



Finance Committee Meeting
Wednesday, March 20, 2024 2:00 – 3:30 PM
Allan Hancock College – Building B, Captain’s Room

AGENDA

	Page	Tentative Time
1. Call to Order		2:00 PM
2. Roll Call		2:01 PM
3. Public Comment <i>This section of the agenda is intended for members of the public to address the Executive Committee on items involving the Foundation that are being considered in Open Session. Please note that Directors are prohibited by the Brown Act from responding to comments made regarding topics not on the official agenda. If you wish to speak to any item listed, please complete a Request to Speak Card available from the Executive Director. It is suggested that speakers limit themselves to 5 minutes.</i>		
4. Approval of Agenda for March 20, 2024 (ACTION)	1-2	2:03 PM
5. Approval of Minutes for November 15, 2023 (ACTION)	3-	2:05 PM
6. Review and Approval of Financial Statements (ACTION)		2:10 PM
6.A. Check Registers – 10/1/23 - 1/31/2024	-	
6.B. Contributions Report – 10/1/23 - 1/31/2024		
6.C. Statement of Operations – 1/31/2024		
6.D. Statement of Financial Position – 1/31/2024		
6.E. General Operations Budget – 1/31/2024		
7. Approval of Proposed 2024-2025 Operating and All Fund Budgets (ACTION)	2 -23	2:20 PM
8. Auditors 2022—2023 IRS Form 990 Report (ACTION)	24	
9. Investment Advisors Review (ACTION)		2:50 PM
10. Next Meeting – July 19, 2023, 2:00 – 3:30 p.m.		
11. Adjournment (ACTION)		3:30 PM

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the Allan Hancock College Foundation office at (805) 925-2004. Please make requests 48 hours prior to the meeting in order to make reasonable arrangements to ensure accessibility to this meeting.

800 South College Drive, P.O. Box 5170, Santa Maria, CA 93456-5170 | www.ahcfoundation.org
805.925.2004 or 805.922.6966, ext. 3621 | ahcfoundation@hancockcollege.edu

The mission of the Allan Hancock College Foundation is to operate for the advancement of education by raising funds and building community support to meet the needs of the college in the areas of scholarships, capital/infrastructure projects and program support.



Finance Committee Meeting
Wednesday, March 20, 2024 2:00 – 3:30 PM
Allan Hancock College – Building B, Captain’s Room

A handwritten signature in blue ink, appearing to read "Jon Hooten".

Jon Hooten, Executive Director – College Advancement

Finance Committee Members:

- Mike Gibson, Chair
- J. Edwin Fields, Director
- Judy Frost, Director
- Naishadh Buch, Director
- Paul Cook, Director
- Keli Seyfert, Director, Auxiliary Accounting
- Dennis Curran, AHC Vice President, Finance & Administration

800 South College Drive, P.O. Box 5170, Santa Maria, CA 93456-5170 | www.ahcfoundation.org
805.925.2004 or 805.922.6966, ext. 3621 | ahcfoundation@hancockcollege.edu

The mission of the Allan Hancock College Foundation is to operate for the advancement of education by raising funds and building community support to meet the needs of the college in the areas of scholarships, capital/infrastructure projects and program support.

**ALLAN HANCOCK COLLEGE FOUNDATION
FINANCE COMMITTEE MEETING
Minutes of November 15, 2023**

1. Call to Order

The meeting was called to order at 2:02 p.m. by Chair, Mike Gibson

2. Roll Call

Finance Committee Members Present: J. Edwin Fields, Judy Frost, Mike Gibson,

Finance Committee Members Absent:

College Staff Present: Dennis Curran, Jon Hooten, Keli Seyfert, Suria Ramirez Beas

Foundation Staff Present: Erinn Artrip

Recorder: Marisol Diaz

3. Public Comment

None

4. Approval of Agenda for November 15, 2023 (ACTION)

M. Gibson called for a motion to approve the November 15, 2023, Agenda.

MOTION: On a motion by J. Frost seconded by J. Fields, the Finance Committee voted to approve the agenda and was approved by a unanimous vote.

5. Approval of Finance Committee Minutes – April 19, 2023 (ACTION)

MOTION: On a motion by D. Curran, seconded by J. Frost, the Finance Committee voted to approve the minutes for July 19, 2023, and was approved by a unanimous vote.

6. Review and Approval of Financial Statements (ACTION)

6.A. Check Registers – 6/1/2023 - 9/30/2023

6.B. Contributions Report – 7/1/2022 - 6/30/2023 and 9/30/2023

6.C. Statement of Operations – 6/30/2023 and 9/30/2023

6.D. Statement of Financial Position – 6/30/2023 and 9/30/2023

6.E. General Operations Budget – 6/30/2023 and 9/30/2023

The Finance Committee reviewed items 6.A. through 6.E. J. Frost inquired about an entry on the Check Register for Matterhackers Inc. E. Artrip mentioned these were from a department's restricted funds.

M.Gibson mentioned in the statement of operations, Hancock Honors is in the restricted funds as proceeds from the event will be going to Hancock Promise.

MOTION: On a motion by J. Frost, seconded by D. Curran, the Finance Committee approved the financial statements, items 6.A. through 6.E., as presented and will be forwarded to the Executive Committee and the Board of Directors for approval.

7. Approval of Investment Policy Plan (ACTION)

M.Gibson asked to include, under section 4.3 Prohibited Investments, cryptocurrency, bitcoin, and/or digital currency.

MOTION: On a motion by J. Frost, seconded by J. Fields, the Finance Committee approved the Investment Policy Plan as amended, and will be forwarded to the full board for approval.

8. General Operations Sustainability Plan (ACTION)

Every year, staff provide a five-year sustainability plan for the Foundation's operating budget for the committee's review.

MOTION: On a motion by J. Frost, seconded by D. Curran, the Finance Committee approved the General Operations Sustainability Plan and will be forwarded to the full board for approval.

9. Endowment Scholarship & Program Funding (ACTION)

Staff presented the 2023-2024 endowment scholarship and program funding proposal with a review date of September 30, 2023. K. Seyfert mentioned that funds under 1.0, highlighted in red, cannot be funded as they are below corpus.

The last column on the spreadsheet shows the proposed funding amount. This year the Foundation will need to fund \$6,000, a decrease from last year, which was \$48,000.

MOTION: On a motion by D. Curran, seconded by J. Frost, the Finance Committee approved the 2023-2024 Endowment Funding Proposal and will be forwarded to the full board for approval.

10. Investment Advisors Review (ACTION)

The finance committee has reviewed returns and total fees charged for each investment manager. Staff recommend decreasing three investment managers. The committee proposed a review of all accounts and an interview that will give them more information to decide.

MOTION: On a motion by J. Frost, seconded by J. Fields, the Finance Committee approved decreasing to three investment managers and will be forwarded to the full board for approval.

11. Next Meeting – March 20, 2024, 2:00 – 3:30 p.m.

12. Adjournment

MOTION: On a motion by J. Frost, seconded by J. Fields, the Finance Committee approved the adjournment of the meeting at 3:10 p.m.

To: Finance Committee	ACTION
From: Mike Gibson, Chair Finance Committee	March 20, 2024
Subject: Review and Approval of Financial Statements	

BACKGROUND

A review of the Allan Hancock College Foundation financial statements.

6.A. Check Registers	10/1/2023 - 1/31/2024	6-17
6.B. Contributions Report	10/1/2023 - 1/31/2024	18
6.C. Statement of Operations	1/31/2024	19
6.D. Statement of Financial Position	1/31/2024	20
6.E. General Operations Budget	1/31/2024	21

RECOMMENDATION

Staff recommend approval of the financial statements as submitted. Upon approval, the financial statements will be forwarded to the Executive Committee and board for review and approval.

Allan Hancock College
Check Register
Check Dates from 10/1/2023 to 10/31/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
Erinn Artrip	Change Fund Symphonic Band 100923	\$150.00	
		\$150.00	FN 83002236
Coasthills Community Foundation	Sponsor Rancho Vino Event 102123	\$1,000.00	
		\$1,000.00	FN 83002237
Elan Financial Services	Fd Sppls Bus Mtg 082323	\$216.00	
	Fd Sppls Bus Mtg 082523 KW, JH	\$55.48	
	Support AHC Rodeo Team 082523	\$1,100.00	
	Fd Sppls Bus Mtg 082823	\$32.70	
	Fd Sppls Bus Mtg 090123 KW, GS, SG	\$80.00	
	Fd Sppls Bus Mtg 090623	\$80.00	
	Support SMV YMCA 090823	\$1,800.00	
	Fd Sppls Bus Mtg 091123	\$40.00	
	Sppls Hancock Honors Award	\$265.75	
	Sppls Hancock Honors Awards	\$531.51	
	Fd Sppls Bus Mtg 081623 JH, Donor	\$90.42	
	Sppls Flowers	\$92.44	
	Fd Sppls Fdtn Office	\$13.37	
	Notary Service Kirk Living Trust Forms	\$10.00	
	Fd Sppls Bus Mtg 082523	\$34.50	
	Advertising Facebook-Hancock Honors	\$300.00	
	Fd Sppls Staff Mtg 090723	\$61.50	
	Water Service August 2023	\$44.07	
	Fd Sppls Staff Mtg 090823	\$91.91	
	Sppls Appreciation	\$23.58	
	Sppls Fdtn Office	\$13.10	
	Sppls Fdtn Office	\$46.97	
	Sppls Fdtn Office	\$82.53	
	Svc Fees Constant Contact Aug 2023	\$137.75	
	Fd Sppls Fdtn Office	\$24.23	
	Shipping Cost for HH painting	\$35.05	
		\$5,302.86	FN 83002238
Kim Ensing	RMB Fd Sppls SBCART 092523	\$2,046.14	
		\$2,046.14	FN 83002239
Fox Jump Cinematics	Videography for Hancock Honors Event 090923	\$750.00	
		\$750.00	FN 83002240
Sian Geraghty	Hancock Honors Spike 3D Model	\$800.00	
		\$800.00	FN 83002241
Pacific Coast Business Times	Advertising Giving Guide FP, Four Color	\$1,250.00	
		\$1,250.00	FN 83002242
Adept Events LLC	Addtl AV Svcs Hancock Honors Event 090923	\$1,500.00	
		\$1,500.00	FN 83002243
Cal Poly State University	Fall 2023 Schol J Arellano	\$550.00	
		\$550.00	FN 83002244

