

Auxiliary Programs Corporation

Board of Directors Meeting

Quarterly Regular Meeting Agenda

Friday, June 11, 2021 10:00 AM

Zoom: https://hancockcollege.zoom.us/j/99673460408

800 South College Drive, Santa Maria, CA 93454



Auxiliary Programs Corporation Board of Directors Quarterly Meeting

Meeting to be held remotely Friday, June 11, 2021 10:00 AM

Allan Hancock College 800 South College Drive, Santa Maria, CA 93454

In response to the Coronavirus crisis, the Governor has issued <u>Executive Order N-25-20</u>, <u>Executive Order N-29-20</u>, and <u>Executive Order N-35-20</u> modifying the Brown Act in order to facilitate essential public meetings being held through remote methods, such as telephonically or electronically. Directors and staff will attend via video conference.

The meeting will be conducted via Zoom: https://hancockcollege.zoom.us/j/99673460408

Please note the meeting may be recorded for future viewing.

AGENDA

 Page
 Est. Time

 10:00 AM

1. Call to Order

2. Public Comment

Public comment on an agenda item or another topic within the jurisdiction of the board of directors must be submitted in advance, no later than one hour before the start of the meeting, on June 11, 2021, via email to: melinda.martinez1@hancockcollege.edu. Comments will be read by district staff for the record during the meeting.

Procedures

Public comment is limited to three minutes per speaker (calculated at approximately 300 words). Please submit an individual comment for each item.

Please submit the following information:

1. Name

2. Agenda Item Number

3. Comment

3.	Actio	on Items	<u>Page</u>	<u>Est. Time</u> 10:05 AM
	3.a.	Approval of Minutes of the February 26, 2021 Meeting	3	
		A recommendation to approve the minutes of the February 26, 2021 annual and quarterly meetings.		
	3.b.	Acceptance of Cash Donations of \$500 or Greater to PCPA	6	
		A recommendation to approve donations of \$500 or greater to PCPA for the period of February 1, 2021 through April 30, 2021.		
	3.c.	2019 Fiscal Year 2020 Tax Returns	7	
		A recommendation to review and approve the 2019 Fiscal Year 2020 tax returns as presented.		
4.	Infor	mation Items		10:30 AM
	4.a.	Financial Report for Auxiliary Programs	60	
		A report on year-to-date financial data and the resulting impact on fund balances for the Associated Student Body Trust Fund and PCPA Special Revenue Fund.		
	4.c.	Oral Reports		
		An oral update of activities will be presented for auxiliary programs.		
5.	Adjo	urnment		11:00 AM
	In co	mpliance with the Americans with Disabilities Act, if you need assis		

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the President's Office at 805-922-6966 ext. 3454 or email Melinda Martinez at <u>melinda.martinez1@hancockcollege.edu</u>. Please make requests 48 hours prior to the meeting in order to make reasonable arrangements to ensure accessibility to this meeting.



MINUTES

Auxiliary Programs Corporation Board of Directors Annual Meeting and Quarterly Regular Meeting February 26, 2021 – 10:00 AM

Allan Hancock College 800 S. College Drive, Santa Maria, CA 93454

Due to the Coronavirus crisis and Brown Act modifications approved by Governor Newsom, the Auxiliary Programs Corporation Board of Directors meeting was held via Zoom.

1. Call to Order

Dr. Walthers called the meeting to order at 10:02 a.m. with the following directors present: Adams, Hall, Rosas Pacheco, and Walthers

Directors Absent: Curry, Smith

Staff Members Present: Mark Booher, Kim Ensing, Jennifer Schwartz, Keli Seyfert

Note Taker: Carmen Camacho

- 2. Information
 - 2.a. Appointment of Directors

Dr. Walthers gave a report on the appointment of directors for 2021.

- 3. Action Items
 - 3.a. Election of Officers

On a motion by Kate Adams, seconded by Trustee Hall, the board of directors elected Dr. Kevin Walthers as president, Eric Smith as treasurer, and Kate Adams as secretary. (Ayes: Adams, Rosas Pacheco, Walthers; Noes: None; Concur: Hall; Absent: Curry, Smith)

3.b. 2021 Meeting Dates

On a motion by Trustee Hall, seconded by Kate Adams, the board of directors approved its quarterly meetings to take place at 10:00 a.m. on May 14, August 27, and December 3, 2021. (Ayes: Adams, Rosas Pacheco, Walthers; Noes: None; Concur: Hall; Absent: Curry, Smith)

Regular Meeting

4. <u>Public Comment</u>

No public comment was made.

5. <u>Action Items</u>

5.a. Minutes of the November 20, 2020 Meeting

On a motion by Kate Adams, seconded by Trustee Hall, the board of directors voted to approve the minutes of the November 20, 2020 meeting. (Ayes: Adams, Rosas Pacheco, Walthers; Noes: None; Concur: Hall; Absent: Curry, Smith)

5.b. Acceptance of Cash Donations of \$500 or Greater to PCPA

On a motion by Trustee Hall, seconded by Kate Adams, the board of directors voted to approve donations of \$500 or greater to PCPA for the period of November 1, 2020 through January 31, 2021. (Ayes: Adams, Rosas Pacheco, Walthers; Noes: None; Concur: Hall; Absent: Curry, Smith)

6. Information Items

6.a. Financial Report for Auxiliary Programs

Keli Seyfert shared athletics has resumed and activity will be reflected in the next financial statement. She noted the December statement includes activity from Associated Student Body Government (ASBG) and Follett commissions. Despite COVID-19, ASBG has chartered 14 clubs.

7. Oral Reports

7.a. Oral Reports

Jennifer Schwartz reported PCPA has brought in \$300,000 through programming and donations. She noted the financial report does not reflect transfers from the college made in January 2021. She shared PCPA applied for and received a \$500,000 PPE loan which will help PCPA pay two and half months of payroll. Next, PCPA is going to work on turning the first PPE loan into a forgiveness loan or grant. Dr. Walthers thanked staff for their work on the PPE loans which secured almost \$1 million in funding. Ms. Schwartz thanked Dr. Walthers for his support of PCPA.

