Form **990**

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)

Opento

20**09**

Open to Public Inspection

Department of the Treasury

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

F Name and address of principal officer: TODD EVANGELIST High serious argor person for a principal officer: TODD EVANGELIST High serious argor person for a principal officer: TODD EVANGELIST High serious argor person for a principal officer: TODD EVANGELIST High serious argor person for a principal officer: Todd Francisco Vision						o organization								p 0 9				Autobal Street	
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Signature F Name and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAme and address of principal officer. TODD EVANGELIST Wobster: F NAME And A Societion The Council of Principal officer. TODD EVANGELIST White is principal officer. F Name and address of principal officer. TODD EVANGELIST White is principal officer. F Name and address of principal officer. To be a society in the principal officer. The Council of Principal officer. F Name and address of principal officer. The Council of Principal officer. The Council of Principal officer. F United Suppose of Principal officer. F United Suppose of Principal officer. F PUBLIC Suppose of Principal officer. F PUBLIC Suppose of Principal officer. F The STUDENTS AT THE COLLEGE. F THE FOUNDATION RECEIVES F PUBLIC Suppose of Principal officer. F The Suppose of Principal officer.				tions.	IMPERIAL,	CA 9225	51							G G	ross recei	pts \$	21	4,242.	
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Website: ► N/A	ı	Tax-ex	empt sta	itus:	X 501(c) (3) (insert	no.)	4947(a	a)(1) or		527			7	If "No," atta	ach a list. (se	e instructions)	
Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS AN INDEPENDENT ORGANIZATION OPERATING SOLELY FOR THE BENEFIT OF IMPERIAL VALLEY COMMUNITY COLLEGE. THE FOUNDATION RECEIVES PUBLIC SUPPORT FOR THE BENEFIT OF THE STUDENTS AT THE COLLEGE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of voting members of the governing body (Part VI, line 1b) Total number of volunteers (estimate if necessary) To total revenue (Part VIII, line 1b) Program service revenue (Part VIII, line 1b) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) Salaries, other compensation, employee benefits (Part IX, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 13-17 (must equal Part VIII, column (A), lines 13) Total revenue - add lines 13-17 (must equal Part VIII, column (A	J	Websi	te: ▶ Ì	N/A										H(c)	Group exer	mption number	er 🕨		
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Signature Block Preparer's Firm's name (or yours WILKINSON PADLEY KING & CO., LLP En Preparer's identifying number (see instructions) 11 Self-employed Preparer's identifying number (see instructions) 12 Signature Preparer's identifying number (see instructions) 15 Signature Preparer's identifying number (see instructions) 16 Signature Preparer's identifying number (see instructions) 17 Total expenses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled in self-employed Preparer's identifying number (see instructions) 16 Signature Preparer's identifying number (see instructions) 17 Total expenses of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled in the perparer (other than officer) is based on all information of which preparer (see instructions) 1		b	Net un	related	business taxabl	e income fron	n Form 99	90-T, line	e 34							. 7b		0.	
9 Program service revenue (Part VIII, line 2g) 0.	enne																		
Program service revenue (Part VIII, Ine 2g)		8	Contrib	outions	and grants (Part	VIII, line 1h)									227,8	71.	15	8,994.	
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 287, 864 . 199, 9.5 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 248, 174 . 145, 38 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 146, 495 . 40, 47 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses, Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 33, 692 . 37, 22 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 428, 361 . 223, 07 19 Revenue less expenses. Subtract line 18 from line 12140, 49723, 14 20 Total assets (Part X, line 16) 1, 117, 597 . 1, 136, 46 21 Total liabilities (Part X, line 26) 39, 710 . 16, 90 22 Net assets or fund balances. Subtract line 21 from line 20 . 1, 077, 887 . 1, 119, 55 Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled signature Block Preparer's identifying number (seei instructions) 17, 17, 18, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	œ	11	Other r	revenu	e (Part VIII, colu	mn (A), lines	5. 6d. 8c.	9c. 10c.	and 116	e)					3	40.		2,113.	
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Sign Here Signature of officer Date	Pa	rt II	Sig	nature	Block														
Sign Here Signature of officer Date -25- Date -25- Date -25- Date -25- Date -25- Date -25- Date -25- Dat			Under	penaltie	s of perjury, I ded	clare that I have	e examine	ed this re	eturn, inc	luding	accomp	anying	schedules a	nd stater	ments, an	d to the b	est of my	knowledge	
Here Signature of Officer Todd J. EVANGELIST Type or print name and title Preparer's signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Name (or yours if self-employed) Address, and ZIP + 4 218 W. DOUGLAS AVENUE EL CAJON, CA 92020 Phone no. Date Check if self-employed of self-			and be	elief, it	is true, correct, an	complete. L	eclaration	of prep	arer (oth	er thai	n officer)	is bas	sed on all in	ormation			,	inowledge.	
Todd J. EVANGELIST Type or print name and title Preparer's signature Preparer's preparer's signature Preparer's identifying number (see instructions) processor processo	S	ign			interm	1									1	-25-	H		
Type or print name and title Preparer's signature	Н	ere	8	Signatu	e of officer										Date				
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Preparer's Signature Suman Habley 1/17/11 Self-employed POOC67183 Firm's name (or yours if self-employed), address, and ZIP + 4 218 W. DOUGLAS AVENUE EL CAJON, CA 92020 Phone no. Self-employed Self-e			T	Type or	print name and title														
signature signat			Prepa	rer's		11 00					ate				Pre	parer's ide	ntifying num	ber	
Firm's name (or yours if self-employed), address, and ZIP + 4 ZIR W. DOUGLAS AVENUE EL CAJON, CA 92020 Phone no. ► 52-2354566 Phone no. ► 619-447-6700					Brian	Harley					1/17/	/1/		. ▶ [(se	e instruction POO	067183	}	
Jse Only if self-employed), address, and ZIP + 4 218 W. DOUGLAS AVENUE EL CAJON, CA 92020 Phone no. 619-447-6700						INSON HA	DLEY	KING	& CO	•,	<u> </u>	-1		-					
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form **990** (2009)

Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	Attachment 3	
2	Did the organization undertake any significant program services during the year which were not listed on	V
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	X No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
J		X No
	services?	NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$164,012. including grants of \$145,382.) (Revenue \$158,994.)	
	GRANTS, SCHOLARSHIPS, AND ALLOCATIONS FOR THE BENEFIT OF THE	
	STUDENTS AT IMPERIAL VALLEY COMMUNITY COLLEGE.	
		-
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
,		
8		
1		
	Other program services. (Describe in Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}})	
4 e	Total program service expenses ► 164,012.	

JSA

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Sections 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		Χ
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,	10		
	VII, VIII, IX, or X as applicable	11	X	
	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	R. JA		
424	complete Schedule D, Parts XI, XII, and XIII	12	Х	The state of the
IZA	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
4.0	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			7.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4.5	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			122
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		X
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	X	
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 hospitals? If "Yes," complete Schedule H	20		Χ

Form **990** (2009)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				57
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			Х
	990-EZ? If "Yes," complete Schedule L, Part I	25b		^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		Х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	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 N	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			.,
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			17
	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			v
0.7	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,	27		Χ
20	Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	30	- 11	

Par	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		Service of	
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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			
	this return?	3a		X
	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
•	Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ulinia.	
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	\$32/K25	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75	-	
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		56	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	JACOB-19860.	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Χ
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against		437	
4.0	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		2001527
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		MARK	95555

Part VI 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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	100		
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?	2		X
2				
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	_	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
		UU		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Χ
04		9 a		
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		Χ
		124		
b	g	406		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		Χ
b	Other officers or key employees of the organization	15b		X
b		130		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		X
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 status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_CA,		0.0000000000000000000000000000000000000	000000000000000000000000000000000000000
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s			
. •	available for public inspection. Indicate how you make these available. Check all that apply.	o.ny)		
	Own website Another's website X Upon request			
10		¹		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
• •	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ TODD EVANGELIST 380 E. ATEN ROAD IMPERIAL, CA 92251	е		
	organization: TODD EVANGELIST 380 E. ATEN ROAD IMPERIAL, CA 92251			
	100-333-0103			

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 organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(C)		(D)	(E)	(F)
Highest compensated at employee the Attention of the Atte	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		0.	•	(
		0.		C
		0.		C
		0.		C
		0.		C
		0.		C
		0.		C
		0.		(
		0.		(
		0.		C
X		26,290.		C
-		,		
+				

