			
Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop bettion C. Computation of Public Public support percentage for 2009 (line)	e 8, column (f)	divided by line 1.	э. column (1))			87.
Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2009 (line Public support percentage from 2008 S	chequie A. Pai	rt III line 15	3. column (1))		15	9/6
Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop the organization of Public 19. Public support percentage for 2009 (line Public support percentage from 2008 Sion D. Computation of Investmentage from 2008 Sion D. Computation of	chedule A, Pai lent Incom e	Percentage			16	
Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for torganization, check this box and stop in the following properties of the following	chedule A, Pai lent Income Uline 10c. coli	Percentage	Lino 13 original		16	9/3
Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop in the first five years. If the Form 990 is for the organization, check this box and stop in the first first five years. If the Form 900 is for the first	chedule A, Pal 1ent Income (line 10c, colu 08 Schedule A	e Percentage Imm (f) divided by Part III, line 17	/ line 13, column (t)))	16	% %
Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for torganization, check this box and stop in the first five years. If the Form 990 is for torganization, check this box and stop in the first five years. If the properties of the first first five years in the first five years. If the graph of the first five years in the first five years in the first five years. If the graph of the grap	nent Income (line 10c, colu 8 Schedule A	Percentage mn (f) divided by Part III, line 17.	/ line 13, column (f)))		%
Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop in the first five years. If the Form 990 is for the organization, check this box and stop in the first five years. If the Fublic support percentage for 2009 (line Public support percentage from 2008 Sign D. Computation of Investment income percentage for 2009)	nedule A, Par nent Income (line 10c, colu 08 Schedule A nization did no stop here. The	Percentage Imm (f) divided by Part III, line 17. The conganization quality	v line 13, column (for the second line 14, and line alifies as a publicly))	16 17 18 33-1/3%, and line 1 zation	% % % 7 is not

Schedule A (Form 990 or 990-EZ) 2009 VICTOR VALLEY COLLEGE DISTRICT 51-1014166	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	Page 4
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	J; 1S.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

VICTOR VALLEY COLLEGE DISTRICT FOUNDATION

Employer Identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if 51-1014166 the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate contributions to (during year)... 3 Aggregate grants from (during year) Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, No Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the Held at the End of the Year a Total number of conservation easements.... 2a **b** Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06..... 2c 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following (i) Revenues included in Form 990, Part VIII, line 1..... ×\$ (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, > S b Assets included in Form 990, Part X × \$