Allan Hancock College
Check Register
Check Dates from 10/1/2023 to 10/31/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
Hill-Rom	Sppls Art of Care Bedside Cabinets	\$3,563.04	
		\$3,563.04	FN 83002245
Office Depot	Sppls Fdtn Office	\$87.47	
	Sppls Fdtn Office	\$75.56	
		\$163.03	FN 83002246
Santa Maria Breakfast Rotary Club	Monthly Dues/Fees KW Sept 2023	\$293.50	
		\$293.50	FN 83002247
The Shack of Lompoc, Inc.	Sppls Nursing Program - Tops	\$681.51	
	Sppls Nursing Program - Pants	\$466.17	
		\$1,147.68	FN 83002248
Laura Thomas	Interactive Displays Hancock Honors Event 09092	\$500.00	
		\$500.00	FN 83002249
Kevin Walthers	RMB Fd Sppls Bus Mtg 090723	\$37.07	
		\$37.07	FN 83002250
AHC District	Fdtn Banner Schols Sept 2023	\$19,650.00	
		\$19,650.00	FN 83002251
Anthem Blue Cross	Health Insurance Prem Nov 2023	\$1,331.75	
		\$1,331.75	FN 83002252
Credentia Nurse Aide LLC	Skills and Written Exam Vouchers	\$3,960.00	
		\$3,960.00	FN 83002253
Tracy McKee	RMB Mlg 090923 - 100323	\$24.76	
		\$24.76	FN 83002254
Oakie Smokie BBQ LLC	Fd Sppls Fbll Team Home Game 101423	\$540.00	
		\$540.00	FN 83002255
Santa Barbara Foundation	HP End Investment 081523-092623	\$22,806.25	
		\$22,806.25	FN 83002256
David Whitham	RMB Fd Sppls 100623	\$239.40	
		\$239.40	FN 83002257
Santa Barbara Foundation	HP End Investment 092823	\$673,213.70	
		\$673,213.70	FN 83002258
AHC District	FY24 Orfelea Fdtn Grant Exps 093023	\$127,481.40	
	Fd Sppls Bus Mtg 072023 All Staff Day Planning	\$63.60	
	Fd Sppls Bus Mtg 071823 Cabinet Brd Mtg	\$126.59	
	Fd Sppls Bus Mtg 080923 KW & SLewy	\$35.11	
	Fd Sppls Bus Mtg 082123 KW & HZacarias	\$65.00	
	Fd Sppls Bus Mtg 080423 KW & GPensa	\$70.00	
	Fd Sppls Bus Mtg 080823 KW & AEnciso	\$70.00	
	Fd Sppls Faculty Orientation 080923	\$230.15	
	Payroll OT Hancock Honors 090923	\$448.69	

Allan Hancock College
Check Register
Check Dates from 10/1/2023 to 10/31/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
		\$128,590.54	FN 83002259
AHC Viticulture & Enology Foundation	Sppls 5 cases Chardonnay-Hancock Honors	\$636.19	
	Sppls 5 cases Pinot Noir-Hancock Honors	\$848.25	
	Sppls 5 cases Syrah-Hancock Honors	\$848.25	
	Sppls3 1.5 liter bottles Pinot Noir-Hancock Honors	\$84.83	
	Sppls One 5 liter bottle Pinot Noir-Hancock Honors	\$98.96	
	Sppls 3 1.5 liter bottles Syrah-Hancock Honors	\$84.83	
		\$2,601.31	FN 83002260
Gateway Educational Services	Black Youth Summit Donation	\$1,000.00	
		\$1,000.00	FN 83002261
Oakie Smokie BBQ LLC	Fd Sppls Fbll Team Home Game 101423	\$587.25	
		\$587.25	FN 83002262
PCPA	FY24 M Hancock Trust Qtrly Dist	\$18,720.15	
		\$18,720.15	FN 83002263
Sport & Cycle Team Athletics Inc	Sppls MS Royal Hustle Fleece Hoody	\$2,414.25	
	Shipping fee	\$248.16	
		\$2,662.41	FN 83002264
The Guardian Life Insurance Company of America	Dental/Vision/Life Ins Prem Nov 2023	\$366.95	
		\$366.95	FN 83002265
The Rotary Club Of Santa Maria	Dues and Membership Fees BC Sept 2023	\$43.00	
		\$43.00	FN 83002266
Thomas Lamica	RMB Fd Sppls Partnership Mtg w/ Cuesta College	\$275.71	
		\$275.71	FN 83002267
		Total: \$895,666.50	

Allan Hancock College
Check Register
Check Dates from 11/1/2023 to 11/30/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
AHC Campus Graphics	Scholarship Prog 2023-24 Poster	\$14.81	
	Scholarship Prog Table Tents	\$13.02	
	Scholarship Prog 2024 Banner Update	\$18.60	
		\$46.43	FN 83002268
AHC Viticulture & Enology Foundation	Fd Sppls Wine Military Appreciation Fbll Game	\$159.88	
		\$159.88	FN 83002269
Elan Financial Services	Fd Sppls Bus Mtg 091823 KW, KGamboia	\$62.75	
	Fd Sppls Bus Mtg 092123 KW, AHankes	\$35.30	
	Fd Sppls Student Lunches Provided 092623	\$46.65	
	Fd Sppls Bus Mtg 092723 KW, LLahr	\$50.00	
	Fd Sppls Bus Mtg 092823 KW, SMV Chamber	\$57.00	
	Fd Sppls Bus Mtg 100523	\$413.65	
	Fd Sppls Bus Mtg 101023 ACCT Conf	\$472.42	
	Fd Sppls Bus Mtg 101023 ACCT Conf	\$434.55	
	CASE Conference Registration 10/04-06/23	\$1,075.00	
	Fd Sppls Bus Mtg 092523 JH, Board Trustee	\$25.21	
	Fd Sppls Board Meeting 092523	\$145.00	
	Annual Subscription Pac Coast Bus Times	\$54.99	
	Fd Sppls Bus Mtg 092623 JH, Donor	\$30.40	
	Sppls Gift for Donor	\$56.77	
	Fd Sppls CASE Conference JH 100323	\$36.54	
	Fd Sppls CASE Conference JH 100423	\$42.89	
	Parking CASE Conference 100423	\$10.00	
	Parking CASE Conference 100423	\$10.00	
	Lodging CASE Conference 10/03-06/23	\$978.76	
	Culligan Water Delivery September 2023	\$62.47	
	Sppls Ink and Boxes	\$195.40	
	Shipping Fees - Jazz Mafia Returned Items	\$14.94	
	Stamps/Postage Office Use	\$13.20	
	Constant Contact Monthly Fees	\$137.75	
	Fd Sppls Deposit Oct PC Event	\$484.58	
	Dry Cleaning - Linens	\$25.00	
	Fd Sppls Office Snacks	\$39.11	
	Sppls Plates for Oct PC Event	\$48.91	
		\$5,059.24	FN 83002270
	Hill-Rom	Equipmnt Overbed Tables	\$2,500.16
Equipmnt Overbed Tables		\$709.43	
	\$3,209.59	FN 83002271	
Jon Hooten	RMB Fd Sppls CASE Conf 100423	\$24.56	
	RMB Fd Sppls CASE Conf 100523	\$53.56	
	RMB Mlg CASE Conf 10/03-05/23	\$383.31	
	\$461.43	FN 83002272	
Tracy McKee	RMB Mlg 092223, 102623, 110123	\$46.90	
		\$46.90	FN 83002273