Kim Ensing reported the first intercollegiate contest versus another school will be held this week and scrimmage practices were currently taking place. She announced the new sports information director will begin on March 1. Sports contests will be broadcast live online for audience viewing.

Trustee Hall requested information on the *InterPlay Readings* performances to share on social media. Jennifer Schwartz will provide the information to Lauren Milbourne, director, Public Affairs to send out.

Kate Adams commended Ms. Rosas Pacheco and Trustee Hall for their participation during the Black Student Union virtual activity.

Mark Booher highlighted the upcoming reading series and described each of the plays. He said PCPA has continued holding virtual workshops in acting and technical theatre programs. He provided statistics about virtual workshops and attendees. Mr. Booher promoted the Thursday Talk Back programs and PCPA Reads. He also shared information about the Home for the Holidays event and various PCPA programs available online.

Mr. Booher shared an overview about the work the Equity, Diversity, and Inclusion (EDI) Committee has been doing. He provided a list of trainings the committee has participated in and shared examples of tasks and actions the committee has completed. He gave a staff hiring update and discussed the next plans for production of the summer season. He noted PCPA is planning fall face-to-face courses and season 58, and will give an update at the next meeting.

8. Adjournment

Dr. Walthers adjourned the meeting at 10:29 a.m.



AUXILIARY PROGRAMS CORPORATION BOARD AGENDA ITEM

То:	Board of Directors	Date:		
From:	Jennifer Schwartz	June 11, 2021		
Subject:	Acceptance of Cash Donations of \$500.00 or C			
Reason for Board Consideration: Item Number:			Enclosures:	
ACTION 3.b.			Page 1 of 1	

Background

Following is a list of donations of \$500.00 or greater contributed to PCPA for the period of February 1, 2021 through April 30, 2021.

Date	Donations \$500.00 or Greater	Amount
2/5/2021	National Endowment for Arts	\$10,839
3/1/2021	Dr. José & Carmen Ortiz	\$520
3/19/2021	Mr. & Mrs. Jim Alquist	\$1,000
3/26/2021	Ms. D. Rosh Wright	\$2,000
4/9/2021	Jean Jacoby	\$500
4/9/2021	Stephen & Phyllis Dorsi	\$5,000
4/27/2021	Edwin & Caroline Woods	\$500
4/27/2021	Ralph Foster	\$500
4/27/2021	Kama Fletcher	\$520
4/29/2021	William & Caroline Reid	\$520
	GRAND TOTAL	\$21,899

Fiscal Impact

None

Recommendation

Staff recommends that the Auxiliary Programs Corporation Board of Directors approve PCPA's donations of \$500.00 or greater for the period of February 1, 2021 through April 30, 2021.

Administrator Initiating Item:	Final Disposition:
Jennifer Schwartz	



AUXILIARY PROGRAMS CORPORATION BOARD AGENDA ITEM

То:	Board of Directors	Date:		
From:	Eric D. Smith	June 11, 2021		
Subject:	2019 Fiscal Year 2020 Tax Returns			
Reason for Board Consideration: Item Number:			Enclosures:	
ACTION 3.c.			Page 1 of 53	

Background

As a part of the college's annual audit, the accounting firm CWDL, Certified Public Accountants prepares the tax returns for the Allan Hancock College Auxiliary Programs Corporation. The firm has provided the public disclosure copy of the tax returns for the board's review and approval.

Fiscal Impact

None

Recommendation

Staff recommends that the Auxiliary Programs Corporation Board of Directors approve the 2019 Fiscal Year 2020 Tax Returns.

Administrator Initiating Item:	Final Disposition:
Eric D. Smith	

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(Rev.	Janua	ry 2020)			f Organizatio					20	019
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		nal return/terminated	SANTA MAR	RIA, CA	93454				(000)	500 05	
	A	mended return							G Gross rece	ipts \$5	,340,961.
	A	oplication pending	F Name and add	dress of princip	al officer: ERIC D	SMTTH		H(a) Is this	a group return fo		<u> </u>
			SAME AS (0111111		H(b) Are all	subordinates ind attach a list. (se	cluded?	Yes No
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()◀ (insert r	10.) 4947(a)(1) or 527	11 140,	attach a not. (o		
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8	3				erning body (Part)					3	5
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itie	5				in calendar year 2					5	133
Activities & Governance	6				f necessary)					6 7a	114
A					Part VIII, column from Form 990-T					7a 7b	33,335.
	U				5 10111 0111 550-1	, iiiie 33		1	Prior Year		rrent Year
	8	Contributions	and grants (P	art VIII, lin	e 1h)				2,654,94		3,579,023.
Revenue	9		U (ie 2g)				2,030,75		,684,080.
evel	10	Investment in	icome (Part VI	II, column	(A), lines 3, 4, and	1 7d)			1		501.
ď	11				ines 5, 6d, 8c, 9c,		•		67,37		48,991.
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	13				IX, column (A), li				605,96	8.	710,396.
	14			-	IX, column (A), lin	-			444 45		
se	15		•		ee benefits (Part I)		-		,441,15	5.	591,965.
Expenses					column (A), line 1						
ă.	b			-	olumn (D), line 25)						
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	18			-	equal Part IX, co		•		1,184,14		,335,780.
. "	19	Revenue less	expenses. Su	iptract line	18 from line 12				568,95		976,815.
Net Assets or Fund Balances	20	Total accord	(Part X line 14	5)					ng of Current Y	ou.	d of Year
Bala	20		•					-	519,83		2,240,369. 220,073.
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		- J		amined this re	turn including accompa	nvina schedules a	nd statements and to t	the hest of m	w knowledge and	thelief it is tru	le correct and
comp	lete. D	eclaration of prepa	rer (other than offic	cer) is based of	turn, including accompa n all information of which	n preparer has any	v knowledge.	ine best UI II	iy nilowiedye dil	ג טכווכו, ונ וא נונ	e, concet, allu
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May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Forr	9 m 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920	Page 2
-	art III Statement of Program Service Accomplishments	JJ 1003JZ0	r ugo _
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: <u>TO PROVIDE BENEFITS TO THE EDUCATIONAL PROGRAMS AND SERVICE</u> JOINT COMMUNITY COLLEGE DISTRICT.	S FOR THE ALLAN HANCO	<u>0CK</u>
2	Did the organization undertake any significant program services during the year which were not listed of Form 990 or 990-EZ?		X No
3		gram services? Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a and revenue, if any, for each program service reported.	ram services, as measured by example a services, as measured by explorations to others, the total exp	xpenses. penses,
4	a (Code:) (Expenses \$ 3,195,711. including grants of \$ OPERATION OF THE PACIFIC CONSERVATORY OF PERFORMING ARTS (Performing ARTS)) (Revenue \$ CPA))
4	b (Code:) (Expenses \$ 710,396. including grants of \$ 710,39 SCHOLARSHIPS AWARDED TO STUDENTS BASED ON MERIT	96.)(Revenue \$)
4	c (Code:) (Expenses \$ <u>114,306.</u> including grants of \$ STUDENT BODY GOVERNMENT (ASSOCIATED STUDENT TRUST OR AST) AT) (Revenue \$) HLETIC ACTIVITIES PRO) OVIDED
	FOR THE STUDENTS AND OTHER SUPPORT OF THE ALLAN HANCOCK JOI DISTRICT.	NT_COMMUNITY_COLLEGE	
			·
	d Other program services (Describe on Schedule O.)		
7	(Expenses \$ including grants of \$) (Reve	enue \$))