G. gamzation 3 mainta	ining Collection	ns of Art, His	storica	l Treasures,	or Other Similar A	Assets (conti	Ра пие
3 Using the organization's acquisiti items (check all that apply);	on accession and ot	her records, che	eck any	of the following	that are a significant us	se of its co	lectio	n
a Public exhibition		d Loar	or exc	hange programs				
b Scholarly research								
			******				· · · · · · · · · · · · · · · · · · ·	
4 Provide a description of the organ Part XIV.	nization's collections	and explain ho	w they f	urther the organ	nization's exempt purpo:	se in		
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? and IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIV and complete the following table: C Beginning balance C Beginning balance C Beginning balance I c d Additions during the year I Ending balance I Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, lit V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, lit V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, lit V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, lit V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, lit V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, lit V Endowment earnings, gains, and losses C Net Investment earnings, gains, and losses G Contributions C Net Investment earnings, gains, and organizations Formal endowment P \$ Administrative expenses. G End of year balance 433,870. 0, Describe in Part XIV the intended uses of the organization's endowment funds. C Investment because of the organizations of the organization of the organizations of the organization of the pass (b) Cost or other possis (b) Cost or other possis (b) Cost or other possis (b) CP		lantion?	Yes	August	=,.			
Escrow and Custodia	I Arrangements	Complete if	orann	ization answ	ered 'Yes' to Form	990, P	art IV	N/, lir
1a is the organization an agent, trust included on Form 990, Part X?	tee, custodian, or ot	her intermedian	for cor		ner assets not	Yes		N
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the follow	ing table	;		~~~~	Ĺ	
c Beginning balance						Amount		
d Additions during the year					16			
e Distributions during the year		***********			ld la			
f Ending balance			* * * * * * *		1e			
2a Did the organization include an ar	nount on Form 990	Part V lina 212			11	- proof		2005
b If 'Yes,' explain the arrangement	n Part XIV	art A. Inte Zi:		* * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	Yes		N
Part V Endowment Funds Cor	mplete if organi:	ration answe	rod 'V	oc' to Form	200 D-+ IV 8- 3			
	(a) Current year							
1a Beginning of year balance		(b) Thur yea		(c) (wo years bac	k (d) Three years back	(e) Fo	ur, year:	3 bac
			0.				4100	
c Net Investment earnings, gains								
							- War	
e Other expenditures for facilities	· · · · · · · · · · · · · · · · · · ·							
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	***************************************	···········						
3a Are there endowment funds not in	the possession of th	e organization t	hat are	held and admini	stered for the	-		
3a Are there endowment funds not in organization by:							(es	
3a Are there endowment funds not in organization by:(i) unrelated organizations		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				30(0)	es	Х
3a Are there endowment funds not in organization by; (i) unrelated organizations (ii) related organizations	· · · · · · · · · · · · · · · · · · ·				•••••••••	3a(i)	/es	X
 3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization 	panizations listed as	required on Sch	edule R	**************************************	•••••••••	3a(i)	/es	X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization organizations.	panizations listed as	required on Sch	edule R	?		3a(i)	/es	No X X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization organizations 1 Describe in Part XIV the intended under the Investments—Land, But	panizations listed as uses of the organizat ildings, and Eq	required on Schion's endowmer	edule R nt funds. e Form	:? 1 990, Part X		3a(i)	/es	Х
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b if 'Yes' to 3a(ii), are the related organization of investment 2art VI Investments—Land, Bu Description of investment	ganizations listed as uses of the organizations, and Eq. (a) Cost (incompared)	required on Schion's endowmer uipment. Set or other basis restment)	edule R nt funds. e Form	990, Part X	, line 10.	3a(i)		X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization of investment 2art VI Investments—Land, Bu Description of investment 1 a Land.	panizations listed as uses of the organizations, and Eq. (a) Cost (inv. 1	required on Schion's endowmer uipment. Second or other basis	edule R nt funds. e Form	990, Part X	, line 10.	3a(i) 3a(ii) 3b		X X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization of investment 2art VI Investments—Land, Bu Description of investment 1a Land. b Buildings	panizations listed as uses of the organizations ildings, and Eq. (a) Cost (inv. 1)	required on Schion's endowmer uipment. Set or other basis restment)	edule R nt funds. e Form	990, Part X	, line 10.	3a(i) 3a(ii) 3b	ok Valı	X X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization of investment Part VI Investments—Land, But Description of investment 1 a Land. b Buildings c Leasehold improvements	iganizations listed as uses of the organizations ildings, and Eq. (a) Cost (inv. 1)	required on Schion's endowmer uipment. Second or other basis restment).	edule R nt funds. e Form	990, Part X	, line 10.	3a(i) 3a(ii) 3b	ok Valı	X X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization of investment organizations 2art VI Investments—Land, But Description of investment 1 a Land b Buildings c Leasehold improvements d Equipment	inanizations listed as uses of the organizations ildings, and Eq. (a) Cost (inv. 1)	required on Schion's endowmer uipment. Secon other basis restment), 845,000.	edule R nt funds. e Form	990, Part X	, line 10.	3a(i) 3a(ii) 3b	ok Valı	X X
3a Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organization of Investments—Land, But Describe in Part XIV the intended to Description of investment 1a Land. b Buildings c Leasehold improvements	inanizations listed as uses of the organizations ildings, and Eq. (a) Cost (inv. 1	required on Schion's endowmer uipment. Second or other basis restment), 845,000.	edule R nt funds. e Form (b) Co bas	1 990, Part X ost or other is (other)	(c) Accumulated Depreciation	3a(i) 3a(ii) 3b (d) Boo	ok Valı	X X 2000

Part VII Investments-Other Securities See Fo	rm 990, Part X, I	ine 12. N/A	.O14100 rage
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation
Financial derivatives.		Cost or end-of-year n	narket value
Closely-held equity interests.			
Other			

	——————————————————————————————————————		
			madda mada mar ann an
			NOVA
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments—Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year m	luation parket value
		ood or and or year in	ante value
	<u> </u>		N
			44000
			the state of the s
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X, Ii	······	<u> </u>	
(a) Desc	ription		(b) Book value

Total. (Column (b) must equal Form 990, Part X, col.(B), line	15)		
Part X Other Liabilities (See Form 990, Part X	. line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
JOSEPH CAMPBELL SCHOLARSHIP	60		

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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	60		