Allan Hancock College
Check Register
Check Dates from 11/1/2023 to 11/30/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
Oakie Smokie BBQ LLC	Fd Sppls Tri-tip Sandwiches Fbll Home Games 102923	\$587.25	
	Fd Sppls Tri-tip Sandwiches Fbll Home Games 110423	\$489.38	
		\$1,076.63	FN 83002274
Santa Maria Breakfast Rotary Club	Monthly Dues/Fees KW Oct 2023	\$96.50	
		\$96.50	FN 83002275
AHC District	Fdtn Banner Scholarships Oct 2023	\$28,025.00	
		\$28,025.00	FN 83002276
Marisol Diaz	RMB Mlg 102623	\$17.16	
		\$17.16	FN 83002277
Kim Ensing	RMB Fd Sppls Athl Rndtable 103023	\$956.39	
		\$956.39	FN 83002278
Tracy McKee	RMB Fd Sppls Fdtn Office 110323	\$32.75	
		\$32.75	FN 83002279
Ricardo Navarrette	RMB Sppls Dia De Los Muertos Event 110223	\$93.66	
		\$93.66	FN 83002280
Santa Barbara Foundation	HP End Investment 100123-110323	\$26,581.21	
		\$26,581.21	FN 83002281
Savie Health Corp	Support Thanks for Giving Luncheon 110423	\$1,000.00	
		\$1,000.00	FN 83002282
Bright Event Rentals LLC	Addtl Rental Equip Hancock Honors Event 090923	\$765.57	
	Addtl Rental Equip Hancock Honors Event 090923	\$211.68	
		\$977.25	FN 83002283
Anthem Blue Cross	Health Ins Prem Dec 2023	\$1,331.75	
		\$1,331.75	FN 83002284
Kathleen Johnson	RMB Sppls Flowers & Floor Mat	\$140.92	
		\$140.92	FN 83002285
La Tapatia Bakery	Fd Sppls Dia De Los Muertos Event 110223	\$362.50	
		\$362.50	FN 83002286
Scholarship Foundation of Santa Barbara	Sponsor Community Leaders Luncheon 120823	\$1,250.00	
		\$1,250.00	FN 83002287
Spencer's Fresh Markets	Fd Sppls Single Parent Students Turkey Dinners	\$2,898.10	
		\$2,898.10	FN 83002288
The Guardian Life Insurance Company of America	Dental/Vision/Life Ins Prem Dec 2023	\$366.95	
		\$366.95	FN 83002289
Erinn Artrip	Petty Cash Symphonic Band Concert 120423	\$75.00	
		\$75.00	FN 83002290

Allan Hancock College
Check Register
Check Dates from 11/1/2023 to 11/30/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
Erinn Artrip	Petty Cash Jazz Band Concert 120123	\$75.00	
		\$75.00	FN 83002291
Elan Financial Services	Fd Sppls Bus Mtg 101723	\$35.00	
	Fd Sppls Bus Mtg 101723	\$55.00	
	Fd Sppls Bus Mtg CCCAOE Conf 101823	\$470.00	
	Fd Sppls Bus Mtg CCCAOE Conf 101823	\$70.00	
	Fd Sppls Bus Mtg 102323	\$49.00	
	Fd Sppls Bus Mtg HACU Conf 102923	\$207.48	
	Fd Sppls Bus Mtg HACU Conf 102923	\$222.91	
	Fd Sppls LVC Holiday Celebration 112923	\$193.00	
	Sppls Athletics/PCPA Students Meals	\$3,125.00	
	Fd Sppls Bus Mtg 111323	\$52.00	
	Fd Sppls Bus Mtg 111423	\$44.46	
	Reg Fee SB Fdtn Celebrate Philanthropy 110223	\$320.00	
	Event Foodbank SBC Empty Bowls 2023	\$25.80	
	Fd Sppls PC Event Catering 102623	\$1,848.66	
	Fd Sppls MD 102523	\$28.06	
	Sppls PC Event 102623	\$978.49	
	WaterDelivery Service Oct 2023	\$44.87	
	Sppls Paper & Kitchen Items	\$115.47	
	Fd Sppls PC Event Catering 102623	\$81.92	
	Sppls Office Items	\$18.96	
	Sppls Office Items	\$23.13	
	Constant Contact Svc Fee Nov 2023	\$137.75	
	Late Fee 111323	\$35.00	
	Interest Charge 111523	\$163.77	
		\$8,345.73	FN 83002292
Kim Ensing	RMB Fd Sppls Fbll Pre-Game Meal 112123	\$1,396.22	
		\$1,396.22	FN 83002293
Jovi'S Delights	Fd Sppls Holiday Celebration 113023	\$292.80	
		\$292.80	FN 83002294
Thomas Lamica	RMB Fd Sppls Bus Mtg w/SBCC 112023	\$73.65	
		\$73.65	FN 83002295
Orcutt Burgers Inc	Fd Sppls Fbll Post Game Meals 112123	\$3,671.58	
		\$3,671.58	FN 83002296
		Total: \$88,120.22	

Allan Hancock College
Check Register
Check Dates from 12/1/2023 to 12/31/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
AHC Campus Graphics	Print Scholarship Prog Bookmarks	\$13.55	
	Print 2023 Fdtn Impact Report	\$4,147.17	
		\$4,160.72	FN 83002297
Erinn Artrip	AHC Fdtn Change Fund	\$300.00	
		\$300.00	FN 83002298
California Department Of Justice	2024 Non-Profit Raffle Prog Registration Renewal	\$30.00	
		\$30.00	FN 83002299
Kim Ensing	RMB Sppls Camera Lens Athletics Dept	\$1,625.76	
		\$1,625.76	FN 83002300
Radisson Santa Maria	Deposit Athletics Dept. Event 042924	\$1,000.00	
		\$1,000.00	FN 83002301
Rally Factory	Sppls Shirts Strawberry Bowl M/L/XL	\$347.13	
	Sppls Shirts Strawberry Bowl 2XL/3XL	\$143.55	
	Shipping	\$21.00	
		\$511.68	FN 83002302
Rotary Club Of Lompoc	Dues and Membership Fees CF July-Sept 2023 Membership Fees CF 090123	\$271.00	
		\$25.00	
		\$296.00	FN 83002303
San Diego Mesa College	Charter Bus Expense for Strawberry Bowl 112123	\$4,500.00	
		\$4,500.00	FN 83002304
AHC Campus Graphics	Print Fdtn Letterhead	\$49.01	
	Design - HH Thank You Ad - SM Times	\$50.00	
	Design HH Step & Repeat Wall	\$448.32	
	Design HH Coasters	\$600.50	
	Print HH Lobby Signage	\$13.41	
	Print HH Bar Signage	\$1.12	
	Print HH Signage	\$76.20	
	Print HH Signage	\$0.27	
	Print HH Food Signage	\$105.05	
	Print HH Menu Items	\$1.10	
	Print HH Coffee Table Signage	\$0.27	
	Print HH Seating Tickets	\$23.23	
	Print HH Art Installations Signage	\$1.64	
	Print HH Ambassador Packet	\$13.70	
		\$1,383.82	FN 83002305
AHC District	Fall 2023 - Fall 2024 Hancock Promise	\$20,292.50	
		\$20,292.50	FN 83002306
Follett Heg - Ahc Bookstore	Sppls CME Nursing Asst Nursing App	\$6,643.54	
		\$6,643.54	FN 83002307
Office Depot	Sppls Ink	\$142.45	
		\$142.45	FN 83002308

Allan Hancock College
Check Register
Check Dates from 12/1/2023 to 12/31/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
Santa Barbara Foundation	HP End Investment 110423-120723	\$10,810.45	
		\$10,810.45	FN 83002309
Santa Maria Breakfast Rotary Club	Monthly Dues/Fees KW Nov 2023	\$134.00	
	College Support Food & Toy Drives Nov 2023	\$100.00	
		\$234.00	FN 83002310
AHC District	Fdtn Banner Schols Nov 2023	\$21,325.00	
		\$21,325.00	FN 83002311
Anthem Blue Cross	Health Ins Premium Jan 2024	\$1,331.75	
		\$1,331.75	FN 83002312
Erinn Artrip	Manual P/R Yr End Bonus	\$250.00	
		\$250.00	FN 83002313
California State University Bakersfield	S24 Schol H Santiago Hernandez	\$2,500.00	
		\$2,500.00	FN 83002314
Marisol Diaz	Manual P/R Yr End Bonus	\$250.00	
		\$250.00	FN 83002315
Paul Dunn	Bagpiper Perf Fire Academy Graduation 120723	\$250.00	
		\$250.00	FN 83002316
Elan Financial Services	Fd Sppls Bus Mtg 111523 KW, HP	\$70.00	
	Sppls PCPA Tickets for Donors	\$236.00	
	Sppls PCPA Tickets for Donors	\$123.00	
	Sppls PCPA Tickets for Donors	\$98.00	
	Fd Sppls Bus Mtg 112823 KW, BC, RR	\$55.01	
	Reg Fee REACH Summit 011724 JH	\$150.00	
	Sppl Fdtn Office	\$7.59	
	Fd Sppls Bus Mtg 112923 JH & Brd Member	\$38.82	
	Fd Sppls Bus Mtg 113023 JH & KE	\$49.17	
	Fd Sppls Bus Mtg 120123 JH & Brd Member	\$37.60	
	Sppls Major Donors Holiday Gifts	\$725.56	
	Sppls Dashboard Deskpad	\$29.00	
	Water Delivery Svc Nov 2023	\$34.39	
	CommUnify Dinner Sponsorship 060724	\$1,000.00	
	Fd Sppls Board Mtg 111523	\$35.30	
	Constant Contact Svc Fee Nov 2023	\$137.75	
	Postage for New Year Cards	\$303.60	
	Sppls Fdtn Office	\$48.91	
	Postage Raffle Registration Renewal	\$8.56	
	Domain Name Renewal	\$264.89	
		\$3,453.15	FN 83002317
Ronald Lovell	RMB Sppls Culinary Prog Aug-Nov 2023	\$891.46	
	RMB Fd Sppls Culinary Prog Aug-Nov 2023	\$222.02	
		\$1,113.48	FN 83002318

Allan Hancock College
Check Register
Check Dates from 12/1/2023 to 12/31/2023
Bank Code: FN