4e Total program service expenses	►
AA	

BAA

4,020,413.

Form 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY Part IV Checklist of Required Schedules

1	1 the experimetion dependence (0.1/2) or (0.17/2)(1) (other than a private foundation)? (f. 1/2) (a complete		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
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? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes</i> ,' <i>complete Schedule D, Part III.</i>	8		Х
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		Х
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		Х
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? If 'Yes,' complete Schedule D. Part VI.	11 a		Х
Ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2019)

95-1803920

BAA

Page 3

					AUXILIARY
Part IV	Chec	klist of I	Required S	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>	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23	Х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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? If 'Yes,' complete Schedule L, Part I	25a		х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	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>	26		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>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ä	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 37 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA	TEEA0104L 07/31/19	Form	990	(2019)

Page 4

Form 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY 95–180392 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)	0	F	Page 5
Statements Regarding Other IRS Fillings and Tax Compliance (continued)		Yes	No
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
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 133			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	30		
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country ► 	4a		Х
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?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	0.5		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70		
Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			37
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7 f		Λ
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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. 	0		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	,	
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			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12.		
 a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 	13a		
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			
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?	15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If 'Yes,' complete Form 4720, Schedule O.			
	Form	000	(2019)

Form 990 (2019)

 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.
 Image: State of Schedule O contains a response or note to any line in this Part VI.

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 5			
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
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?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 8	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?SEESCHEDULE.O	7 a	Х	
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body?			
	stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Х	
ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	event		· · · ·
10.	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
	If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	IUa		
	operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	<u> </u>
ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEE. SCHEDULE .Q.	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ä	The organization's CEO, Executive Director, or top management official.	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
	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?	16 b		
Sec	tion 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 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s or	ıly)
	Own website Another's website X 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 availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	KELT SEYFERT 800 S. COLLEGE DRIVE SANTA MARIA CA 93454 805-922-6966			

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Form 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensate	ed Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w organization's tax year.		
 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	ons), regardless of amount of	

compensation. Enter .0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

		(C)								
(A) Name and title	(B) Average hours per		Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	ğ Ç	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KEVIN WALTHERS PH. D. PRESIDENT	$\frac{0.5}{40}$	х						0.	263,082.	56,740.
(2) ERIC D. SMITH ASSOC. VP	<u>0.5</u> 40	Х						0.	187,440.	49,995.
(3) ROBERTY CURRY, PH. D. VICE PRESIDENT	_0.5_ 40	Х						0.	163,273.	42,384.
(4) ANDREA SANDERS SECRETARY	_ <u>0.5</u> _ 40	Х						0.	102,266.	31,200.
	_ <u>0.5</u> 	х						0.	2,880.	145.
	_ <u>0.5</u> _ 40	Х						0.	0.	0.
(9)		-								
(10)		-								
(11)										
(12)										
(13)										
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803920	Page 8
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Form 990 (2019) ALLAN HANCOCK COLLEGE A									95-180392	
Part VII Section A. Officers, Directors, Tru	1	Key	Em	-	-	es, a	and	d Highest Com	pensated Emp	oyees (continued)
(A) Name and title	(B) Average hours per week	box offic	, unle: cer an	ss pe id a c	sition more erson directe	e than c is both pr/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(15)		-								
(16)										
(17)		-								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	on A					<mark>!</mark>	> >	0. 0. 0.	718,941. 0. 718,941.	180,464. 0. 180,464.
2 Total number of individuals (including but not limited from the organization ► 0							ved			
 3 Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc 	tor, truste h individu	e, ke <i>al</i>	ey er	nplo	oyee	e, or I	high	nest compensated	employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate <i>such individual</i> .										4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If 'Yes</i>	e comper s,' <i>comple</i>	nsatio ete So	on fro ched	om a ule	any <i>J fo</i>	unrel <i>r suc</i> l	late h p	ed organization or erson	individual	5 X
Section B. Independent Contractors	a alter d'alter d'alter d'alter de la		alci		a.ł.:		±1-	t ve estructure de la companya de la	een \$100.000 (
 Complete this table for your five highest compen- compensation from the organization. Report compen 	sated inde sation for	epen the c	dent alend	cor dar y	ntrac year	ctors endir	tha ng v	it received more the vith or within the or	nan \$100,000 of ganization's tax year	
(A) Name and business addi	ress							(B) Description o	of services	(C) Compensation
2 Total number of independent contractors (including t \$100,000 of compensation from the organization		ited to	o tho	se l	istec	l abov	ve)	who received more	than	