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average hours per week	Individual trustee P or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	ame comp fro orga and	imated ount of other densation om the nization related nizations
1b Total							>	26,290.				0
2 Total number of individuals (including but not I reportable compensation from the organization				d al	ove	e) who	o re	ceived more than	\$100,000 ir	1		
												Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo le J for suc	or or ch ind	tru ividu	stee ual	e, k 	кеу е 	emp	loyee, or highest	compens	ated	3	X
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,00	0?	If "Y	es,"	complete Schedi	ule J for s	such		
individual	or accru	ue co	mp	ens	atio	n fro	m	any unrelated o	rganization	for	4	X
services rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors	complete S	scheal	ule .	J foi	r suc	ch pei	rsor	1			5	X
Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	lent	cont	rac	tors that received	I more that	an \$10	0,000	of
(A) Name and business address								(B) Description of ser	vices	C	(C)	ation
NONE							N	ONE			1	
							_					
2. Total number of independent sectors (aludie - I	.1	12	:4		41.	<u> </u>					
2 Total number of independent contractors (in more than \$100,000 in compensation from the	e organizat	ic not ion ▶	ıım	iitec		thos 0	e li	sied above) who	received			

Pa	rt VII	Statement of Revenue			95-6120642		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)	13,550.				
Con	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	▶	158,994.			
Program Service Revenue	2a b c d	Busi	ness Code				
ogra	f	All other program service revenue					
Pro	g 3	Total. Add lines 2a-2f	d	0.			
		other similar amounts). Attachment 4		38,829.	38,829.		-
	5	Income from investment of tax-exempt bond proceed Royalties · · · · · · · · · · · · · · · · · · ·		0.			
	6a b		Personal				
	d 7a	Gross amount from sales of	▶ i) Other	0.			
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)					
enne	d 8a	Net gain or (loss)		0.			
Other Revenue	b	of contributions reported on line 1c). See Part IV, line 18	16,031.				
ō	с 9а	Net income or (loss) from fundraising events . ATC Gross income from gaming activities.	CH. 5. ▶	1,725.			
	b	See Part IV, line 19		0.			
	10a	Gross sales of inventory, less returns and allowances		0.			
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
	11a	MISCELLANEOUS REIMBURSEMENTS	ness Code	388.	388.		
	b c						
	d	All other revenue		388.			
	12	Total. Add lines 11a-11d		199,936.	39,217.		
		Total Revenue. Occ mandellons		155,550.	33,211.		

Part IX Statement of Functional Expenses

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

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

7b,	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and	(A) Total expenses	(B) Program service	(C) Management and	(D)
	Grants and other assistance to governments and		expenses	general expenses	Fundraising expenses
2					
2	organizations in the U.S. See Part IV, line 21	0.			
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	145,382.	145,382.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	26,290.	8,412.	17,878.	
6	Compensation not included above, to disqualified				
(50)	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	10,158.	2,950.	7,208.	
8	Pension plan contributions (include section 401(k)	, 2001	_,,,,,	, 200	
J	and section 403(b) employer contributions)	0.			
a	Other employee benefits	2,006.	441.	1,565.	
9		2,021.	445.	1,576.	
0	Payroll taxes	2,021.	110.	1,570.	
1	Fees for services (non-employees):	0.			
	Management	0.			
	Legal	15,075.	1,510.	13,565.	
	Accounting		1,510.	13,303.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			
2	Advertising and promotion	0.			
3	Office expenses	11,726.	1,766.	9,960.	
4	Information technology	0.			
5	Royalties	0.			
6	Occupancy	0.			
7	Travel	0.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	0.			
0	Interest	0.			
1	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	0.			
3	Insurance	0.			
4	Other expenses. Itemize expenses not				
7	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
-	PUBLICITY EXPENSES	3,019.	483.	2,536.	
-	MEMBERSHIP EXPENSES	350.	350.	2,000.	
	TRUST BOOK LOAN EXPENSE	1,078.	1,078.		
	OTHER EXPENSES	5,974.	1,195.	4,779.	
-		0,014.	1,133.	4,113.	
	All other expenses	222 272	164 010	E0 003	
	Total functional expenses. Add lines 1 through 24f	223,079.	164,012.	59,067.	
6	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				

95-6120642

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	29,937.	1	55,951.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 15,000.			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	15,000.	10c	15,000.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,072,660.	12	1,065,512.
	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)	1,117,597.	16	1,136,463.
	17	Accounts payable and accrued expenses	8,043.	17	13,173.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
Ξ		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	31,667.		3,735.
	26	Total liabilities. Add lines 17 through 25	39,710.	26	16,908.
ses		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	105,401.	27	95,917.
Bal	28	Temporarily restricted net assets	764,001.		814,252.
pu	29	Permanently restricted net assets	208,485.	29	209,386.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	1,077,887.	33	1,119,555.
	34	Total liabilities and net assets/fund balances	1,117,597.	34	1,136,463.