Vendor Name	Description	Amount	Check
Tracy McKee	Manual P/R Yr End Bonus	\$250.00	
		\$250.00	FN 83002319
Natalie Rucobo	Manual P/R Yr End Bonus	\$250.00	
		\$250.00	FN 83002320
	RMB Mlg 111523	\$33.14	
		\$33.14	FN 83002321
Brian Stanley	Broadcasting Service Strawberry Bowl 112123	\$300.00	
		\$300.00	FN 83002322
Testa Catering	Fd Sppls Coffee Station 113023	\$183.52	
	Fd Sppls Hot Cocoa Station 113023	\$149.54	
	Operations Fee 113023	\$48.25	
		\$381.31	FN 83002323
The Guardian Life Insurance Company of America	Dental/Vision/Life Ins Prem Jan 2024	\$366.95	
		\$366.95	FN 83002324
VTC Enterprises	Mailing Impact Report	\$1,869.60	
	Shipping/Delivery/Postage Impact Report	\$866.07	
		\$2,735.67	FN 83002325
		Total: \$86,721.37	

Allan Hancock College
Check Register
Check Dates from 1/1/2024 to 1/31/2024
Bank Code: FN

Vendor Name	Description	Amount	Check
AHC District	Payroll OT Charges HH 090923	\$1,044.45	
	SpplsACCJC Team Visit 100623	\$1,073.54	
	Fd Sppls BOT Bus Mtg 101723	\$48.89	
	Fd Sppls Sup/Conf Mtg 092823	\$259.89	
	Fd Sppls CCBA Planning Mtg 082923	\$31.00	
	Fd Sppls Various Campus Event Beverages	\$225.63	
	Fd Sppls Athl RndTbl Mtg 082823	\$1,631.09	
	Fd Sppls Bus Mtg 082423	\$70.00	
	Fd Sppls SBCC Mtg 080723	\$187.95	
		\$4,572.44	FN 83002326
Cal Poly State University	F2023 Schol E Perez #4	\$2,500.00	
		\$2,500.00	FN 83002327
Dennis Curran	RMB Fd Sppls South Campus Crew 122223	\$65.16	
		\$65.16	FN 83002328
Jon Hooten	RMB Notary Fee 081123	\$55.00	
		\$55.00	FN 83002329
Jenna Nichols	Hancock Honors Event Planner/Designer 090724 Depst	\$6,000.00	
		\$6,000.00	FN 83002330
Office Depot	Sppls Fdtn Office Batteries/NotePads/Clock/Ink	\$208.54	
	Late Fee 121823	\$39.00	
	Finance Charges 122423	\$5.78	
		\$253.32	FN 83002331
Santa Maria Breakfast Rotary Club	Monthly Dues/Fees KW Dec 2023	\$51.50	
		\$51.50	FN 83002332
The Rotary Club Of Santa Maria	Dues and Membership Fees BC Oct 2023	\$53.00	
		\$53.00	FN 83002333
University of Nevada, Reno	F2023 Schol E Gonzalez- Reissue	\$1,000.00	
	F2023 Schol E Gonzalez- Reissue	\$500.00	
		\$1,500.00	FN 83002334
AHC Campus Graphics	Print Greeting Cards	\$0.97	
	Print New Years Cards	\$362.10	
		\$363.07	FN 83002335
Anthem Blue Cross	Health Ins Premium Feb 2024	\$1,331.75	
		\$1,331.75	FN 83002336
Calif State Univ Fresno	F23 Schol J Macias #2	\$2,500.00	
		\$2,500.00	FN 83002337
Kim Ensing	RMB Fd Sppls Fbll Game 090223	\$587.25	
		\$587.25	FN 83002338
Follett Heg - Ahc Bookstore	Sppls Steth/ BP Cuffs Kits	\$1,961.85	

Allan Hancock College
Check Register
Check Dates from 1/1/2024 to 1/31/2024
Bank Code: FN

Vendor Name	Description	Amount	Check
		\$1,961.85	FN 83002339
Rotary Club Of Lompoc	Dues/Membership Fees CFarley Oct-Dec 2023	\$242.00	
		\$242.00	FN 83002340
Santa Barbara Foundation	HP End Investment 121123-010324	\$168,526.99	
		\$168,526.99	FN 83002341
Shelby Scott	RMB Postage Golf Tmry	\$132.00	
		\$132.00	FN 83002342
Field To Table Events LLC	Catering Deposit Event 030724	\$941.95	
		\$941.95	FN 83002343
Old Town Shirt Factory	Sppls Screen Print UA Hooded Sweatshirt	\$979.73	
		\$979.73	FN 83002344
PCPA	FY24 M Hancock Trust Qtrly Distributions	\$18,720.15	
		\$18,720.15	FN 83002345
The Guardian Life Insurance Company of America	Dental/Vision/Life Ins Prem Feb 2024	\$366.95	
		\$366.95	FN 83002346
AHC District	Banner Schols Dec 2023	\$5,242.15	
		\$5,242.15	FN 83002347
Erinn Artrip	RMB Mlg 01/24-25/24	\$26.80	
		\$26.80	FN 83002348
Marisol Diaz	RMB Mlg 012524	\$23.85	
		\$23.85	FN 83002349
Elan Financial Services	Sppls PCPA Tkts Dr & Mrs Ortiz	\$130.60	
	Fd Sppls Bus Mtg 122123 KW & DColli	\$60.02	
	Fd Sppls AHC SM Staff Lunch 122223	\$543.48	
	Fd Sppls Bus Mtg 010324 KW & RCarter	\$34.78	
	Fd Sppls Bus Mtg 010524	\$114.00	
	Fd Sppls Bus Mtg 011224 KW & SChristian	\$70.00	
	Fd Sppls Fdtn Staff Christmas Party 121423	\$240.18	
	Sppls 121423	\$4.33	
	Fd Sppls Gifts 121523	\$98.76	
	Fd Sppls Bus Mtg 121623 JH & Brd Mmbr	\$53.68	
	Ad Pac Coast Bus Times WWN&F 1/2 pg	\$1,588.00	
	Water Delivery Svc Dec 2023	\$44.27	
	Fd Sppls Fdtn Office	\$19.85	
	Postage New Year Cards	\$13.20	
	Constant Contact Fee Dec 2023	\$137.75	
		\$3,152.90	FN 83002350
Tracy McKee	RMB Mlg 112723-012524	\$65.78	
		\$65.78	FN 83002351
Natalie Rucobo	RMB Mlg 01/23-25/24	\$57.89	

Allan Hancock College
Check Register
Check Dates from 1/1/2024 to 1/31/2024
Bank Code: FN

Vendor Name	Description	Amount	Check
		<u>\$57.89</u>	FN 83002352
The Rotary Club Of Santa Maria	Dues and Membership Fees BC Dec 2023	\$21.00	
		<u>\$21.00</u>	FN 83002353
		<u>Total: \$220,294.48</u>	

**Allan Hancock College Foundation
Contributions
July 1, 2023 through June 30, 2024**

Account	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
General Operations	\$ 6,412	\$ 73	\$ 51	\$ 9,276	\$ 5,035	\$ 15,390	\$ 85						\$ 36,322
Other Local Income	\$ 1,800	\$ 2,100	\$ -	\$ 2,154	\$ 481	\$ 1,498	\$ 2						\$ 8,035
President's Circle	\$ 7,341	\$ 6,290	\$ 1,342	\$ 3,341	\$ 5,341	\$ 23,257	\$ 3,258						\$ 50,170
Restricted	\$ 1,720	\$ 1,030	\$ 34,410	\$ 1,570	\$ 5,970	\$ 49,693	\$ 19,355						\$ 113,748
Scholarships	\$ 30,567	\$ 27,276	\$ 86,245	\$ 23,907	\$ 36,948	\$ 143,152	\$ (64,754)						\$ 283,341
Hancock Honors	\$ 159,400	\$ 18,200	\$ 39,507	\$ 1,500	\$ 11,500	\$ 5,000	\$ -						\$ 235,107
Hancock Promise	\$ 12,637	\$ 21,307	\$ 687,110	\$ 25,395	\$ 95,075	\$ 63,299	\$ 401,654						\$ 1,306,477
Title V - Hancock Promise	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ -						\$ 50,000
Endowments	\$ -	\$ -	\$ 3,000	\$ 60,000	\$ -	\$ 3,350	\$ 88,874						\$ 155,224
MONTHLY TOTALS	\$ 219,877	\$ 76,276	\$ 851,665	\$ 127,143	\$ 160,350	\$ 354,639	\$ 448,474	\$ -	\$ 2,238,424				
CURRENT YTD TOTALS	\$ 219,877	\$ 296,153	\$ 1,147,818	\$ 1,274,961	\$ 1,435,311	\$ 1,789,950	\$ 2,238,424						\$ 2,238,424

PRIOR YEARS CONTRIBUTIONS

July 2022 - June 2023	1,186,168
July 2021 - June 2022	1,754,527
July 2020 - June 2021	1,912,505
July 2019 - June 2020	3,661,328
July 2018 - June 2019	1,646,016
July 2017 - June 2018	2,547,577
July 2016 - June 2017	1,167,156
July 2015 - June 2016	1,766,065
July 2014 - June 2015	1,354,736
July 2013 - June 2014	4,230,595
July 2012 - June 2013	11,662,226
July 2011 - June 2012	774,867
July 2010 - June 2011	907,673
July 2009 - June 2010	941,725
July 2008 - June 2009	1,053,236

Aug-Sep Hancock Honors includes \$13,857 from In Kind donations
January: \$84,724 moved from Blough Scholarship to Blough Endowment
January: \$400,000 HP pledge recorded

NOTES:

a) Report does not include investment portfolio activity.