Schedule D (Form	990) 2009 VICTOR VALLEY COLLEGE DISTRICT	51-1	014166 Page
Fart Al Reco	onciliation of Change in Net Assets from Form 990	to Einancial Clatament	27.12
i iotal reveilus	FORM 990, Part VIII, column (A), line 12\		
- inter exhaust	es (Form 990, Part IX, column (A), line 26)		
a mucass as fat	encity for the year. Subtract line 2 from line 1		
* 1401 0111 0GHZC	d gains (105585) on investments		
	ress and use of faulities		
· nivalence	Aptibes		
* I HOL POHOCI O	iujusurietits		
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- interiority	cins (riet). Add liftes 4 through 8		And the second of the second o
11000	itemation of Nevertue per Audited Financial States	nents With Dovonus nor Date	rn N/A
	y asing did doler support per audited financial statements	1	The state of the s
 Amounts men 	uded on line I but not on Form 990, Part VIII, line 12:		
a ivet urirealized	d gains on investments	2a	
D Donated Servi	ces and use of facilities	. 2b	A .
c recoveries of	prior year grants	2e	A.
a Other (Describ	pe in Part XIV)	2d	
e Add lines Za ti	hrough 2d	26	
3 Junuacume 2	ce from line 1	3	
4 Amounts inclu	ded on Form 990, Part VIII, line 12, but not on line 1:		
a investments e	xpenses not included on Form 990, Part VIII, line 7b	4a	1
b Other (Describ	e in Part XIV)	/h	
c Add lines 4a a	nd 4b		
o lotal levelille.	MUU HITES 3 and 4c. This must adual Form gon Down to the total		
Trocol.	ichiadon di Expenses per Audited Financial Statemen	its With Evnances now Deturn	N/A
· · · · · · · · · · · · · · · · · · ·	s and rosses per audited financial statements		
E AHOUNS INCIU	ued on line I but not on Form 990, Part IX, line 25:		
a Donated servic	es and use of facilities	. 2a	
b Prior year adju	stments	. 2b	
c Other losses		. 2c	
a Other (Describe	e in Part XIV)	24	
e Add lines 2a th	rough 2d		
3 Juniaci iile Zi	# Irom line I	3	6-4-5
* / Miloures includ	ied on Form 990, Part IX, line 25, but not on line 1:		May (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
a Investments ex	penses not included on Form 990, Part VIII, line 7b	. 4a	
D Other (Describe	e in Part XIV)	4b	
C AUU IIIIes 4a an	G 40 , , , , ,		
5 Total expenses.	. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	_5	
Part XIV Supple	emental Information		
Complete this part to	provide the descriptions required for Part II lines 2.5 and 0.5		
line 4; Part X, line 2;	provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	art III, lines la and 4; Part IV, lines lb	and 2b; Part V,
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Schedule D (Form 990) 2009 VICTOR VALLEY COLLEGE DISTRICT	51-1014166	
Schedule D (Form 990) 2009 VICTOR VALLEY COLLEGE DISTRICT Part XIV Supplemental Information (continued)	J1-1014100	Page 5
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Name of the organization VICTOR VALLE	V COLLECE	DICODI	r/3m			inspection
FOUNDATION	T COPPERE	DISTRI	LUT		Employer identific	
Part I Fundraising Activities. Comp	plete if the organ	nization an	swered 'Y	es' to Form 990, Part IV		06
1 Indicate whether the organization	raised funds the	rough any	of the follo	nuna activitica. Charle		
Mail solicitations		. ough uny	or the rolls			
Internet and email solicitation	c				-government grants	
Phone solicitations	3			Solicitation of gove		
				X Special fundraising	g events	
In-person solicitations						
2a Did the organization have written employees listed in Form 990, Par	or oral agreeme rt VII) or entity i	int with an	y individua	(including officers, dir	ectors, trustees or key	faccounting Economical
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or ent	itiac /fund	raisers) pu	rsuant to agreements u	nder which the fundrais	Yes XN ser is to be
(i) Name of individual	(ii) Activity	T	fundraiser	7- A C	(v) Amount paid to	**************************************
or entity (fundraiser)	(ii) / totavity	have custoo	dy or control butions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by)
		Yes	No		301(1)	organization
		do reference property and a data data data data data data dat	The Proposition of the Propositi			**************************************
		The second secon				
***************************************		The state of the s		**************************************		
						P-10
			www.commonth	Monotomical	roya usandanza	
		Arial process				
	терен по	PERMITALAGO				
					and a special an	
			potanino o o o o o o o o o o o o o o o o o o			
		1				
Total					Windows Co.	0.
3 List all states in which the organizat or licensing.	ion is registered	or license	ed to solicit	t funds or has been not	tified it is exempt from r	egistration
men that were the time to the time the time to the time the time the time time the time time time.	Street, strate areas made attack the strate.				Comment formated annual handow formation program actions formation formation for the comment of	
	No. 1000 1000 1000 1000 1000 1000		The feet was made and	to street white typing dates along control wheel straight street pulsars.		white the state white the train the state of the state of the same
attine magnife statute mijo comme natura mandra mindra citara attina promine attina armedi strine. Attina attina	··· ·· ·· · · · · · · · · · · · · · ·					
				positive variance systems assume analysis consists and consists are consistent and consists are consistent and consists and consis	who were the safe with the saf	
AND AND THE STATE AND		~ ~ ~ ~ ~				THE STATE ST
ANT COST TARK SOLD AND THE TOTAL SOLD THE STATE SOLD THE STATE SOLD THE SOL	Market damph states allower source supplies designly so	and the many plant the		**************************************	and yelly make and make yelly which there were also and also	1000
As a set a count for any process and a set of set o	name when he is assume asked the sound of	man man yahar a day yanan		Address of the second s	THE RAY IS ARREST MADE TO THE THEORY TO SEE THE STATE OF THE SECTION OF THE SECTI	And Admit 175000 and these 1860 that the 17770 Admit