Page 9

Form 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	ny line in this Part V	III		<u></u>
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1 a Federated campaigns 1 a				
b Membership dues 1b				
c Fundraising events 1c				
d Related organizations 1d 2,463,288.	_			
e Government grants (contributions) 1e 463,100.	_			
f All other contributions, gifts, grants, and similar amounts not included above 1f 652, 635.				
a Noncash contributions included in	-			
Ines 1a-1f. 1g 26,919. h Total. Add lines 1a-1f.	3,579,023.			
Business Code	3, 379, 023.			
2a THEATRE TICKET SALES 711110	1,583,505.	1,583,505.		
b OTHER PERFORMING ARTS 711300	94,725.	85,651.	9,074.	
• ATHLETIC TICKETS 711210	5,850.	5,850.		
d				
e				
f All other program service revenue				
g Total. Add lines 2a-2f	1,684,080.			
3 Investment income (including dividends, interest, and other similar amounts)	. 501.			50
4 Income from investment of tax-exempt bond proceeds				
5 Royalties	•			
(i) Real (ii) Personal				
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)	•			
7 a Gross amount from (i) Securities (ii) Other				
sales of assets other than inventory 7a	-			
b Less: cost or other basis	-			
and sales expenses 7b 7c	-			
d Net gain or (loss)	•			
8 a Gross income from fundraising events (not including \$				
of contributions reported on line 1c).				
See Part IV, line 18				
b Less: direct expenses 8b 12,679.				
c Net income or (loss) from fundraising events	3,312.			
9 a Gross income from gaming activities.				
See Part IV, line 19				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances 10a 37,105.				
b Less: cost of goods sold 10b 15,687.				
c Net income or (loss) from sales of inventory	21,418.	21,418.		
Business Code	21, 110.	21,110.		
11a PROGRAM ADVERTISING 541800	24,261.		24,261.	
Ila PROGRAM ADVERTISING 541800 b			i	
c				
e Total. Add lines 11a-11d	24,201.			
12 Total revenue. See instructions	5,312,595.	1,696,424.	33,335.	501

Form 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY

	Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	710,396.	710,396.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	514,641.	514,641.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	511/011.	011/011.		
	employer contributions)	22,257.	22,257.		
9	Other employee benefits	55,067.	55,067.		
10	Payroll taxes				
	Fees for services (nonemployees):				
	a Management				
	b Legal				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	95,576.	95,576.		
12	Advertising and promotion.	79,451.		79,451.	
13	Office expenses	161,670.		161,670.	
14	Information technology	49,192.	49,192.	101/0/01	
15	Royalties.	49,192.	45,152.		
16	Occupancy	62,394.		62,394.	
17	Travel.		25 007	02,394.	
		25,907.	25,907.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,161.	5,161.		
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.)				
1	PRODUCTION	2,136,390.	2,136,390.		
	PROPERTIES	2,136,390.	2,136,390.		
	FIELD TRIPS	89,476.	89,476.		
	BANK CHARGES	<u>51,249.</u> 75,365.	<u>51,249.</u> 63,513.	11,852.	
	All other expenses.				0
25	Total functional expenses. Add lines 1 through 24e	4,335,780.	4,020,413.	315,367.	0.
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 ► if following				
	SOP 98-2 (ASC 958-720)				

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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).

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Form 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY Part X Balance Sheet

Part >	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
1	Cash – non-interest-bearing	1,348,745.	1	2,102,514.
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	4,221.	4	97,419.
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	ż
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	
	Inventories for sale or use		8	
Assets 6 8 8	Prepaid expenses and deferred charges	210,351.	9	40,436
¥ 10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	210,331.		40,430
	b Less: accumulated depreciation		10 c	
			11	
11	Investments – other securities. See Part IV, line 11		12	
12	Investments – program-related. See Part IV, line 11		13	
13			14	
14	Intangible assets.			
15	Other assets. See Part IV, line 11.	1 5 60 017	15	0.040.000
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,563,317.	16	2,240,369
17	Accounts payable and accrued expenses	99,886.	17	38,029
18	Grants payable		18	,
19	Deferred revenue	419,950.	19	182,044
20	Tax-exempt bond liabilities		20	
ທ ູ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 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			23	
24			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.			
26		E10 026	25 26	220 072
-	Organizations that follow FASB ASC 958, check here ►	519,836.	20	220,073
ĕ	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
			28	
27 28 28	Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
6 29	Capital stock or trust principal, or current funds		29	
23	Paid-in or capital surplus, or land, building, or equipment fund.		30	
2 30 2 31	Retained earnings, endowment, accumulated income, or other funds	1,043,481.	30	2 020 200
	Total net assets or fund balances	· · ·	32	2,020,296
Vel 29 30 31 32 32 33	Total liabilities and net assets/fund balances.	1,043,481.		2,020,296
- 33	ו טנמו וומטווונודג מווע דודו מגגדנג/זעווע שמומוונדג	1,563,317.	33	2,240,369

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Form 990 (2019)