Form **990** (2009)

Pa	art XI Financial Statements and Reporting			
		100	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X 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 forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		
		Form	990	(2009)

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.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLEY COLLEGE FOUNDATION

Employer identification number

IMPERI	AL VALLE	Y COLLEGE	FOUNDATION						95-61	120642
Part I	Reason fo	or Public Char	ity Status (All organ	izations m	nust comp	lete this	part.) Se	e instruc	ctions.	
The orga	nization is no	ot a private found	dation because it is: (F	or lines 1	through 11	, check or	ly one bo	x.)		
1	A church, c	onvention of chu	rches, or association	of churches	s described	in sectio	n 170(b)((1)(A)(i).		
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	lule E.)					
3	A hospital of	r a cooperative	hospital service organ	ization des	cribed in se	ction 170	(b)(1)(A)	(iii).		
4	A medical	research organi	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and sta	ate:							
5 X	An organiza	ation operated for	or the benefit of a co	llege or un	iversity ow	ned or o	perated l	oy a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II.)							
6	A federal, s	tate, or local go	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7	An organiza	ation that norma	Illy receives a substan	itial part of	its suppor	t from a	governme	ental unit	or from	the general public
	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)						
8	A communi	ty trust describe	d in section 170(b)(1)	(A)(vi). (Co	mplete Par	t II.)				
9	An organiza	ation that norma	lly receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	nip fees, and gross
	receipts fro	m activities rela	ited to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	than 331/3% of its
	support fro	m gross investi	ment income and un	related bu	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	n after June 30, 1975.	See section	n 509(a)(2). (Comp	ete Part I	II.)		
10	An organiza	tion organized a	and operated exclusive	ely to test fo	or public saf	ety. See	section 5	09(a)(4).		
11	An organiz	ation organized	and operated exclus	ively for th	ne benefit	of, to pe	rform th	e functio	ons of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations	described i	n section	509(a)(1) or sec	tion 509(a	a)(2). See section
	509(a)(3). (Check the box th	at describes the type of	of supportin	ng organiza	tion and o	complete	lines 11e	e through	11h.
	а Тур		Type II d		e III - Fund					ype III - Other
е	By checking	g this box, I ce	ertify that the organiz	ation is no	ot controlle	ed direct	y or ind	irectly by	y one or	more disqualified
	persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly s	supported	dorganiz	ations de	scribed in section
	509(a)(1) or	section 509(a)(2).							
f	If the organ	nization received	d a written determina	tion from	the IRS tha	at it is a	Type I, 1	ype II, o	r Type III	supporting
	organization	n, check this box								
g	Since Augu	st 17, 2006, has	the organization acce	epted any g	ift or contri	bution fro	m any of	the		
	following pe	rsons?								
	(i) A pers	on who directly	or indirectly controls	s, either al	one or tog	ether wit	h person	s describ	bed in (ii)	Yes No
	and (iii)	below, the gove	erning body of the sup	ported orga	anization?					11g(i) X
			erson described in (i) a							
	(iii) A 35%	controlled entity	of a person described	d in (i) or (ii)	above? .					. 11g(iii) X
h			ation about the suppo							
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization		ou notify		Is the	(vii) Amount of
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col.	support
			(see instructions))	govonning	doddinont.		ort?	U.		
				Yes	No	Yes	No	Yes	No	
Total			1			1		I		

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

Page 2

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.) Part II

Sec	tion A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	220,575.	204,245.	298,785.	227,871.	158,994.	1,110,470.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	220,575.	204,245.	298,785.	227,871.	158,994.	1,110,470.	
5	The portion of total contributions by each person (other than a governmental unit or							
	publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.				是 1600 G (1500 K)		1,110,470.	
Sec	tion B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	220,575.	204,245.	298,785.	227,871.	158,994.	1,110,470.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,807.	89,173.	14,247.	59,653.	38,829.	204,709.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	19,599.	37,009.	33,268.	340.	16,369.	106,585.	
11	Total support. Add lines 7 through 10						1,421,764.	
12	Gross receipts from related activities, etc. (s	ee instructions) .			L	12		
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	r as a section 5	501(c)(3) ▶	
Sec	tion C. Computation of Public Supp		X				70 11	
14	Public support percentage for 2009 (lin					14	78.11 % 83.40 %	
15	Public support percentage from 2008					15		
16a	331/3% support test - 2009. If the o							
	this box and stop here. The organization							
b	331/3% support test - 2008. If the o	-						
4.7	check this box and stop here. The orga							
17a	10%-facts-and-circumstances test - 20 or more, and if the organization meets to Part IV how the organization meets to	ets the "facts-	and-circumstand	es" test, check	this box and	stop here. Ex	plain in	
b	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	supported organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b, o	check this box a	and see	
						hedule A (Form 99		