Page 2

	311.11	reported more than \$15,000 on	Form 990-EZ, line	answered 'Yes' to 6a. List events wit	Form 990, Part IV h gross receipts gi	, line 18, or reater than \$5,000
R	М. обогдалина предправа обимани		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
REVENU	re-constitution of		(event type)	(event type)	(total number)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
N U E	1	Gross receipts	110,856		AND THE PROPERTY OF THE PROPER	110,856
£	2	Less: Charitable contributions			an in the state of	
all the delengan	3	Gross income (line 1 minus line 2)	110,856.	**************************************		110,856
	4	Cash prizes	Official and Admigration			
	5	Noncash prizes				
D-RECT		Rent/facility costs				17,044
Č	7	Food and beverages				
E X		Entertainment				22,594
EXPE X SES	9					17,500
š	,		The action of the control of the con			24,312
	10 11		nrough 9 in column (d).			81,450
Pa		Net income summary. Combine lines 3, o	column (d) and line 10			29,406
	·	\$15,000 on Form 990-EZ, line 6a	adon answered Ti 1.	es to Form 990, Pa	art IV, line 19, or r	eported more thar
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
U	1	Grace rayanya			MMMSSM retroit alleger states of decrease a specific delicition measure. It is a problem to the control and accompany to	
		Gross revenue			ear district part and the committee surprises properties that the committee of the committe	
D X	2	Cash prizes				
DIRECT	3	Non-cash prizes.				and the state of t
5	4	Rent/facility costs				V, line 19, or reported more than c) Other gaming (Add col. (a) through col. (c)) (es%
	5	Other direct expenses	остранования			
		Volunteer labor	Yes %	Yes %	Yes %	50000000000000000000000000000000000000
	o	volunteer labor.	No	No l	No	
The state of the s	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		**************************************	
	8	Net gaming income summary. Combine lin	es 1, column (d) and lin	ne 7	And the state of t	
						YES NO
9 a	Is the	or the state(s) in which the organization ope e organization licensed to operate gaming a	rates gaming activities:	or or harker of		A STATE OF THE PARTY OF THE PAR
b	If 'No	o,' explain:	2011/11/05 11 GGG1 () H162	e States?		9a
			enter make anne upon taker taket anne dan den den den den den den den den	make Mood Admin Admin Admin and heapy Admin while water	with which was a court of the c	
10a	 Were	any of the organization's gaming licenses	revoked, suspended or	terminated during the t-	and the same and t	
b	If 'Ye	es,' explain:		services carring are to	2A year :	10a
		of data labor states assess region words labor sound adds, from labors would white wash assess down which will	and himse when himse work which public hilds make down when which is	and delike mine cases then take such which some single paids.		
		the organization operate gaming activities				
12	s the	organization a granter henefician, or trust	too of a touch or a manual		G	
ΙΔΔ	-C-remit-second	nister charitable gaming?				12

Schedule G (Form 990 or 990-EZ) 2009 VICTOR VALLEY COLLEGE DISTRICT	51-1014166	F	age 3
13 Indicate the percentage of gaming activity operated in:		YES	NO
a The organization's facility	13a %		133
b An outside facility.	13h 9		
14 Enter the name and address of the person who prepares the organization's gaming/special events	books and records:		
Name: •			
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gamin	na revenue?	2	9/10
of gaming revenue retained by the third party \$	and the amount		
c If 'Yes,' enter name and address of the third party:			
Name: ►			
Address: ►			
16 Garning manager information			
Name: ►			
Gaming manager compensation ► \$			
Description of services provided: ►			
Director/officer Employee Independent contractor	100 UNA WORLD ALL WORLD WIND WAR WORLD AND AND AND AND AND AND AND AND AND AN		
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming process state gaming license?	4.90		200
big there are amount of distributions required under state law to be distributed to other exempt organize	ations or spent in the	On the last	
organization's own exempt activities during the tax year: ► \$	anona or spent in the		113
AA TEEA3703L 02/05/10	Schedule G (Form 990 or 9	00 570 0	2000

Vame of the organization

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2009

Open to Public Inspection

2 (h) Purpose of grant or assistance À Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number X Yes 51-1014166 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (book, FMV, appraisal, other) See Part IV ं (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 413,629 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable COLLEGE PUBLIC Part | General Information on Grants and Assistance (B) EIN VICTOR VALLEY COLLEGE DISTRICT Enter total number of other organizations 1 (a) Name and address of organization VICTOR VALLEY COLLEGE VICTORVILLE, CA 92395 18422 BEAR VALLEY RD