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Form	n 990 (2019) ALLAN HANCOCK COLLEGE AUXILIARY 95-1803	920	Pa	ge 12
Par	t 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	5,3	12,5	<u>.</u> 95
2	Total expenses (must equal Part IX, column (A), line 25). 2	4,3	35,7	/80.
3	Revenue less expenses. Subtract line 2 from line 1 3	9	76,8	315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,0	43,4	81.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			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	2,0	20,2	296.
Par	t XII Financial Statements and Reporting	· · · ·		
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other <u>SEE SCH. 0</u>		105	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	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:	£		
	Separate basis Consolidated basis Both consolidated and separate basis			
Ł	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	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:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
Ł	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	3b		
BAA			990 ((2019)
				,

	l		20				I	
SCHEDULE A		Public Charity Status and Public Support					OMB No. 1545-0047	
(Form 990 or 990-EZ)	Corr	plete if the organiza 4947(a	tion is a section 501(c) a)(1) nonexempt charita	(3) orga able trus	nization t.	or a section	2019	
Department of the Treasury			ach to Form 990 or For			- (Open to Public	
Department of the Treasury Internal Revenue Service		_	orm990 for instructions	and the	latest II		Inspection	
		OCK COLLEGE A	UXILIARY			Employer identifica 95-180392		
Part I Reason fo	r Public Cha	rity Status (All o	rganizations must			part.) See instruc		
<u> </u>	•		(For lines 1 through 12,		2	,		
			hurches described in sec Schedule E (Form 990 o			i).		
			nization described in se)(iii).		
			unction with a hospital				inter the hospital's	
name, city, a	nd state:							
section 170(b)(1)(A)(iv). (Co	mplete Part II.)	ege or university owned		2	Ū	escribed in	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 X 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.)					olic described			
			(A)(vi). (Complete Part	-				
			ction 170(b)(1)(A)(ix) oper e (see instructions). Ente					
university:	i a non-ianu-grai	it college of agriculture			ie, city, c	and state of the conege t		
from activities	s related to its e come and unre	exempt functions-su	n 33-1/3% of its support f bject to certain exception le income (less section Part III.)	ons, and	(2) no r	nore than 33-1/3% of i	ts support from gross	
		nd operated exclusively to test for public safety. See section 509(a)(4).						
12 An organizati	on organized a	nd operated exclusive	ely for the benefit of, to ed in section 509(a)(1) (perform	the fun	ctions of, or to carry of	ut the purposes of one (2) Check the box in	
lines 12a thro	ough 12d that de	escribes the type of s	supporting organization	and con	nplete lir	nes 12e, 12f, and 12g.		
organization(s	orting organizati) the power to re t IV, Sections A	gularly appoint or elec	ed, or controlled by its su t a majority of the directo	oported o rs or trus	organizati stees of t	on(s), typically by giving he supporting organizati	i the supported on. You must	
management	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You	
C Type III function	onally integrated s) (see instructi	. A supporting organiza ons). You must com	tion operated in connectic plete Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported	
functionally in	ntegrated. The c	organization generally	ganization operated in co y must satisfy a distribu 1s A and D, and Part V.	ition reg	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see	
e Check this bo	ox if the organiz	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally	
			supporting organization					
		n about the supporte						
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total	aduation Act N	ation and the location	tions for Form 990 or			Sahadula A /Fa	rm 990 or 990 EZ) 2019	

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2		

	anizations Described in Sections 170(b)(1)(A)(iv) and
Schedule A (Form 990 or 990-E7) 2019	ALLAN HANCOCK COLLEGE AUXILIARY

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

		-			-	-	
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,884,650.	2,143,143.	2,103,878.	2,654,947.	3,579,023.	12,365,641.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					-,,	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,884,650.	2,143,143.	2,103,878.	2,654,947.	3,579,023.	12,365,641.
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)						0.
	Public support. Subtract line 5 from line 4						12,365,641.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,884,650.	2,143,143.	2,103,878.	2,654,947.	3,579,023.	12,365,641.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,213.					1,213.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						12,366,854.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	019 (line 6, colum	n (f) divided by lir	ne 11, column (f))			99.99%
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	98.53%
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	this box ► X
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization die i qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization.	t VI how the
18	Private foundation. If the organi	zation did not che	CK a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see in:	structions P
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

ALLAN HANCOCK COLLEGE AUXILIARY Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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 (c) 2017 Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.'). 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . 3 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5... Amounts included on lines 1, 7a 2, and 3 received from disqualified persons... **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... c Add lines 7a and 7b..... 8 Public support. (Subtract line 7c from line 6.). Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) > 9 Amounts from line 6..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12.)..... First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 ► organization, check this box and stop here. Section C. Computation of Public Support Percentage **15** Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))..... % 15 16 Public support percentage from 2018 Schedule A, Part III, line 15..... ° 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))..... 17 0/0 0\0 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 33-1/3% support tests-2019. 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 **b** 33-1/3% support tests – 2018. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20 TEEA0403L 07/03/19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ALLAN HANCOCK COLLEGE AUXILIARY

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- **2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **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)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).
- **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? *If 'Yes,' provide detail in Part VI.*
- 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? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 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)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No

Yes

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 ALLAN HANCOCK COLLEGE AUXILIARY

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 in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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? *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.*

Section C. Type II Supporting Organizations

			res	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)? 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).	1		

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?	1		
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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

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 The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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? If 'Yes,' then in **Part VI identify those supported** organization 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

_		Yes	No
	2a		
	2b		
	3a		
	3b		



1

2

Schedule A	A (Form 990 or 990-EZ) 2019	ALLAN HANCOC	K COLLEGE	AUXILIARY	
Part V	Type III Non-Function	ally Integrated 5)9(a)(3) Sup	porting Organizations	5

Image: Type in Non-Functionally integrated 505(a)(5) Supporting Org. 1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on Nov	v. 20. 1970 (explain ir	n Part VI). See 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 1-1/2% 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 .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 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		

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

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019	λττλΝ	HANCOCK	COLLECE	AUXILIARY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D – Distributions **Current Year** 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) Underdistributions (iii) (i) Excess Distribútable Section E – Distribution Allocations (see instructions) Amount for 2019 Distributions Pre-2019 Distributable amount for 2019 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 **a** From 2014 **c** From 2016 **d** From 2017..... e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, Ś line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. 5 Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015..... **b** Excess from 2016..... c Excess from 2017..... d Excess from 2018..... e Excess from 2019.....

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Schedule A (Form 990 or 990-EZ) 2019

95-1803920

Page 7

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.)