**ALLAN HANCOCK COLLEGE FOUNDATION
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING 01/31/2024**

	Cash Admin	General Operations	Restricted	Scholar- ships	Endowment Principal	Endowment Rev/Exp	Total
REVENUES:							
Contributions,Gifts,Grants&Endwmnts	0	36,322	1,691,645	283,341	205,224	0	2,216,532
Non Cash Contribution	0	0	13,857	0	0	0	13,857
Interest and Investment Income	0	15,681	566	0	0	365,857	382,104
Realized Gain/Loss on Invest	0	320	0	0	0	189,514	189,833
Unrealized Gain/Loss on Invest	0	11,403	0	0	0	852,404	863,807
Other Local Revenues	0	127	4,381	3,526	0	0	8,035
Total Revenues	0	63,853	1,710,450	286,867	205,224	1,407,775	3,674,168
EXPENSES:							
Non Bargaining Unit	0	165,404	0	0	0	0	165,404
Benefits	0	33,592	0	0	0	0	33,592
Instructional Printing	0	0	1,751	0	0	0	1,751
Public Relations/Recognitions	0	1,246	0	0	0	0	1,246
Office/Operational Supplies	0	1,971	10,486	0	0	0	12,457
Non Instr Printing	0	4,582	1,403	0	0	0	5,985
Food - Business Meetings/Events	0	2,725	63,784	0	0	0	66,510
In-Kind Food Supplies	0	0	3,530	0	0	0	3,530
Indep Contractor (Individuals)	0	0	37,851	0	0	0	37,851
Service Contracts (Businesses)	0	2,648	10,000	0	0	0	12,648
In-Kind Service Contracts (Busnss)	0	0	2,764	0	0	0	2,764
Travel - All Travel Costs	0	3,291	4,500	0	0	0	7,791
District Community Activities	0	0	1,800	0	0	0	1,800
Foundation Community Activities	0	8,096	100	0	0	0	8,196
Dues & Memberships	0	2,830	1,705	0	0	0	4,535
Non-Tech Licenses,Permits,Fees	0	788	1,158	0	0	0	1,946
Software License/Subscription Agrmt	0	20,973	0	0	0	0	20,973
Facility Rental	0	0	1,000	0	0	0	1,000
Equipment Rental	0	0	27,652	0	0	0	27,652
In-Kind Equipment Rental	0	0	2,563	0	0	0	2,563
Misc Operating Expenses	0	0	0	0	0	0	0
District/College Support	0	0	152,113	0	0	0	152,113
Postage/Express Services	0	3,124	132	0	0	0	3,256
Advertising/Sponsorships	0	3,005	2,800	0	0	0	5,805
In-Kind Advertising	0	0	5,000	0	0	0	5,000
Bank Service Charges	0	492	207	0	0	0	699
Investment Brokerage Fees	0	1,669	0	0	0	118,005	119,674
PCPA Support	0	0	0	56,160	0	0	56,160
Equipment	0	0	16,420	0	0	0	16,420
Scholarships	0	0	21,805	492,196	0	0	514,001
Total Expenses	0	256,437	370,524	548,357	0	118,005	1,293,322
Net Income (Loss)	0	(192,583)	1,339,925	(261,490)	205,224	1,289,770	2,380,846
OTHER FINANCING SOURCES/OUTGO:							
Intrafund Transfer-In	0	94,343	224,913	275,150	917,740	0	1,512,146
Intrafund Transfers-Out	0	18,063	953,753	3,250	0	537,080	1,512,146
Other Transfer-In	0	285,759	0	0	0	0	285,759
Net Transfers	0	362,039	(728,840)	271,900	917,740	(537,080)	285,759
Net Inc/Dec in Fund Bal	0	169,456	611,086	10,410	1,122,964	752,690	2,666,605
FUND BALANCE:							
Fund Equity, July 1	0	642,123	1,734,538	763,019	15,750,981	2,935,306	21,825,967
Current Balance	0	811,579	2,345,624	773,429	16,873,945	3,687,995	24,492,573

**ALLAN HANCOCK COLLEGE FOUNDATION
STATEMENT OF FINANCIAL POSITION
FOR THE PERIOD ENDING 01/31/2024**

	Cash Admin	General Operations	Restricted	Scholar- ships	Endowment Principal	Endowment Rev/Exp	Total
ASSETS:							
Claim on Cash	(10,863,981)	803,561	2,021,129	793,743	3,557,553	3,687,995	0
AHC Fdtn Mechanics Bank Checking	614,804	0	0	0	0	0	614,804
AHC Fdtn MS Active Assets MM	2,508	0	0	0	0	0	2,508
Petty Cash	0	300	0	0	0	0	300
MS Select UMA Boyd 3740 Inv Cash	0	0	0	0	165,883	0	165,883
MS Select UMA Unrestr 2948 Inv Cash	41,543	0	0	0	0	0	41,543
Monarch With Strategies Pooled Cash	31,691	0	0	0	0	0	31,691
Monarch With Strategies Lahr Cash	0	0	0	0	818	0	818
Northern Trust Young Cash	0	0	0	0	116,969	0	116,969
MS Select UMA Pooled 1441 Inv Cash	315,882	0	0	0	0	0	315,882
MorgStnly Title V HSI HP 8826 Cash	0	0	0	0	2,532	0	2,532
Pledge Receivable - Current	0	0	13,800	0	0	0	13,800
Pledge Receivable - Non Current	0	0	311,430	0	0	0	311,430
Discount on Pledge Receivable	0	0	(735)	0	0	0	(735)
Accrued Interest Receivable	0	0	0	0	503	0	503
Due From Other Funds	0	7,753	0	0	0	0	7,753
MS Select UMA Boyd 3740 Inv Cost	0	0	0	0	2,184,657	0	2,184,657
MS Select UMA Unrestr 2948 Inv Cost	399,404	0	0	0	0	0	399,404
Monarch With Strategies Pooled Cost	1,889,462	0	0	0	0	0	1,889,462
Monarch With Strategies Lahr Cost	0	0	0	0	57,511	0	57,511
Northern Trust Young Cost	0	0	0	0	1,309,454	0	1,309,454
MS Select UMA Pooled 1441 Inv Cost	6,113,822	0	0	0	0	0	6,113,822
Interest in CA Comm Colleges Cost	0	0	0	0	153,831	0	153,831
SB Fdtn Hancock Promise Cost	0	0	0	0	7,419,595	0	7,419,595
MorgStnly Title V HSI HP 8826 Cost	0	0	0	0	461,967	0	461,967
MS Select UMA Boyd 3740 Inv FMV Adj	0	0	0	0	425,517	0	425,517
MS Select UMA Unrestr 2948 FMV Adj	68,117	0	0	0	0	0	68,117
Monarch With Strtgs Pooled FMV Adj	177,461	0	0	0	0	0	177,461
Monarch With Strtgs Lahr FMV Adj	0	0	0	0	5,527	0	5,527
Northern Trust Young FMV Adj	0	0	0	0	406,828	0	406,828
MS Select UMA Pooled 1441 FMV Adj	1,209,287	0	0	0	0	0	1,209,287
SB Fdtn Hancock Promise FMV Adj	0	0	0	0	613,841	0	613,841
MrgStnly Title V HSI HP 8826 FMV Adj	0	0	0	0	(9,042)	0	(9,042)
Total Assets	0	811,613	2,345,624	793,743	16,873,945	3,687,995	24,512,920
LIABILITIES:							
Accounts Payable	0	0	0	1,113	0	0	1,113
Sales Tax Payable	0	34	0	0	0	0	34
Due To/From Interchart Scholarshi	0	0	0	19,201	0	0	19,201
Total Liabilities	0	34	0	20,314	0	0	20,347
FUND BALANCE:							
Fund Equity FYB	0	642,123	1,734,538	763,019	15,750,981	2,935,306	21,825,967
Current Income/Loss	0	169,456	611,086	10,410	1,122,964	752,690	2,666,605
Total Fund Balance	0	811,579	2,345,624	773,429	16,873,945	3,687,996	24,492,572
Total Liabilities & Fund Balance	0	811,613	2,345,624	793,743	16,873,945	3,687,996	24,512,919

Query View Budget Status by Account
 Fiscal period start date 07/01/2023
 Fiscal period end date 06/30/2024
 As of Date 01/31/2024
 Currency USD