95-6120642

	rt III Support Schedule for Orga	nizations Des	scribed in Sec	tion 509(a)(2)	7 0120042		rage 3
	(Complete only if you check						
Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
•	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	\$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ü	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part IV.)						
13	A SOCIONAL PROPERTINATION OF STREET, CONTRACTOR OF STREET, ST. ST. ST.						
4.4	and 12.)	tha assasinatia	ala finat asserd	thind founds on	£:64b 4		(-)(2)
14							
500	organization, check this box and stop here tion C. Computation of Public Sup						
15				mp (f))		45	0/
	Public support percentage for 2009 (line 8					15	<u>%</u>
16	Public support percentage from 2008 Sche					16	%
YEVELEN	tion D. Computation of Investmen			10 1 (0)		I I	0/
17	Investment income percentage for 2009 (li						%
18	Investment income percentage from 2008						%%
19a	33 1/3% support tests - 2009. If the o	= -					
121	17 is not more than 33 1/3%, check the						
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization P

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions Part IV

SCHEDULE A, PART II - OTHER INCOM				<u> </u>	Attachment 1	
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS - FUNDRAISING	13,824.	30,905.	24,629.	0.	16,031.	85,389.
REIMBURSEMENTS AND REBATES	5,775.	6,104.	8,639.	340.	338.	21,196.
TOTALS	19,599.	37,009.	33,268.	340.	16,369.	106,585.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

IMPERIAL VALLEY COLLEGE FOUNDATION 95-6120642 Organization type (check one): Filers of: Section: 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

for Form 990, 990-EZ, or 990-PF.

Name of organization

IMPERIAL VALLEY COLLEGE FOUNDATION

Employer identification number 95-6120642

Part I	Contributors	(see instructions)
--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	IMPERIAL COUNTY PHYSICIANS GROUP 380 E. ATEN ROAD IMPERIAL, CA 92251	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	PMH WOMENS AUXILIARY 380 E. ATEN ROAD IMPERIAL, CA 92251	\$6,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CARDENAS SCHOLARSHIP 380 E. ATEN ROAD IMPERIAL, CA 92251	\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			(d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4 STATE HEALTH OF CALIFORNIA 380 E. ATEN ROAD	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
	Name, address, and ZIP + 4 STATE HEALTH OF CALIFORNIA 380 E. ATEN ROAD IMPERIAL, CA 92251 (b)	\$13,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, address, and ZIP + 4 STATE HEALTH OF CALIFORNIA 380 E. ATEN ROAD IMPERIAL, CA 92251 (b) Name, address, and ZIP + 4 CAL SOAP COLLEGE DREAMS 380 E. ATEN ROAD	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization

IMPERIAL VALLEY COLLEGE FOUNDATION

Employer identification number 95-6120642

Part I	Contributors	(see	instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PMH NURSING 380 E. ATEN ROAD IMPERIAL, CA 92251	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8_	INDIVIDUAL MEMBERSHIP CAMPAIGN 380 E. ATEN ROAD IMPERIAL, CA 92251	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9_	OTHER CONTRIBUTORS < \$5,000 380 E. ATEN ROAD IMPERIAL, CA 92251	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number IMPERIAL VALLEY COLLEGE FOUNDATION 95-6120642 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 5 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? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat 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 last day of the tax year. Held at the End of the Year b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 8/17/06 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located ▶ _ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 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 conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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.

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 amounts relating to these items:

Pic	vide the following amounts relating to these terms.	
(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:

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

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009				9	5-6	120642			Page 2
Pai	t III Organizations Maintaining Coll	ections	of Art, Histor	ical	Treasure	s, or	Other Similar	Assets (continue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and	other records,	ched	k any of th	he fol	lowing that are a	significar	nt use of it	ts
а	Public exhibition		d	1 1	nan or ev	chan	ge programs			
b	Scholarly research		e		Other	Chan	ge programs			
	Preservation for future generation	C	6	١ .	JIII61					
C			and avalain b	1	aav furthar	, the	organizationla av			
4	Provide a description of the organization's of Part XIV.	collections	s and explain r	iow t	ney further	the (organization's ex	empt pur	pose in	
5	During the year, did the organization solicit	or receiv	e donations of	art	historical t	reasi	ires or other simi	lar		
	assets to be sold to raise funds rather than								Yes	No
Par	t IV Escrow and Custodial Arranger IV, line 9, or reported an amour	ments. C	omplete if th	e org	ganization					
	Is the organization an agent, trustee, custod included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	/ and con	nplete the follo	wing	table:		^	mount		
С	Beginning balance					4-		inount		
4	Additions during the year									
u						_				
ę.	Distributions during the year				to the second second	_				
2-	Ending balance								T _M	
	Did the organization include an amount on), Part X, line 2	17.				· · · · L	Yes	No
STATISTICS.	If "Yes," explain the arrangement in Part XIV		_!:	1 111	/II t - E -		000 D-4 IV I	10		
Par	·			-					(-) =	
1.	Designing of year halance	rent Year	(b) Prior yea		(c) Two ye	ears ba	ck (d) Three year	ars back	(e) Four	years back
1a		208,485.	207,9	50.						
b	Contributions									
С	Net investment earnings, gains,									
	and losses	2,876.	4,0	00.						
	Grants or scholarships	1,975.	3,4	65.						
е	Other expenditures for facilities .									
	and programs									
f	Administrative expenses									
g	End of year balance	209,386.	208,4	85.						
2	Provide the estimated percentage of the ye									
а	Board designated or quasi-endowment ▶	76.00	00%							
b	Permanent endowment ► 24.0000 %									
С	Term endowment ▶ %									
3a	Are there endowment funds not in the poss	session of	the organizat	ion th	at are held	d and	administered for	the		
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Buildings,					rt X.	line 10.			
	Description of investment	(a) Cost	or other basis estment)	(b)	Cost or other asis (other)		(c) Accumulated depreciation	(0	d) Book valu	ie
1a	Land		15,000.						1	5,000.
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Fo	rm 990, Part X	, colu	ımn (B), lin	e 10(c).) >		15	5,000.
					-	- 1				

Schedule D (Form 990) 2009

95-6120642 Page 3

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See F	orm 990, Part X, line	• 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	100 500	TN//
OtherUVEST MONEY MARKET FUNDS UVEST COLLATERAL OBLIGATIONS	123,569.	FMV
UVEST MUTUAL FUNDS	8,257. 530,663.	FMV FMV
UVEST RICKER MONEY MARKET	24,587.	FMV
UVEST RICKER MUTUAL	378,436.	FMV
	3707130.	2217
	1 005 510	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,065,512.	12
Part VIII Investments - Program Related. See F		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, I	ne 15.	
(a)	Description	(b) Book value
Total (Column (h) must acual Form 000 Part V and (D) line 45		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X		
1. (a) Description of liability	(b) Amount	
Federal income taxes	(-,	
HOLDING ACCOUNTS-DUE STUDENT GROUPS	3,735.	
	17	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,735.	

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

95-6120642

Schedu	lle D (Form 990) 2009 95-612 0 642		Page 4
Part	- V	nent	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	199,936
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	223,079
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-23,143
4	Net unrealized gains (losses) on investments	4	64,811
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	64,811
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Contract of the Contract of th	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	·
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	\dashv	
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)	\dashv	
e	Add lines 2a through 2d	\dashv	2 e
3	Subtract line 2e from line 1	· ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	⊦	3
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.) 4b	-	
C		\dashv	4 -
5	Add lines 4a and 4b	· • -	4c 5
OTHER DESIGNATION OF	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
1	- 1.	$\neg \neg$	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• - -	1
a			
b	Prior year adjustments 2b		
С	Other losses 2c		7.
d	Other (Describe in Part XIV.)	-	
е	Add lines 2a through 2d	. -	2e
3	Subtract line ze from line 1	·	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	, , , , , , , , , , , , , , , , , , , ,	_	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. -	4c
5		.	5
Part	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV	, lines 1b
	p; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Al	so co	omplete
this pa	art to provide any additional information.		
D.7.D.	THE STANDARD THE STANDARD STAN		
PART	V: ENDOWMENT FUNDS		
(014 - 25-2100-03)			
LINE	4		
INTE	REST EARNED ON ENDOWMENT FUNDS IS USED FOR RESTRICTED SCHOLARSHIPS	TC)
STUD	ENTS AS APPROVED BY THE GOVERNING BOARD.		
200200200000000000000000000000000000000			

Part XIV Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MPI	ERIAL VALLEY COLLEGE FOUN	DATION				95-612064	2
Part	Fundraising Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
1	Form 990-EZ filers are not a Indicate whether the organization rais				activities Check	all that apply	
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2 a	Did the organization have a written or or key employees listed in Form 990,						Yes No
b	If "Yes," list the ten highest paid indiv to be compensated at least \$5,000 b		fundraiser	s) pursuar	nt to agreements	under which the fun	draiser is
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
Tota	<u> </u>						
	st all states in which the organizati gistration or licensing.	on is registered o	r license	d to solic	it funds or has b	peen notified it is	exempt from