Schedule 1 (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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51-1014166 es' to Form 9
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VICTOR VALLEY COLLEGE DISTRIC ther Assistance to Individuals in the Un
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Schedule I (Form 990) 2009 VICTOR VALLEY COLLEGE DISTRICT Page Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.
adule
Schedui

occount of the state of the sta	(a) Type of grant or assistance (b) Number of cash grant non cash assistance (c) Amount of non cash assistance recipients (d) Amount of non cash assistance (e) Method of valuation (book, non cash assistance recipients)	437,797.					Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Part I, Line 2 - Grantmaker's Description of How Grants are Used	THE FOUNDATION COLLECTS FUNDS ON BEHALF OF THE COLLEGE AND PROVIDES VARIOUS AMOUNTS	FOR THE SUPPORT OF THE COLLEGE AND ITS STUDENTS AND FACULTY. THE FOUNDATION	MAINTAINS RECORDS OF GRANTS AVAILABLE AND AMOUNTS REQUESTED AND THE COLLEGE MAINTAINS	PARALLEL RECORDS FOR THE PURPOSE OF VERIFYING GRANT AMOUNTS.			
	(a) Type of grant or	SCHOLARSHIPS			The second secon	Section (Permission and Association Association)	Supplementa	Part I, Line 2 - Gran	THE FOUNDATION C	FOR THE SUPPORT	MAINTAINS RECORD	PARALLEL RECORDS	ear fain ann ann ann ann ann ann ann ann an tai (an ta' ta' ta' ta' ta' ta	and Marke Town seed dang years are been soon bin con will see to see	

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection Name of the organization VICTOR VALLEY COLLEGE DISTRICT Employer identification number 51-1014166 FOUNDATION Form 990, Part VI, Line 11 - Form 990 Review Process THE BOARD WAS DISTRIBUTED A COPY OF THE TAX RETURN AT A GENERAL MEETING. QUESTIONS WERE CALLED FOR AND ANSWERED. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts IN THE BEGINNING OF THE FISCAL YEAR, ALL BOARD MEMBERS ATTENDING THE BOARD MEETING WERE ASKED TO FILL OUT A CONFLICT OF INTEREST POLICY FORM. THE STAFF HAS FOLLOWED UP ON ALL ABSENT MEMBERS AND OBTAINED THE REQUIRED FORM. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees COMPENSATION OF KEY EMPLOYEES COMPARE YEARLY A SURVEY COMPLETED BY STAFF OF INDIVIDUALS WHO HAVE COMPARABLE ROLES IN OTHER CALIFORNIA COMMUNITY COLLEGES. IT IS REVIEWED BY THE EXECUTIVE COMMITTEE OR THE FULL BOARD AND THE CONTRACTS ARE APPROVED BY THE VICTOR VALLEY COMMUNITY COLLEGE BOARD OF TRUSTEES. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available ALL DOCUMENTS THAT ARE REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC ARE KEPT ON SITE AND MADE AVAILABLE UPON REASONABLE REQUEST. THE LATEST TAX RETURN AND LATEST AUDIT ARE AVAILABLE ON THE FOUNDATIONS'S WEB SITE.

Schedule 0 (Form 990) 2009	Page 2
Name of the organization VICTOR VALLEY COLLEGE DISTRICT FOUNDATION	Employer identification number 51-1014166
	731 1014100
	to man same upper that with which shalls have their value shall shall which wh
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California Exempt Organization Annual Information Return