Chart of Accounts 3
 Fund 831001
 Organization AFN
 Account All
 Program 709001

Account	Account Title	Adopted Budget	Adjusted Budget	Year to Date	Available Balance
Expenses					
214000	Non Bargaining Unit	279,390	279,390	165,404	113,986
332000	Classified Non Instr FICA-Soc Scrt	17,322	17,322	10,255	7,067
336000	Classified Non-Instr FICA-Medicare	4,051	4,051	2,398	1,653
342000	Classified Non Instr Health & Wlfr	34,000	33,668	10,724	15,793
352000	Classified Non-Instr SUI	1,736	1,736	1,446	290
352500	Classified ETT-Foundation	28	28	0	28
362000	Classified Non Instr Workers Comp	2,330	2,330	1,323	1,007
395100	Employer Matching of TSA	33,527	21,464	7,445	14,019
451500	Public Relations/Recognitions	250	1,247	1,246	1
452000	Office/Operational Supplies	5,000	5,000	1,971	685
454000	Non Instr Printing	10,000	10,000	4,582	3,000
471000	Food - Business Meetings/Events	6,000	10,710	2,725	4,217
511000	Indep Contractor (Individuals)	600	600	0	600
511200	Service Contracts (Businesses)	4,000	4,900	2,648	2,252
521000	Travel - All Travel Costs	7,500	7,395	3,291	3,628
522400	Foundation Community Activities	13,300	12,475	8,096	4,379
531000	Dues & Memberships	2,750	2,935	2,830	105
532000	Non-Tech Licenses,Permits,Fees	2,550	2,525	788	1,737
532200	Software License/Subscription Agrmt	28,000	28,000	20,973	7,027
587000	Postage/Express Services	7,500	7,500	3,124	2,676
588000	Advertising/Sponsorships	4,000	4,105	3,005	1,100
589200	Bank Service Charges	4,000	4,000	492	3,508
641000	Equipment	1,000	1,000	0	1,000
721500	Intrafund Transfers-Out	45,000	51,453	12,063	39,390
Revenue					
882000	Contributions, Gifts, Grants&Endwmnts	49,225	49,225	36,322	12,903
889000	Other Local Revenues	100	100	127	-27
898200	Intrafund Transfer-In	127,000	127,000	94,343	32,657
898300	Other Transfer-In	337,509	337,509	285,759	51,750
Revenue Total		513,834	513,834	416,551	97,283
Expenditure Total		513,834	513,834	266,830	229,146
Report Total (of all records)		0	0	149,721	-131,863

Intra Fund Transfers-Out	Budget	Actual
Scholarship Banquet	45,000	12,063
	<u>45,000</u>	<u>12,063</u>

Intra Fund Transfers-In	Budget	Actual
Administration Fee @ 1.5%	108,000	68,330
President's Circle Fee @ 15%	9,000	7,037
Unrestricted End. Proceeds-Madson	5,000	5,000
Hancock Promise Gift Fee @ 1.5%	5,000	13,976
Unrestricted Endowment	0	
Other Transfer-In (District support)	103,954	52,204
Other Transfer-In (District support)	233,555	233,555
	<u>464,509</u>	<u>380,102</u>

To: Finance Committee	ACTION
From: Jon Hooten Executive Director, College Advancement	March 20, 2024
Subject: Approval of 2023-2024 Proposed Operating and All Fund Budgets	

BACKGROUND

Each year the Finance Committee reviews and approves the Foundation’s operating budget for the upcoming fiscal year. The proposed 2024-2025 Operating Budget is being presented for review and consideration by the Finance Committee. The proposed budget includes a 3% COLA for staff salaries.

RECOMMENDATION

Staff recommends approval of the fiscal year 2024-2025 *Foundation Operating Budget* as submitted to the Finance Committee with a which will be forwarded to the Executive Committee and the full board for consideration.

Allan Hancock College Foundation
All Foundation Funds
Proposed Operating Budget and Budget for District

July 1, 2024 - June 30, 2025

	Account Title	FY24 Gen Opr Budget	FY24 Rest. Sch. & End.	Approved FY24 Total Budget	Proposed FY25 Gen Opr	Proposed FY25 Rest. Sch. & End.	FY25 Proposed Total Budget
	EXPENDITURES						
	Non Bargaining Unit	\$ 279,390	\$ -	\$ 279,390	\$ 296,007	\$ -	\$ 296,007
	Classified Non Instr FICA-SocScty	\$ 17,322	\$ -	\$ 17,322	\$ 18,352	\$ -	\$ 18,352
	Classified Non-Instr FICA-Medi	\$ 4,051	\$ -	\$ 4,051	\$ 4,292	\$ -	\$ 4,292
(*1)	Classified Non Instr Health & Wifr	\$ 34,000	\$ -	\$ 34,000	\$ 36,240	\$ -	\$ 36,240
	Classified Non-Instr SUI	\$ 1,736	\$ -	\$ 1,736	\$ 1,736	\$ -	\$ 1,736
	Classified ETT-Foundation	\$ 28	\$ -	\$ 28	\$ 28	\$ -	\$ 28
	Classified Non Instr Workers Comp	\$ 2,330	\$ -	\$ 2,330	\$ 2,368	\$ -	\$ 2,368
(*2)	Employer Matching of TSA	\$ 33,527	\$ -	\$ 33,527	\$ 35,521	\$ -	\$ 35,521
	Public Relations/Recognitions	\$ 250	\$ -	\$ 250	\$ 1,500	\$ -	\$ 1,500
	Office/Operational Supplies	\$ 5,000	\$ 35,000	\$ 40,000	\$ 5,000	\$ 35,000	\$ 40,000
	Non Instr Printing	\$ 10,000	\$ 19,000	\$ 29,000	\$ 10,000	\$ 20,000	\$ 30,000
	Food - Business Meetings/Events	\$ 6,000	\$ 70,000	\$ 76,000	\$ 6,000	\$ 96,000	\$ 102,000
	Indep Contractor (Individuals)	\$ 600	\$ 3,000	\$ 3,600	\$ 500	\$ 40,000	\$ 40,500
	Service Contracts (Businesses)	\$ 4,000	\$ 17,000	\$ 21,000	\$ 4,500	\$ 30,000	\$ 34,500
	Travel - All Travel Costs	\$ 7,500	\$ -	\$ 7,500	\$ 7,800	\$ -	\$ 7,800
	Foundation Community Activities	\$ 13,300	\$ 15,000	\$ 28,300	\$ 15,000	\$ -	\$ 15,000
	Dues & Memberships	\$ 2,750	\$ 6,000	\$ 8,750	\$ 3,053	\$ 7,000	\$ 10,053
	Non-Tech Licenses,Permits,Fees	\$ 2,550	\$ 5,000	\$ 7,550	\$ 2,000	\$ 5,000	\$ 7,000
	Software/Technology Licenses	\$ 28,000	\$ -	\$ 28,000	\$ 28,000	\$ -	\$ 28,000
	Equipment Rental	\$ -	\$ 5,000	\$ 5,000	\$ -	\$ 28,000	\$ 28,000
	District/College Support	\$ -	\$ 200,000	\$ 200,000	\$ -	\$ 345,000	\$ 345,000
	Postage/Express Services	\$ 7,500	\$ 100	\$ 7,600	\$ 5,000	\$ 200	\$ 5,200
	Advertising	\$ 4,000	\$ -	\$ 4,000	\$ 7,500	\$ -	\$ 7,500
	Bank Service Charges	\$ 4,000	\$ 1,500	\$ 5,500	\$ 1,000	\$ 500	\$ 1,500
	PCPA/PCPA Fdn. Support	\$ -	\$ 75,000	\$ 75,000	\$ -	\$ 80,000	\$ 80,000
	Equipment	\$ 1,000	\$ -	\$ 1,000	\$ 1,000	\$ -	\$ 1,000
	Student Assistance	\$ -	\$ 9,000	\$ 9,000	\$ -	\$ 34,500	\$ 34,500
	Scholarship	\$ -	\$ 580,000	\$ 580,000	\$ -	\$ 550,000	\$ 550,000
(*3)	Intrafund Transfers-Out	\$ 45,000	\$ 1,240,000	\$ 1,285,000	\$ 45,000	\$ 1,800,000	\$ 1,845,000
	REVENUES						
	Contributions,Gifts,Grants & End.	\$ 49,225	\$ 1,110,600	\$ 1,159,825	\$ 56,000	\$ 1,371,200	\$ 1,427,200
	Other Local Revenues	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ 100
	Intrafund Transfer-In	\$ 127,000	\$ 20,000	\$ 147,000	\$ 132,000	\$ 1,700,000	\$ 1,832,000
(*4)	Other Transfer-In	\$ 103,954	\$ 1,150,000	\$ 1,253,954	\$ 108,735	\$ -	\$ 108,735
(*5)	Other Transfer-In	\$ 233,555	\$ -	\$ 233,555	\$ 240,562	\$ -	\$ 240,562
	Revenue Total	\$ 513,834	\$ 2,280,600	\$ 2,794,434	\$ 537,397	\$ 3,071,200	\$ 3,608,597
	Expenditure Total	\$ 513,834	\$ 2,280,600	\$ 2,794,434	\$ 537,397	\$ 3,071,200	\$ 3,608,597
	Report Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:	General Operations Approved FY24 Intrafund Transfers-In		General Operations Proposed FY25 Intrafund Transfers-In	
	(*1) Maximum budgeted benefits with 10% increase	Administration Fee @ 1.5%	\$ 108,000	Administration Fee @ 1.5%
(*2) Maximum budgeted at 12% of salaries	President's Circle Fee @ 15%	\$ 9,000	President's Circle Fee @ 15%	\$ 9,000
(*3) Scholarship banquet support & Donor Appreciation lunch	Unrestricted End. Proceeds-Madson	\$ 5,000	Unrestricted End. Proceeds-Madson	\$ 5,000
(*4) Advancement Officer payroll	Hancock Promise Gift Fee @ 1.5%	\$ 5,000	Unrestricted Endowment	
(*5) District support for salaries/benefits w/ 3% COLA increase	Unrestricted Endowment	\$ -	Other Transfer-In (District support)	\$ 108,735
	Other Transfer-In (District support)	\$ 103,954	Other Transfer-In (District support)	\$ 240,562
	Other Transfer-In (District support)	\$ 233,555		\$ 481,297
		\$ 464,509		

To: Finance Committee	ACTION
From: Jon Hooten, Executive Director AHC Foundation	March 20, 2024
Subject: Auditor's 2022-2023 IRS Form 990 Report	

BACKGROUND

As a part of the foundation's annual audit, representatives from CWDL, Certified Public Accountants, prepare the Internal Revenue Service's Form 990. The firm has provided the foundation with the filed *Form 990 – Return of Organization Exempt from Income Tax* form for the committee's review and approval. The form will be included as a PDF packet emailed to the committee. A hardcopy will not be included in the mailed packet.