Schedule B

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

28 PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest infor	rmation.				
	LAN HANCOCK COLLEGE AUXILIARY		tification number			
	OGRAMS CORPORATION	95-1803	920			
Organization type (cheo	ck 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 p	private foundation				
Form 990-PF	527 political organization					
	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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money Х 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 or 990-EZ). 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, 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, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Х 1 Payroll 11,031 Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person Х 2_ Payroll <u>5,750.</u> Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person Х 3_____ Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 4____ Payroll 7,500. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person Х 5 Payroll 14,800. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person Х 6 Payroll 7,500. Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>10,000</u> .	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _		\$20,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _		\$ 25,000.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for

Part I Contribute	Ors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		 \$\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		 \$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		 \$76,513.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		 \$\$172,831.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 *	Person
			noncash contributions.)

Name of organization

ALLAN HANCOCK COLLEGE AUXILIARY

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

artii	NONCASH Property (see instructions). Use duplicate copies of Part II if addition		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	COSTUMES		
16			
		 \$ 1,865.	
		\$ <u>1,865.</u>	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
1 🗆	PCPA ADVERTISING		
<u>17</u>			
		\$ <u>25,054.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		 Schedule B (Form 990, 990-E2	

1 Employer identification number 95-1803920

	3 (Form 990, 990-EZ, or 990-PF) (2019)	55	1 1 Page 4		
	nization HANCOCK COLLEGE AUXILIARY		Employer identification number 95-1803920		
Part III	Exclusively religious, charitable, etc or (10) that total more than \$1,000 for the the following line entry. For organizations con contributions of \$1,000 or less for the year. (If Use duplicate copies of Part III if additional s	e year from any one contribut mpleting Part III, enter the total o Enter this information once. See	of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	Transferee's name, address	(e) Transfer of gift , 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		
			+		
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift		(d) Description of how gift is held		
Part I			·		
	Transferee's name, address	(e) Transfer of gift , 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		
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	Sunnlom	ontal Informa	tion Roc	34 Jarding F	undraising or Cami	na Act	ivitioe	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the					2019		
· · ·	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						Open to Public	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
	Name of the organization ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION 95-1803920							
Part I Fundraising Form 990-E	Activities. Comple Z filers are not re	te if the organiza equired to comp	tion answe lete this p	ered 'Yes' o art.	on Form 990, Part IV, line	e 17.		
	-	raised funds thr	ough any		owing activities. Check			
a Mail solicitation	ons email solicitations	2		e f	Solicitation of non-	5	5	
c Phone solicita								
d In-person sol	icitations			5				
2 a Did the organization	n have a written o	r oral agreement	with any i	ndividual (i	including officers, directo rofessional fundraising	rs, truste	ees, or key	Yes X No
b If 'Yes,' list the 1	0 highest paid ind	dividuals or enti	ties (fund	•	irsuant to agreements i			
compensated at I	east \$5,000 by th	ne organization.				60 Ar	nount paid to	
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control	(iv) Gross receipts from activity	(or	retained by) aiser listed in	(vi) Amount paid to (or retained by)
			of contr	ributions?	nom activity		olumn (i)	organization
1			Yes	No				
2								
-								
3								
4								
4								
F								
5								
6								
_								
7								
8								
9								
10								
					anduila di ana an la a la	matifier	it is supremble	0.
3 List all states in wi or licensing.	nen me organizatio	un is registered (n licensed	IO SONCIT C	ontributions or has been	notified	it is exempt from	registration

Schedule G (Form 990 or 990-EZ) 2019 ALLAN HANCOCK COLLEGE AUXILIARY

95-1803920 Page 2 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.

		List events with gross receipts gre				
R			(a) Event #1 OPENING NIGHT (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Ë			(event type)		(total humber)	
REVENUE	1	Gross receipts	15,991.			15,991.
-	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,991.			15,991.
	4	Cash prizes				
_	5	Noncash prizes				
D RECT	6	Rent/facility costs	1,849.			1,849.
С Т	7	Food and beverages	4,758.			4,758.
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	6,072.			6,072.
S	10	Direct expense summary. Add lines 4 three	•			/ • • •
	11	Net income summary. Subtract line 10 fro				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pa	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue				
F	2	Cash prizes				
EXPENSES	3	Noncash prizes				
Č S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes [%] No	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)	Þ	
a	i Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		e any of the organization's gaming license				

Schedule G (Form 990 or 990-EZ) 2019

			36			
Schedule	G (Form 990 or 990-EZ) 201	9 ALLAN HANCOCH	K COLLEGE AUXILIARY	95-18	303920	Page 3
11 Doe	es the organization conduct g	aming activities with no	onmembers?		Yes	No
			t, or a member of a partnership or other ent		🌅 Yes	No
	cate the percentage of gaming				I	
						010
	•				b	00
			e organization's gaming/special events book			
Ado	dress ►					
b lf '\ of <u>c</u> c lf '\	Yes,' enter the amount of gam gaming revenue retained by th Yes,' enter name and address	ning revenue received I ne third party ► \$ of the third party:	/ from whom the organization receives ga by the organization► \$	and the am	iount	No
						· – – – – ,
Add	dress ►					I I
16 Gar	ming manager information:					
Nar	me ►					
Gar	ming manager compensation	▶ \$				
Des	scription of services provided	▶				
	Director/officer	Employee	Independent contractor			
17 Mai	ndatory distributions:					
			ble distributions from the gaming proceeds t		····· Yes	No
b Ent	er the amount of distributions re	equired under state law to	b be distributed to other exempt organization	s or spent in the		
	anization's own exempt activi					<u>, </u>
Part IV		9b, 10b, 15b, 15c,	explanations required by Part I, I 16, and 17b, as applicable. Also p			/);