FORM 199

Calandar	ar 2009 or fiscal year beginning month	07 day 01	year 2009 , and endin	g month 06	day 30	year 2010
			A STATE OF THE STA	insert letter)	CORP#	
A First Retur			on 4947(a)(1) trust	,	0739913	
Corporation/Org	X No		011 = 0 = 11 (2)(1) (1 (2)(1)		FEIN	
CON PORTIONS OF S	VICTOR VALUE COLL	EGE DISTRICT			51-1014	166
Address	FOUNDATION		1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -			
18422 BI	EAR VALLEY RD				State ZIP Cod	le
*						
	ILLE, CA 92395	Yes X No	contributions, check t	ox. See General Instru	ction F.	
	Return?	Yes X No		ed	and the latest and th	
	group filing for affiliates?		H Accounting method us			famounteed
See Gen	eral Instruction L	Yes X No	I If exempt under R&T((1) participated in an	Section 23701d, has	the organization di r (2) attempted to	uring the year: influence
b If 'Yes,'	enter the number of affiliates		legislation or any hal	ot measure, or (3) ma	de an election und	ler
		X Yes No	R&TC Section 23704.	5 (relating to lobbying form ETR 3509, Politic	by public charities at or Leoislative A	;)/ If 'Yes,' ctivities by
(If 'No,'	attach a list. See instructions.)		Section 23701d Organ			January Samuel
d Is this a	separate return filed by an organization covered	Myon Gelvio				L
	up ruling?	Yes X No	articlas of incorporati	on or hulawe that hav	e not been reporte	ed to the
	Group Exemption Number	Yes X No	E .	If 'Yes,' complete an		
	er of subordinates attached?					Yes X No
E Final retu	paramy and a second a second and a second and a second and a second and a second an		K Is the organization ex			Yes X No
	Dissolved • Surrendered (Withdrawn) Merged/Reorganized (attach explanation)		If 'Yes,' enter amoun	of gross receipts fron	1	
L	checked, enter date			der audit by the IRS o		
	box if the organization filed the following federal for	ms or schedule:	L is the organization un IRS audited in a prior	year?		Yes X No
1 .		edule H) 990	M Is the organization a	Limited Liability Comp	oany? ●	Yes X No
G if organiz	stion is exempt under R&TC Section 23701d and is ex	xclusively religious,	N Did the organization	tile Form 100 or Form	109 to	TTV- FINE
education	al, or charitable, and is supported primarily (50% or	more) by public		?		Yes X No
Part I	Complete Part I unless not required to fil	e this form. See Ger	neral Instructions B and C			105 022
	1 Gross sales or receipts from other	sources. From Side	2, Part II, line 8		1	185,822.
	2 Gross dues and assessments from	3 2	2,617,198.			
Receipts and	3 Gross contributions, gifts, grants, a	3 2	.,617,136.			
Revenues	4 Total gross receipts for filing require	ss receipts for filing requirement test. Add line 1 through line 3. must be completed. If the result is less than \$25,000, see General Instruction C •				
				uction C	4 2	2,803,020.
	5 Cost of goods sold					
	6 Cost or other basis, and sales expe				7	
	7 Total costs. Add line 5 and line 6.					2,803,020.
	8 Total gross income. Subtract line 7					L,436,319.
Expenses	9 Total expenses and disbursements					L,366,701.
	10 Excess of receipts over expenses a				11	10.
	11 Filing fee \$10 or \$25. See General				12	300 M
Filing	12 Total payments				13	
Fee	14 Use tax. See General Instruction K				14	
	15 Balance due. Add line 11, line 13, a					And the second
	Then cultivact line 12 from the resu	1			15	10.
	Under penalties of perjury, I declare that I have exan correct, and complete. Declaration of preparer (other	nined this return, including than taxpayer) is based of	accompanying schedules and sta in all information of which prepare	tements, and to the be r has any knowledge.	st of my knowledge	and belief, it is frue
Sign	COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMP	Title		Date	 Telephon 	e
Here	Signature 🕨				760 245	5-4271 25
	of afficer		Date	Check	Preparer	's SSN/PTIN
Paid	Preparer's DONNA J. WELLS, C	PA		if self employed	P001030)21
Preparer's	MTERS & MTERS (• FEIN	
Use Only	(or yours, if > 14350 CTVTC DRIVE, STE 180				33-0876	THE RESERVE THE PROPERTY OF TH
	self employed) and address VICTORVILLE, CI				Telephor	16
					L	245-5341
	May the FTB discuss this return with the	e preparer shown at	ove? See instructions	apolamental analysis and a second programment of the second secon	• X Ye	S No
	бальных и трановительных можем и метреборительности и нем наменена метреборительных образовательных образовательных выполнения выполнени					

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51-1014166

Part II	Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts	×
	complete Part II or furnish substitute information. See Specific Line Instructions.	

		com	plete Part II or furnish substitute in	nformation. See Specifi	c Line Instructions.			
	and the second	1	Gross sales or receipts from all b	usiness activities. See	instructions	ç	1	
	The section of the se	2	2 Interest,					
	***************************************	3	Dividends		Legendrie Beere Millere		3	
Recei	pts	4	Gross rents	4				
from Other		5	Gross royalties			=	5	
Sourc		6	Gross amount received from sale	of assets (See Instruc	tions)		6	enemithembolded in a make alternative and a supplication of the state of the supplication of the supplicat
	9,000	7	Other income. Attach schedule	7	185,822.			
	a description of the second	8	Total gross sales or receipts from		-			
	1		Enter here and on Side 1, Part I,				8	185,822.
	and the state of t	9	Contributions, gifts, grants, and similar an	nounts paid. Attach schedule		•	9	851,426.
	- Company	10	Disbursements to or for members				10	
	9	11	Compensation of officers, director	rs, and trustees. Attach	schedule		11	132,778.
Exper	ıses	12	Other salaries and wages		12	73,343.		
and Disbu	rse-	13	Interest				13	
ments		14	Taxes		14			
		15	Rents	15				
		16	Depreciation and depletion (See	Instructions)		<u>.</u> •	16	
		17	Other. Attach schedule					378,772.
		18	Total expenses and disbursements. Add lin	ne 9 through line 17. Enter he	re and on Side 1, Part I, line 9		. 18	1,436,319.
Sch	edule	<u>: L</u>	Balance Sheets		f taxable year	En	d of taxab	le year
Asset				(a)	(b)	(c)		(d)
				n d	750,939.		•	798,408.
_			receivable		892,359.			305,368.
			eivable. Attach schedule		36,671. 140,000.		•	37,671. 140,000.
			tate government obligations		140,000.			140,000.
			n other bonds. Attach sch					
			n stock. Attach schedule			ALON SHEET		
			is (number of loans)			A MILES		
			ents. Attach schedule		581,471.	1000		733,838.
			ssets	66,880.	HARASTING TO SERVICE	526,8	80.	
			ated depreciation	66,880.		66,8		460,000.
			, , , , , , , , , ,	NAME OF TAXABLE PARTY.	460,000.			1,845,000.
			Attach schedule			and the second living in		
13	Total as	sets .	,		2,861,440.			4,320,285.
			et worth					
14	Account	s paya	able		63,202.			73,896.
			gifts, or grants payable			(8 5 1 6 5 1 E		
			tes payable. Attach schedule					
			yable			1 10 2 65		
18	Other liz	bilitie	es. Attach schedule		600.		2700	600.
19	Capital s	stock	or principle fund		2,797,638.			4,245,789.
			nital surplus. Attach reconciliation				•	······································
			ings or income fund			/E31 - 107 - 1	- A	
22	Total lia	bilitie	s and net worth		2,861,440.			4,320,285.
Sche	edule	M-	Reconciliation of income per Do not complete this schedule			, is less than \$	\$25,000	
1	Net inco	me pe	er books	1,366,701.	7 Income recorded on book	s this year	1818	1000
			e tax		not included in this retur			
			tal losses over capital gains		Attach schedule			
			corded on books this year.		8 Deductions in this return			
			dule against book income this year.					
			rded on books this year not deducted		Attach schedule			
		eturn.	Attach schedule.		9 Total. Add line 7 and line	3 8. <u> </u>		
-	Total	4 pt.		3 3 2 4 19 4	10 Net income per return.	Ċ		4 400 000
	rou line	+ info	ough line S	1,366,701.	Subtract line 9 from line	9		1,366,701.