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

Schedule G (Form 990 or 990-EZ) 2009

P	art	Fundraising Events. Comple more than \$15,000 on Forn	ete if n 990	the organization)-EZ, line 6a. Lis	answe st ever	ered "Yes" to F	orm eceip	990, Part IV, lir ts greater than	ne 18, 1 \$5,00	or re	porte	d
				(a) Event #1 GALA EVENT (event type)		b) Event #2	_	(total number)	(d) Tota d col. (al event (a) thro	
Revenue	1 2	Gross receipts		16,031.							16,	031
	3	contributions									16,	031
	4	Cash prizes										
	5	Noncash prizes										
sesuec	6	Rent/facility costs							-			
Direct Expenses		Food and beverages							_			
ij		Entertainment									1 /	200
		Other direct expenses							(14,	306
Pa	11 art	Net income summary. Combine line	3, colu ganiza	umn (d), and line 10 ation answered "	0						1,	725
Revenue			,	(a) Bingo		Pull tabs/Instant progressive bingo	(c)	Other gaming			aming (
Rev	1	Gross revenue										
ses	2	Cash prizes							_			
Expenses	3	Noncash prizes							-			
Direct	4	Rent/facility costs										
_	5	Other direct expenses		Yes%	l y	es %	l ly	es%	-			
	6	Volunteer labor		No	N	-	11 1	0	-			
	7	Direct expense summary. Add lines 2	throu	ugh 5 in column (d)					()
	8	Net gaming income summary. Comb	ine lin	e 1, column d, and	l line 7							
	a Is	inter the state(s) in which the organizate the organization licensed to operate go "No," explain:	gamin	g activities in each	of these	e states?				9 a	Yes	No
		Vere any of the organization's gaming I	license	es revoked, suspe	nded o	r terminated durir	ng the	tax year?		10a		
11 12	Is	Does the organization operate gaming as the organization a grantor, beneficiary ormed to administer charitable gaming?	activition	es with nonmembe	rs? a mem	ber of a partners				11		

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility			
	Name ▶			
	Address ▶			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	ı ı a		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

20 09	
--------------	--

Name of the organization IMPERIAL VALLEY COLLEGE FOUNDATION

Open to F Inspec Employer identification number 95-6120642

	Istance	
	ASS	
•	and	
•	Grants	
	5	
:	General Information on Grants and Assistance	
•	General	
	ar	

Does the organization maintain records to substantiate the amount of the grants or assistance, and
the selection criteria used to award the grants or assistance?
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

		0)	A	
	to to	\$5,000. Us	: : : : : : : : : : : : : : : : : : : :	1
	e organization answered "Yes" t	recipient received more than \$5,	Il space is needed	(A) Mathod of voluntion
	es. Complete if th	this box if no one		Mothod
	Inited State	30. Check t		***
)	nizations in the U	more than \$5,00	eeded	And the second of the
)	nts and Organ	that received	nal space is n	000
	to Governme	any recipient	990) if additio	ALI TINI
	Part II 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	Part IV and Schedule I-1 (Form 990) if additional	(a) Nome and address of accomingtion
The second	Part II			

	Part IV and Schedule I-1 (Form 990) II additional space is needed	39U) II additio	nai space is n	eeded				•
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1	Enter total number of section 501(c)(3) and government organizations	nd governmen	it organizations				A : : : : : : : : : : : : : : : : : : :	
3	Enter total number of other organizations						•	

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

JSA

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Schedule I (Form 990) 2009

95-6120642

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) BOOK THE MONITORS THE UTILIZATION OF GRANT FUNDS BASED UPON THE DEPARTMENT SUBSTANTIATES STUDENTS ELIGIBILITY FOR GRANT AND SCHOLARSHIP ASSISTANCE BY REVIEW OF STUDENTS FINANCIAL ANALYIS AND COLLEGE DISTRICTS FINANCIAL AID DEPARTMENT. (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 145,382. (c) Amount of cash grant (b) Number of recipients ENROLLMENT INCLUDING GRADE POINT AVERAGE (a) Type of grant or assistance PART 1, LINE THE GRANTS AND ASSISTANCE IVC COLLEGE DETERMINATION OF THE FOUNDATION FINANCIAL AID ĭ STUDENTS SCHEDULE Part IV Part III VARIOUS