SCHEDULEI		G	rants and Ot	37 h er Assistance 1	to Organization	15.		OMB No. 1545-0047		
(Form 990)		Gov	/ernments, a	nd Individuals i	n the United St	ates	Γ	2019		
Department of the Treasury Internal Revenue Service		Comple	-	on answered 'Yes' on F ▶ Attach to Form 99 rs.gov/Form990 for the	0.	21 or 22.		Open to Public Inspection		
	LAN HANCOCK OGRAMS CORP	COLLEGE AUXI ORATION	LIARY	-			Employer identific 95-180392			
Part I General Info	ormation on G	rants and Assist								
 Does the organization the selection criteria 	n maintain records a used to award tł	to substantiate the am ne grants or assistan	ount of the grants or ce?	assistance, the grantees	' eligibility for the grants	or assistance, and		X Yes No		
				nds in the United States.			PART IV			
Part II Grants and Form 990, F				and Domestic Govennment of the second structure and the second structure and the second structure and s						
1 (a) Name and address or governm	s of organization nent	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1)										
2)										
<u>3)</u>										
4)										
5)										
6 <u>)</u>										
7)										
8)										
								-		
		-	-	in the line 1 table			▲	0		
3 Enter total number BAA For Paperwork Rec	-				TEEA3901L		Schedul	0 e I (Form 990) (2019)		

Schedule | (Form 990) (2019) ALLAN HANCOCK COLLEGE AUXILIARY 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 sp	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 EDUCATIONAL SCHOLARSHIPS	106	710,396.									
2											
3											
4											
5											
6											
7											
Deut IV/ Consultance statistics Deut	de die in Commentieu			Leave de Verse et la company et la	and a shaff of the second state of the second						

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.

SCHOLARSHIPS ARE AWARDED TO STUDENTS BASED UPON MERIT AND NEED. A SCHOLARSHIP

COMMITTEE MADE UP OF SCHOOL FACULTY REVIEWS ALL APPLICATIONS AND DETERMINES ALL

AWARDS. IN THE CASE OF THEATRE SCHOLARSHIPS, APPLICANTS MUST ALSO AUDITION. THE PCPA

THEATERSEFT DIVISION OF THE CORPORATION IS GENERALLY RESPONSIBLE FOR DISTRIBUTING AND

MONITORING SCHOLARSHIPS.

95-1803920

Page 2

	39 Componention Inform	mation	OMB No. 1	5/15-00/	17
SCHEDULE J (Form 990)	Compensation Inform For certain Officers, Directors, Trustees, Key Employees, ar		20		
	Complete if the organization answered 'Yes' on	Form 990, Part IV, line 23.	20	13	
Department of the Treasury Internal Revenue Service	Attach to Form 990 Go to www.irs.gov/Form990 for instructions a	-	Open to Inspe		C
Name of the surroutine time	ALLAN HANCOCK COLLEGE AUXILIARY	Employer identific	ation number		
	PROGRAMS CORPORATION	95-180392	20		
Part I Question	s Regarding Compensation			Yes	No
1 a Check the approp VII, Section A, li	riate box(es) if the organization provided any of the following to or ne 1a. Complete Part III to provide any relevant information r	for a person listed on Form 990, Part regarding these items.		Tes	NO
First-class o	r charter travel Housing allo	owance or residence for personal use			
Travel for co	mpanions Payments for	or business use of personal residence			
Tax indemni	fication and gross-up payments Health or sc	ocial club dues or initiation fees			
Discretionar	v spending account	rvices (such as maid, chauffeur, chef))		
b If any of the boxe	s on line 1a are checked, did the organization follow a written poli	cy regarding payment or			
	or provision of all of the expenses described above? If 'No,' c		1b		
	tion require substantiation prior to reimbursing or allowing ex icers, including the CEO/Executive Director, regarding the ite		2		
Executive Direct	any, of the following the organization used to establish the compe or. Check all that apply. Do not check any boxes for methods nsation of the CEO/Executive Director, but explain in Part III.	used by a related organization to			
Compensatio	on committee Written emp	loyment contract			
Independent	compensation consultant Compensati	on survey or study			
Form 990 of	other organizations	the board or compensation committe	e		
4 During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line a related organization:	a, with respect to the filing			
a Receive a severa	ance payment or change-of-control payment?		4a		Х
	receive payment from, a supplemental nonqualified retireme				Х
	receive payment from, an equity-based compensation arran		4c		Х
IT YES to any of	lines 4a-c, list the persons and provide the applicable amount	its for each item in Part III.			
Only section 50	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	e lines 5-9.			
5 For persons listed contingent on th	on Form 990, Part VII, Section A, line 1a, did the organization pa e revenues of:	ay or accrue any compensation			
0	?				Х
	nization?		5b		X
6 For persons listed contingent on th	on Form 990, Part VII, Section A, line 1a, did the organization pa e net earnings of:	ay or accrue any compensation			
a The organizatior	?		6a		Х
	nization?		6b		Х
	or 6b, describe in Part III.	Kana ana dala any ang Caral			
7 For persons lister payments not de	d on Form 990, Part VII, Section A, line 1a, did the organiza scribed on lines 5 and 6? If 'Yes,' describe in Part III	lion provide any nontixed	····· 7		Х
to the initial con	its reported on Form 990, Part VII, paid or accrued pursuant ract_exception described in Regulations section 53.4958-4(a)	(3)?			
	in Part III		8		Х
section 53.4958-	did the organization also follow the rebuttable presumption proceed 6(c)?				
BAA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	1 99 0)	2019

Schedule J (Form 990) 2019

Page 2

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.

		eakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(i) Ba compen	ise sation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
	i)	0.	0.	0.	0.	0.	0.	0.
		,082.	0.	0.	0.	56,740.	319,822.	0.
ERIC D. SMITH		0.	<u> </u>	0.	<u>0.</u>	0.	<u>0.</u>	<u> </u>
2 ASSOC. VP		,440.	0.	0.	0.	49,995.	237,435.	0.
	i)	0.	<u> </u>	0.	<u>0.</u>	0.	<u>0.</u>	0.
3 VICE PRESIDENT (,273.	0.	0.	0.	42,384.	205,657.	0.
			+				+	
4 (
	i)		+				+	
5 (
	i)		+				+	
6 (
	i)		+				+	
7 (
	i)		+				+	
8 (
	i)		+				+	
9 (
	i)		+					
10 (
			+				+	
11 (
			+				+	
12 (
			+				+	
13 (
			+				+	
14 (
			+				+	
15 (
			<u> </u>		L		L	
16 (i)							
BAA			TEEA4102L 8/2/1	9			Schedule	J (Form 990) 2019

Page 3

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 M	
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Attach to Form 990.