g | g | g | 8

Corporation Depreciation and Amortization 2009

3885

Attach to Form 100 or Form	100W. FORM	199			······································			
	VALLEY COLLE					California co	orporatio	n number
FOUNDAT		02 02021202				073991	3	
Part I Election to Exp	ense Certain Prope	erty Under IRC Sec	tion 179					
1 Maximum deduction u								\$25,000
2 Total cost of Section	179 property place	d in service			(22)	2		
3 Threshold cost of Sec	tion 179 property b	pefore reduction in	limitation					\$200,000
4 Reduction in limitation	n. Subtract line 3 fr	om line 2. If zero o	or less, enter -0)((, , , , , , , , ,		4		
5 Dollar limitation for ta	xable year. Subtra	ct line 4 from line				5		-
6 (a) [escription of property		(b) Cost (business u	ise only)	(c) Elected	cost		
7 Listed property (elect	ed Section 179 cos	it)		7			See Se	
8 Total elected cost of	Section 179 proper	ty. Add amounts in	column (c), line 6	and line 7				
9 Tentative deduction.	Enter the smaller of	of line 5 or line 8				9		
10 Carryover of disallow	ed deduction from	prior taxable years			Hara	10		
11 Business income limi								
12 Section 179 expense	deduction. Add lin	e 9 and line 10, bu	t do not enter more	tnan iine i	12			
13 Carryover of disallow	ed deduction to 20	IU. Add line 9 and	ine io, less line iz	Indox DOTO	Continu 24)EC	IISH	
Part II Depreciation as			xpense Deduction (1			/L\
14 (a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Deprecia-	(f) Life	(g) Depreciation	n for	(h) Additional first
of property	acquired	other basis	allowed or	tion	or rate	this yea		year
. , ,			allowable in earlier years	method				depreciation
	5/05/99	2,029.	2,029.	S/L	7			
FILE CABINET		1,720.	1,720.	S/L	5			
COMPAQ COMPUTER	1/02/02			S/L	7			
COMPUTER/PRINTER	3/13/00	2,958.	2,958.	S/L	5			
COMPUTER	1/01/03	1,500.	1,500.	S/L	5	x		
ACCOUNTING SOFTW	1/01/03	21,125.	21,125.		5			
SOFTWARE	1/20/05	2,713.	2,713.	S/L	5			
DELL SEVER	1/20/05	1,395.	1,395.	S/L				
15 Add the amounts in dexceed \$2,000. See	column (g) and column instructions for line	umn (h). The comb 14, column (h)	ined total of column	n (h) may no	t 15		Dentile Coloreste Civilles	
Part III Summary							·	
16 Total: If the corporati IRC Section 179 expended Additional first year of Depreciation (if no el 17 Total depreciation cla	ense, add the amor lepreciation under ection is made), er	R&TC Section 2435 nter the amount fro	56, add the amount m line 15, column (s on line 15 [g]			16 17	
18 Depreciation adjustm Form 100W, Side 1, Form 100W, Side 1, state adjustments on	line 6. It line 17 is I line 12. (If Californi	ess than line 16, e a depreciation amo	nter the difference i ounts are used to d	nere and or etermine ne	t income bet	ore	18	
Part IV Amortization					Ţ			
19 (a) Description of property	(b) Date acquired	(c) Cost or other bas	Amor sis allowed o	d) tization r allowable er years	(e) R&TC section (see instr)	(f) Period or percentage	Models Addition to Additional Add	(g) Amortization for this year
					The state of the s			
					and the control of th		***************************************	
20 Total. Add the amount 21 Total amortization cla								
21 Total amortization cla 22 Amortization adjustm Form 100W, Side 1,	ent If line 21 is or	eater than line 20	enter the difference	here and o	on Form 100 Form 100 o	or		and entered as the state of 1882 of the performance and the state (), and () is the entertered
Form 100W, Side 1, Form 100W, Side 1,		cod man me zu. e	and the second second section (section (section)) and the second section (second section) and section (second section) and section (section) and section (se	assu VI				
CACA3501L 06/10/09		059	7621094	888				FTB 3885 2009