JSA

V 09-8.7

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IMPERIAL VALLEY COLLEGE FOUNDATION

Employer identification number

95-6120642

Attachment 2

PART VI: GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTON A: GOVERNING BODY AND MANAGEMENT

LINE 10: THE TAX RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM UTILIZING AUDITED FINANCIAL INFORMATION AND IS REVIEWED BY THE EXECUTIVE DIRECTOR, FOUNDATION ACCOUNTANT, AND BOARD TREASURER PRIOR TO FILING. IN ADDITION, OTHER MEMBERS OF THE GOVERNING BOARD REVIEW THE TAX RETURN AT THE MONTHLY BOARD MEETING PRIOR TO THE TAX RETURN BEING FILED.

PART VI: GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION C: DISCLOSURE

LINE 19: FINANCIAL RECORDS, GOVERNING DOCUMENTS, AND OTHER BOARD POLICIES

ARE KEPT AT THE FOUNDATION OFFICE AND ARE AVAILABLE FOR INSPECTION TO THE

GENERAL PUBLIC UPON REQUEST.

Attachment 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FOUNDATION IS AUTHORIZED TO OPERATE AS AN INDEPENDENT ORGANIZATION OF THE IMPERIAL VALLEY COMMUNITY COLLEGE DISTRICT IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE 6 OF CHAPTER 6 OF PART 45 OF THE EDUCATION CODE. THE FOUNDATION RECEIVES PUBLIC SUPPORT, REVENUE, AND DONATIONS FOR THE BENEFIT OF STUDENTS AND PROGRAM SUPPORT FOR IMPERIAL VALLEY COMMUNITY COLLEGE.

Schedule O (Form 990) 2009 Page 2

Name of the organization			Employer identification	number
IMPERIAL VALLEY COLLEGE FOUNDATI	ION		95-6120642	
			Attachment 4	
FORM 990, PART VIII - INVESTMENT	T INCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST AND DIVIDENDS ON INVESTMENTS	38,829.	38,829.		
TOTALS	38,829.	38,829.		

38,829. 38,829.

Attachment 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GALA EVENTS	16,031.	14,306.	1,725.
TOTALS	16,031.	14,306.	1,725.

2009

95-6120642

200

IMPERIAL VALLEY COLLEGE FOUNDATION

*Assets Retired
JSA
9X9024 1.000
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0714-01

Description of Property													
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated depreciation	Beginning Ending Accumulated Accumulated depreciation depreciation	Me-	Life	ACRS CRS	S 179 expense	Current-year depreciation
LAND			0										
											+		
									1	1	+		
									-	İ			
											+		
			1						1				
			\dagger								+		
											-		
Less: Retired Assets	:												
Subtotals		15,000.											
Listed Property			-										
											1		
											+		
											-		
Less: Retired Assets									_		$\frac{1}{1}$		
Subtotals													
TOTALS		15,000.											
AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated A amortization	Ending Accumulated amortization	Code Life	0			Current-year amortization
									+	_			
										Т			
									-	7			
TOTALS													

Page 33

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

	ling for an Automatic 3-Month Extension, complete only Part I and check this box				
	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a prev				
	matic 3-Month Extension of Time. Only submit original (no copies needed).	lously filed i offit dood.			
	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ov and complete			
	equired to file 1 offin 350-1 and requesting an automatic o-month extension - check this b				
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70				
one of the ret electronically in returns, or a co 8868. For more	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autourns noted below (6 months for a corporation required to file Form 990-T). However (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of proposite or consolidated From 990-T. Instead, you must submit the fully completed and dedetails on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form harities & Nonprofits.			
Type or	Name of Exempt Organization	Employer identification number			
print	IMPERIAL VALLEY COLLEGE FOUNDATION	95-6120642			
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 158				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions. IMPERIAL, CA 92251					
X Form 990 Form 990 Form 990	Freturn to be filed (file a separate application for each return): Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 990-T (trust other than above)	n 4720 n 5227 n 6069 n 8870			
 If the organ If this is for for the whole gnames and EIN 	Is of all members the extension will cover.				
	t an automatic 3-month (6 months for a corporation required to file Form $02/15$, 2011 , to file the exempt organization return for the organization ganization's return for: calendar year or tax year beginning $07/01$, 2009 , and ending				
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period			
b If this approach in the made. Income Balance I with FTE instruction Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	ayments 3a \$ ayments 3b \$ deposit m). See 3c \$			
for payment ins	et and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)			