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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

IMPERIAL VALLEY COLLEGE FOUND	ATION	95-6120642
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private treated as a	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-E2	Z, or 990-PF that received, during the year, contributions tot	aling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	ıtor's total contributions.
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	port test of the regulations
received from any one contributor, during the	ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor.
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, I	iterary, or educational
purposes, or for the prevention of crueity to	children or animals. Complete Parts I, II, and III.	
Ear on arganization described in section E0	1(a)(7) (9) or (10) filing Form 000 or 000 F7 that received	from any ana contributor
	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contribut	,
\$1,000. If this box is checked, enter here the	ne total contributions that were received during the year for	an <i>exclusively</i> religious,
	ny of the parts unless the General Rule applies to this organ	
it received <i>nonexclusively</i> religious, charitat	ole, etc., contributions totaling \$5,000 or more during the ye	ar 🕶 🗡
Caution. An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Sche	dule B (Form 990, 990-F7, or
990-PF), but it must answer 'No' on Part IV, lin	ne 2, of its Form 990; or check the box on line H of its Form	990-EŽ or on its Form 990-PF,
ranti, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 99	/U-FF <i>)</i> .

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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3 of Part I

IMPERIAL VALLEY COLLEGE FOUNDATION

Employer identification number

95-6120642

Part I	Contributors	see instructions). Use duplicate copies of Part I if additional space is neede	d.
I alti	CONTINUIO	see instructions). Ose auplicate copies of Fart i it additional space is neede	Ċ

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IMPERIAL COUNTY PHYSICIANS GROUP		Person X Payroll
	380 E. ATEN ROAD	\$ <u>10,125.</u>	Noncash
	IMPERIAL, CA 92251		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WOMEN'S AUXILIARY OF PMH		Person X
	207 W. LEGION ROAD	\$23,900.	Payroll Noncash
	BRAWLEY, CA 92227		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CONSULADO DE MEXICO EN CALEXICO		Person X
	408 HEBER AVE.	\$10,000.	Payroll Noncash
	CALEXICO, CA 92231		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE SAN DIEGO FOUNDATION		Person X
	2508 HISTORIC DECATUR RD.	\$ <u>9,661.</u>	Payroll Noncash
	SAN DIEGO, CA 92106		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	IMPERIAL COUNTY		Person X
	940 W. MAIN ST, SUITE 115	\$ <u>_38,256.</u>	Payroll Noncash
	EL CENTRO, CA 92243		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	IMPERIAL VALLEY COLLEGE		Person X
	308 E. ATEN RD.	\$20 <u>,</u> 125.	Payroll Noncash
		1	

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IMPERIAL VALLEY COLLEGE FOUNDATION

Employer identification number

95-6120642

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FIRST IMPERIAL CREDIT UNION		Person X Payroll
	1602 W. MAIN ST.	\$10,255.	Noncash
	EL CENTRO, CA 92243		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ARTIC AIR CONDITIONING		Person X Payroll
	P.O. BOX 5550	\$ <u>6,660.</u>	Noncash
	CALEXICO, CA 92232		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BURGERS & BEER, INC.		Person X Payroll
	260 N. IMPERIAL AVE.	\$6,000.	Noncash
	EL CENTRO, CA 92243		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4 DAVIS, HOPE	(c) Total contributions	Type of contribution Person X
Number	Name, address, and ZIP + 4 DAVIS, HOPE	(c) Total contributions	Type of contribution
Number	Name, address, and ZIP + 4 DAVIS, HOPE	\$6,000.	Person X Payroll
Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52	\$6,000.	Person X Payroll Noncash (Complete Part II for
10	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 (b)	\$6,000.	Type of contribution Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 (b) Name, address, and ZIP + 4	\$6,000.	Type of contribution Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 Name, address, and ZIP + 4 IMPERIAL PRINTERS CO.	\$6,000. (c) Total contributions	Type of contribution Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 Name, address, and ZIP + 4 IMPERIAL PRINTERS CO. 430 W. MAIN ST.	\$6,000. (c) Total contributions	Type of contribution Person X Payroll
(a) Number 11 (a) Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 Name, address, and ZIP + 4 IMPERIAL PRINTERS CO. 430 W. MAIN ST. EL CENTRO, CA 92243	\$6,000. \$6,000. (c) Total contributions \$5,236.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) Number 11 (a) Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 Name, address, and ZIP + 4 IMPERIAL PRINTERS CO. 430 W. MAIN ST. EL CENTRO, CA 92243 Name, address, and ZIP + 4	\$6,000. \$6,000. (c) Total contributions \$5,236.	Type of contribution Person X Payroll
(a) Number 11 (a) Number	Name, address, and ZIP + 4 DAVIS, HOPE 1507 W. BARBARA WORTH DR. # 52 EL CENTRO, CA 92243 Name, address, and ZIP + 4 IMPERIAL PRINTERS CO. 430 W. MAIN ST. EL CENTRO, CA 92243 Name, address, and ZIP + 4 NIELSEN CONSTRUCTION	\$ 6,000. (c) Total contributions \$ 5,236.	Type of contribution Person X Payroll

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IMPERIAL VALLEY COLLEGE FOUNDATION

Employer identification number

95-6120642

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is n	eeded.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	KEITHLY-WILLIAM SEEDS P.O. BOX 177 HOLTVILLE, CA 92250	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)