2009	California Statements	Page
Client 11E01	VICTOR VALLEY COLLEGE DISTRICT FOUNDATION	51-101416
2/22/11		04:12P
Statement 1 Form 199, Part II, Line 7 Other Income		
	5	74,966.
Statement 2 Form 199, Part II, Line 17 Other Expenses		
Advertising and Promotion AWARDS & RECOGNITION BAD DEBT CATERING COMMISSIONS Conferences, Conventions, CONSULTANTS CONTRIBUTIONS DUES & SUBSCRITIONS EDUCATION & TRAINING EVENT ENTERTAINMENT FACILITES & DECORATIONS GRANTS AWARDED HOSPITALITY Insurance LICENSES & FEES MEALS Office Expenses Other fees OUTSIDE LABOR Postage and Shipping Printing and Publications PROFESSIONAL SERVICES REFUNDS REPAIRS & MAINTENANCE SCHOLARSHIPS Special Event Expenses		\$ 5,163. 2,710. 21,428. 37,550. 25,061. 2,000. 3,475. 6,771. 100. 5,977. 3,454. 19,050. 21,627. 22,282. 5,728. 1,179. 2,795. 2,795. 2,599. 6,588. 6,880. 11,658. 2,268. 18,993. 7,487. 6,134. 3,533. 1,000. 81,450. 23,757. 20,075. \$ 378,772.
Statement 3 Form 199, Schedule L, Line 18 Other Liabilities JOSEPH CAMPBELL SCHOLARSHI	P. Total \$	600. 600.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



		Check if:		**************************************				
State Charity Registration Number 073993	Change of address							
VICTOR VALLEY COLLEGE DISTRICT FOUNDATION			Amended report					
Name of Organization	M. M							
18422 BEAR VALLEY RD Address (Number and Street)		Corporate or	Organization No. 0739913	··········				
VICTORVILLE, CA 92395		Federal Emplo	oyer ID No. 51-1014166					
City or Town	State ZIP Code RENEWAL FEE SCHEDULE (11 Ca	I Cada Basa a	anting 201 207 211 and 210					
Make Che	eck Payable to Attorney General's F	Registry of Cha	ritable Trusts					
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	l	Fee			
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25		,	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million	on S	\$150 \$225 \$300			
PART A - ACTIVITIES								
For your most recent full accounting per	riod (beginning 7/01/09	ending	6/30/10) list:					
Gross annual revenue \$	2,721,570. Total assets		4,320,285.					
PART B - STATEMENTS REGARDI	NG ORGANIZATION DURIN	IG THE PER	IOD OF THIS REPORT					
Note: If you answer 'yes' to any of the que 'yes' response. Please review RRF-	estions below, you must attach a se I instructions for information requi	eparate sheet pi	roviding an explanation and details	or each	1			
1 During this popular moving wars those		27	1	Yes	No			
During this reporting period, were there a organization and any officer, director or director or trustee had any financial inter	trustee thereof either directly or with	er financial trans h an entity in w	sactions between the hich any such officer,		x			
2 During this reporting period, was there a property or funds?	ny theft, embezzlement, diversion of	or misuse of the	e organization's charitable		x			
3 During this reporting period, did non-pro-	gram expenditures exceed 50% of o	gross revenues	?		x			
4 During this reporting period, were any or Form 4720 with the Internal Revenue Ser	ganization funds used to pay any prvice, attach a copy.	enalty, fine or j	udgment? If you filed a		x			
5 During this reporting period, were the sei purposes used? If 'yes,' provide an attac service provider.					x			
6 During this reporting period, did the orga the name of the agency, mailing address	nization receive any governmental , contact person, and telephone nu	funding? If so, mber.	provide an attachment listing		X			
7 During this reporting period, did the orga indicating the number of raffles and the organization.	nization hold a raffle for charitable tate(s) they occurred.	purposes? If 'ye	es,' provide an attachment		X			
8 Does the organization conduct a vehicle the program is operated by the charity or charitable purposes.	donation program? If 'yes,' provide whether the organization contracts	an attachment with a comme	indicating whether reial fundraiser for		X			
9 Did your organization have prepared an a principles for this reporting period?	audited financial statement in accor	dance with gen	erally accepted accounting	ge-creation	x			
Organization's area code and telephone numb	er 760 245-4271 2523		//makes					
Organization's e-mail address								
I declare under penalty of perjury that I have e and belief, it is true, correct and complete.	xamined this report, including acco	ompanying doc	uments, and to the best of my know	ledge				
Signature of purhorized officer Printe	ki Name	r 1/a	ones sum annual interes interes annual and an experience of the second control of the second substitution and the second sum annual sum of the second sum of					