RECOMMENDATION

Staff recommend approval of the IRS Form 990 as submitted. Upon approval, the IRS Form 990 will be forwarded to the Executive Committee and the board for review and approval.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **7/01**, **2022**, and ending **6/30**, **2023**

B Check if applicable:	C	D Employer identification number	E Telephone number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	ALLAN HANCOCK COLLEGE FOUNDATION 800 S COLLEGE DR. SANTA MARIA, CA 93454	95-3143396	805-922-6966
F Name and address of principal officer: DENNIS CURRAN SAME AS C ABOVE		G Gross receipts \$ 6,625,631.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.AHCFOUNDATION.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation: 1977		M State of legal domicile: CA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>FOR ADVANCEMENT OF EDUCATION BY RAISING FUNDS AND BUILDING COMMUNITY SUPPORT TO MEET THE NEEDS OF THE COLLEGE IN THE AREAS OF SCHOLARSHIPS, CAPITAL/INFRASTRUCTURE PROJECTS, AND PROGRAM SUPPORT.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		0
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5		6
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,755,426.	1,065,152.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,326,824.	362,452.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,950.	405,412.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,236,200.	1,833,016.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,207,270.	965,292.
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		262,932.	298,091.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25)		28,501.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		170,242.	244,231.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,640,444.	1,507,614.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,404,244.	325,402.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	20,101,421.	22,037,332.	
	22 Net assets or fund balances. Subtract line 21 from line 20	84,534.	211,366.	
		20,016,887.	21,825,966.	

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 knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	DENNIS CURRAN <small>Type or print name and title</small>	ASSOC SUPERINTENDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN DOMINGUEZ, CPA	JOHN DOMINGUEZ, CPA			P01955973
	Firm's name	Firm's EIN			
	CWDL, CPAS	95-3606498			
Firm's address	Phone no.				
5151 MURPHY CANYON RD, STE 135 SAN DIEGO, CA 92123	(858) 565-2700				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO OPERATE FOR THE ADVANCEMENT OF EDUCATION BY RAISING FUNDS AND BUILDING COMMUNITY SUPPORT TO MEET THE NEEDS OF THE COLLEGE IN THE AREAS OF SCHOLARSHIPS, CAPITAL/INFRASTRUCTURE PROJECTS, AND PROGRAM SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 677,970. including grants of \$ 364,982.) (Revenue \$)

CAMPUS WIDE EDUCATIONAL PROGRAMS: CAMPUS GROUPS ARE PROVIDED FINANCIAL SUPPORT AND SUPPORT SERVICES FOR THE STUDENTS OF THE COLLEGE DISTRICT, IN AGREEMENT WITH THE COLLEGE CURRICULUM.

4b (Code:) (Expenses \$ 591,736. including grants of \$ 573,607.) (Revenue \$)

SCHOLARSHIPS AWARDED TO ALLAN HANCOCK COLLEGE STUDENTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,269,706.

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		X
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	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? <i>If "Yes," complete Schedule G, Part II.</i>	18	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official.	X	
15b	Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
KELI SEYFERT 800 S COLLEGE DRIVE SANTA MARIA CA 93454 805-922-6966

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN G. WALTHERS, PH.D. PRESIDENT	1 40	X		X				0.	303,335.	71,459.
(2) ERIC D. SMITH ASSOCIATE SUPER	1 40	X						0.	249,061.	71,311.
(3) JON HOOTEN, PH.D. EXECUTIVE DIR.	1 40	X						0.	156,715.	50,710.
(4) KELI SEYFERT DIRECTOR	1 40	X						0.	137,803.	50,202.
(5) NICHOLE DECHAINED, DMA FACULTY REP	1 40	X						0.	104,004.	25,409.
(6) EDIANNA YSIP STUDENT REP	1 20	X						0.	17,217.	0.
(7) JEFFERY C. HALL COLLEGE TRUSTEE	1 1	X						0.	2,952.	120.
(8) GREGORY A. PENSA COLLEGE TRUSTEE	1 1	X						0.	2,952.	120.
(9) JUDITH E. DALE VICE PRESIDENT	1 0	X		X				0.	0.	0.
(10) DEBRA HOOD SECRETARY	1 0	X		X				0.	0.	0.
(11) GLENN OWEN DIRECTOR	1 0	X						0.	0.	0.
(12) JAMES BRAY DIRECTOR	1 0	X						0.	0.	0.
(13) JUDY FROST TREASURER	1 0	X						0.	0.	0.
(14) MICHAEL J. CARROLL DIRECTOR	1 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MAGGI DAANE PRESIDENT	1 0	X						0.	0.	0.
(16) STEVE POPKIN DIRECTOR	1 0	X						0.	0.	0.
(17) JAMES E. FIELDS DIRECTOR	1 0	X						0.	0.	0.
(18) TIM HARRINGTON DIRECTOR	1 0	X						0.	0.	0.
(19) MARGARET S. HESSE DIRECTOR	1 0	X						0.	0.	0.
(20) ERICA JANE FLORES DIRECTOR	1 0	X						0.	0.	0.
(21) GEORGE GRAMA DIRECTOR	1 0	X						0.	0.	0.
(22) MARIO JUAREZ, ESQ. DIRECTOR	1 0	X						0.	0.	0.
(23) ROBERT B. KLUG DIRECTOR	1 0	X						0.	0.	0.
(24) LEE-VOLKER COX DIRECTOR	1 0	X						0.	0.	0.
(25) MICHAEL L GIBSON DIRECTOR	1 0	X						0.	0.	0.
1b Subtotal								0.	974,039.	269,331.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	974,039.	269,331.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0									

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Department of the Treasury
Internal Revenue Service

Name of the Organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer Identification number 95-3143396
---	---

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) LARRY LAHR ----- DIRECTOR	1 ----- 0	X						0.	0.	0.	
(2) GLORIA SOTO ----- DIRECTOR	1 ----- 0	X						0.	0.	0.	
(3) SAM OROZCO ----- DIRECTOR	1 ----- 0	X						0.	0.	0.	
(4) SUSAN APPEL ----- DIRECTOR	1 ----- 0	X						0.	0.	0.	
(5) -----											
(6) -----											
(7) -----											
(8) -----											
(9) -----											
(10) -----											
(11) -----											
(12) -----											
(13) -----											
(14) -----											
(15) -----											
(16) -----											
(17) -----											
(18) -----											
(19) -----											
(20) -----											
(21) -----											

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,065,152.				
	g Noncash contributions included in lines 1a-1f	1g	1,239.				
	h Total. Add lines 1a-1f		1,065,152.				
	Program Service Revenue	2a _____ Business Code					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		300,310.	300,310.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,819,465.			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	4,757,323.			
		c Gain or (loss)	7c	62,142.			
	d Net gain or (loss)		62,142.	62,142.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		122,254.			
b Less: direct expenses		8b	35,292.				
c Net income or (loss) from fundraising events		86,962.					
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a TRANSFERS-IN		900099	317,680.		317,680.	
	b OTHER INCOME		900099	770.		770.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			318,450.			
	12 Total revenue. See instructions			1,833,016.	362,452.	0.	318,450.

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	364,982.	364,982.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	600,310.	600,310.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	255,049.	133,581.	121,468.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	43,042.	13,490.	29,552.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	43,701.	39,352.	4,349.	
12 Advertising and promotion	4,945.		4,945.	
13 Office expenses	102,424.	77,887.	4,827.	19,710.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,293.	7,643.	13,650.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MEMBERSHIP AND PERMITS</u>	36,251.	14,451.	21,800.	
b <u>BUILDING AND EQUIPMENT</u>	26,222.	15,782.	1,649.	8,791.
c <u>POSTAGE AND SHIPPING</u>	6,307.	729.	5,578.	
d <u>BANK CHARGES</u>	3,088.	1,499.	1,589.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,507,614.	1,269,706.	209,407.	28,501.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	287,524.	1	338,549.
	2 Savings and temporary cash investments	1,113,071.	2	62,437.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26.	4	343.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	770.	8	
	9 Prepaid expenses and deferred charges	24,219.	9	47,661.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11	17,960,147.	12	21,581,414.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	715,664.	15	6,928.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,101,421.	16	22,037,332.	
Liabilities	17 Accounts payable and accrued expenses	84,534.	17	2,707.
	18 Grants payable		18	136,259.
	19 Deferred revenue		19	72,400.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	84,534.	26	211,366.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	2,041,928.	27	2,416,270.
	28 Net assets with donor restrictions	17,974,959.	28	19,409,696.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	20,016,887.	32	21,825,966.	
33 Total liabilities and net assets/fund balances	20,101,421.	33	22,037,332.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,833,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,507,614.
3	Revenue less expenses. Subtract line 2 from line 1	3	325,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,016,887.
5	Net unrealized gains (losses) on investments	5	1,483,677.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,825,966.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,536,000.	3,630,550.	1,913,890.	1,755,426.	1,188,176.	10,024,042.
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.	2,080.					2,080.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	1,538,080.	3,630,550.	1,913,890.	1,755,426.	1,188,176.	10,026,122.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						10,026,122.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	1,538,080.	3,630,550.	1,913,890.	1,755,426.	1,188,176.	10,026,122.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	605,386.	651,733.	483,467.	544,712.	300,310.	2,585,608.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	605,386.	651,733.	483,467.	544,712.	300,310.	2,585,608.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI		258,511.	196,240.	201,689.	317,680.	974,120.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,143,466.	4,540,794.	2,593,597.	2,501,827.	1,806,166.	13,585,850.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	73.80 %
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	74.62 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	19.03 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	20.14 %
19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

Schedule A (Form 990) 2022

Part VI

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

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
OTHER TRANSFERS IN	\$ 317,680.	\$ 201,689.	\$ 196,240.	\$ 258,511.	
TOTAL	<u>\$ 317,680.</u>	<u>\$ 201,689.</u>	<u>\$ 196,240.</u>	<u>\$ 258,511.</u>	<u>\$ 0.</u>

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ALLAN HANCOCK COLLEGE FOUNDATION

Employer identification number

95-3143396

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 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

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.

[] For an organization described in section 501(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, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 142,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 20,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 69,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 53,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 11,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 6,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 115,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 7,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 12,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 16,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 9,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALLAN HANCOCK COLLEGE FOUNDATION	Employer identification number 95-3143396
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **ALLAN HANCOCK COLLEGE FOUNDATION** Employer identification number **95-3143396**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
 Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

ALLAN HANCOCK COLLEGE FOUNDATION

95-3143396

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 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? Yes No
- 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? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 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 Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- 4 Number of states where property subject to conservation easement is located _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, 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:
- (i) Revenue included on Form 990, Part VIII, line 1. \$ _____
- (ii) Assets included in Form 990, Part X. \$ _____
- 2 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 FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. \$ _____
- b Assets included in Form 990, Part X. \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	16,058,788.	33,966,809.	26,184,121.	24,654,762.	23,513,711.
b Contributions	1,233,566.	740,995.	1,338,673.	432,918.	309,839.
c Net investment earnings, gains, and losses	1,814,595.	-2,655,711.	1,738,423.	67,318.	1,021,252.
d Grants or scholarships					
e Other expenditures for facilities and programs	420,663.	15,993,305.	-4,705,592.	-1,029,123.	190,040.
f Administrative expenses					
g End of year balance	18,686,286.	16,058,788.	33,966,809.	26,184,121.	24,654,762.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other COMMON STOCK	13,976,147.	END OF YEAR MARKET VALUE
(A) CORPORATE BONDS	1,098,434.	END OF YEAR MARKET VALUE
(B) US GOVERNMENT SECURITIES	604,074.	END OF YEAR MARKET VALUE
(C) EXCHANGE TRADED FUND	1,662,954.	END OF YEAR MARKET VALUE
(D) MUTUAL FUNDS	3,936,872.	END OF YEAR MARKET VALUE
(E) BENEFICIAL INTEREST FOUNDATION FOR CCC		
(F)	153,831.	END OF YEAR MARKET VALUE
(G) COMMODITIES	106,787.	END OF YEAR MARKET VALUE
(H) REAL ESTATE	42,315.	END OF YEAR MARKET VALUE
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	21,581,414.	

Part VIII Investments – Program Related.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,316,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a	1,483,677.	
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e	1,483,677.	
3	Subtract line 2e from line 1		3	1,833,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,833,016.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,507,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1		3	1,507,614.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,507,614.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION IS A CHARITABLE, NOT-FOR-PROFIT, TAX-EXEMPT ORGANIZATION QUALIFIED UNDER PROVISIONS OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA PROVISIONS. ACCORDINGLY, NO PROVISIONS FOR INCOME TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS. THE FOUNDATION HAS ALSO BEEN CALSSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIVLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B) (A) (VI) . THE FOUNDATION ANNUALLY FILES INFORMATION RETURNS, FORMS 990, 199 AND RRF-1, WITH THE APPROPRIATE

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

AGENCIES. THERE WAS NO UNRELATED BUSINESS ACTIVITY INCOME.

THE FOUNDATION HAS ADOPTED FASB ASC TOPIC 740 THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKE, OR EXPECTED TO BE TAKEN, ON A TAX RETURN AND PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF, BASED ON ITS MERITS. THE POSITION IS MORE LIKELY THAT NOT TO BE SUSTAINED ON AUDIT BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL TAX POSITIONS TAKEN TO DATE ARE HIGHLY CERTAIN AND, ACCORDINGLY, NO ACCOUNTING ADJUSTMENTS HAS BEEN MADE TO THE FINANCIAL STATEMENTS

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ALLAN HANCOCK COLLEGE FOUNDATION

Employer identification number

95-3143396

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		ATHLETIC GOLF (event type)	FALL/YEAR-END (event type)	1 (total number)	(add column (a) through column (c))		
Revenue	1	Gross receipts	48,299.	47,005.	26,950.	122,254.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	48,299.	47,005.	26,950.	122,254.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes	1,239.			1,239.	
	6	Rent/facility costs	8,791.			8,791.	
	7	Food and beverages	13,196.			13,196.	
	8	Entertainment					
	9	Other direct expenses	3,407.	2,758.	5,901.	12,066.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					35,292.
	11	Net income summary. Subtract line 10 from line 3, column (d)					86,962.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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... \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

ALLAN HANCOCK COLLEGE FOUNDATION

Employer identification number

95-3143396

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALLAN HANCOCK JOINT CCD 800 S. COLLEGE DR. SANTA MARIA, CA 93454	95-6000940		274,508.	0.			GENERAL DISTRICT SUPPORT
(2) AH COLLEGE AUX PROGRAMS 800 S. COLLEGE DR. SANTA MARIA, CA 93454	95-1803920		90,474.	0.			PCPA THEATRE SUPPORT
(3) ----- ----- -----							
(4) ----- ----- -----							
(5) ----- ----- -----							
(6) ----- ----- -----							
(7) ----- ----- -----							
(8) ----- ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 2

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

TEEA3901L 06/29/22

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 STUDENT SCHOLARSHIPS	425	569,827.	21,909.		
2 STUDENT ASSISTANCE	66	3,780.	4,794.		
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

INDIVIDUAL SCHOLARSHIPS ARE AWARDED BASED ON CRITERIA PROVIDED BY THE DONOR. THERE IS A SCHOLARSHIP COMMITTEE COMPRISED OF FULL-TIME FACULTY THAT REVIEW THE APPLICATIONS AND IDENTIFY RECIPIENTS FOR SCHOLARSHIPS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ALLAN HANCOCK COLLEGE FOUNDATION

Employer identification number

95-3143396

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 KEVIN G. WALTHERS, PH.D. PRESIDENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	303,335.	0.	0.	71,459.	374,794.	0.
2 KELI SEYFERT DIRECTOR	(i)	0.	0.	0.	0.	0.	0.
	(ii)	137,803.	0.	0.	50,202.	188,005.	0.
3 ERIC D. SMITH ASSOCIATE SUPER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	249,061.	0.	0.	71,311.	320,372.	0.
4 JON HOOTEN, PH.D. EXECUTIVE DIR.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	156,715.	0.	0.	50,710.	207,425.	0.
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

ALLAN HANCOCK COLLEGE FOUNDATION

Employer identification number

95-3143396

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

THERE ARE NO SUB COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 WILL BE PROVIDED TO THE DIRECTORS OF ADMINISTRATIVE SERVICES FOR REVIEW AND APPROVAL PRIOR TO FILING AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AFTER BEING FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A RIGOROUS HIRING PROCESS SET FORTH BY ALLAN HANCOCK COLLEGE. PAY INCREASES FOR EMPLOYEES ARE APPROVED BY THE AHC FOUNDATION'S EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIALS, GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

ALLAN HANCOCK COLLEGE FOUNDATION

Employer identification number
95-3143396

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ALLAN HANCOCK JOINT COMMUNITY COLL 800 S. COLLEGE DR. SANTA MARIA, CA 93454 95-6000940	EDUCATION	CA	115		N/A		X
(2) ALLAN HANCOCK COLLEGE AUXILIARY PR 800 S. COLLEGE DRI. SANTA MARIA, CA 93454 95-1803920	SUPPORT OF THE ALLAN HANCOCK JOINT CCD	CA	501 (C) (3)	170 (B) (1) (A)	N/A		X
(3) ----- ----- -----							
(4) ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

To: Finance Committee	ACTION
From: Jon Hooten, Executive Director AHC Foundation	March 20, 2024
Subject: Investment Advisors Review	

BACKGROUND

The Foundation currently has four investment advisors and voted at the last meeting to reduce the number of advisors to three. The Foundation solicited questionnaires (including fee structures) from two advisors to inform a potential decision to reduce the total number of advisors to two. The questionnaires have been received and will be considered during the meeting.

RECOMMENDATION

Staff recommend reducing the number of advisors from four to three. Upon approval, this will be forwarded to the Executive Committee and the board for consideration.