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

Name of the organization ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) od of de contrib	etermin	ing mounts
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities – Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other.							
18	Collectibles.							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other► (COSTUMES)	Х	1	1,865.	FMV			
26	Other (ADVERTISING)	Х	1					
27	Other► ()							
28	Other► ()							
29	Number of Forms 8283 received by the organization or organization completed Form 8283, Part IV, Done				29			
	· · · · · · · · · · · · · · · · · · ·		č				Yes	No
	S ·							
30a	During the year, did the organization receive by contri it must hold for at least three years from the date	bution any p	roperty reported in Part I	, lines 1 through 28, that	icod			
	for exempt purposes for the entire holding period					30 a		Х
h	If 'Yes,' describe the arrangement in Part II.					000		
	Does the organization have a gift acceptance poli	cv that requ	ires the review of any r	nonstandard contributio	ns?	31		Х
	Does the organization hire or use third parties or	related orga	nizations to solicit, pro	cess, or sell		-		
	noncash contributions?					32 a		X
	If 'Yes,' describe in Part II.	100 (a) f	hung of provident for	high actions (-) is it	ارمما			
	If the organization didn't report an amount in colu describe in Part II.			nich column (a) is chec	,			
BAA	For Paperwork Reduction Act Notice, see the Ins	structions fo	or Form 990.		Schedu	ile M (F	orm 99	0) 2019

Schedule M (Form 990) 2019

OMB No. 1545-0047 2019

Open to Public Inspection

	5
- 4	۰Z

Employer identi	fication number
95-18039	20

Schedule M (Form 990) 2019 ALLAN HANCOCK COLLEGE AUXILIARY

95-1803920 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Page 2

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

COLLEGE-RELATED DIRECTORS ARE APPOINTED BY THE SUPERINTENDENT/PRESIDENT OF THE

DISTRICT.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

CERTAIN DECISIONS, INCLUDING BUDGET APPROVAL, AMENDMENT OF BYLAWS, REMOVAL OF

DIRECTORS, ETC. ARE SUBJECT TO APPROVAL BY THE ALLAN HANCOCK JOINT COMMUNITY COLLEGE

DISTRICT SUPERINTENDENT/PRESIDENT.

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

FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS AND REVIEWED AND APPROVED BY THE DIRECTORS OF BUSINESS SERVICES PRIOR TO BEING FILED.

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

IN ADDITION TO REVIEWING ANNUALLY, THE BAORD MEMBERS DISCLOSE CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE AND THEY UPDATE FORM 700 ANNUALLY. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE.

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

THE CORPORATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL INFORMATION ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD

MOD ACCRUAL

	_									1	OMB No	. 1545-004	7	
SCHEDULE R (Form 990)			Organizatio ganization answe ►								20)19		
Department of the Treasury Internal Revenue Service			ww.irs.gov/Form9								Open Insp	to Publi pection	с	
Name of the organization ALLA	N HANCOCK COLLEGE AU	IXTLTARY	7							Employer identi	fication nu	nber		
	RAMS CORPORATION		-							95-18039	20			
Part I Identification	of Disregarded Entities. C	omplete	if the organiza	ation answ	wered 'Yes	s' on Form	n 990 ,	Part IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	ctivity	ity Legal domicile (state or foreign country) (d) Total income End-		End-o	(e) of-year assets Dire		(f) ect controlling entity					
(1)														
			-											
(2)														
<u>(3)</u>														
Part II Identification of had one or mo	of Related Tax-Exempt Or re related tax-exempt orga	ganizati anization	ons. Complete s during the ta	if the organ if the organ.	ganization	answered	d 'Yes	' on Form 99	0, Part	IV, line 34,	becau	se it		
Name, address, and E	(a) IN of related organization	Prim	(b) ary activity	(Legal dom or foreign	(c) (d) micile (state gn country) Exempt Code section		Code	(e) Public charity statu (if section 501(c)(3		(f) Direct contro entity			(g) 512(b)(13) Iled entity?	
(1) ALLAN HANCOCK J												Yes	No	
800_SCOLLEGE SANTA_MARIA,_CA	DR.													
95-6000940		ED	UCATION	(CA	115	5			N/A			Х	
800_S_COLLEGE_D SANTA_MARIA,_CA		ALLA	ORT OF THE N HANCOCK		77	F 0.1 (C)	. (2)	TIME	r	NT / 7			v	
95-3143396 (3)		JU.	INT CCD	l	CA	501 (C)) (3)	LINE	5	N/A			Х	
· · · · · · · · · · · · · · · · · · ·														
(4)														

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95-1803920 Page **2**

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	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tior	h) ropor- nate ations?	K-1 (Form	Gene mana parti	ral or	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
<u>(2)</u>												
(3)												
Part IV Identification of	of Related Orga	nizations	Taxable as a	Corporation or	Trust. Complete	if the organiza	tion a	nswe	red 'Yes' on Fo	orm 99	90, P	art IV,

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 controlled) (b)(13) d entity?
		country	entity	01 (1031)				Yes	No
(1)									
	Ī								
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
	†								
(3)									
	†								
	†								
	t								
ВАА	1	TEEA	5002L 06/27/19	1		<u> </u>	Schedule R (F	orm 990) 2019

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 organization						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s).				1 c	Х	
d Loans or loan guarantees to or for related organization(s).				1 d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s).				1f		X
g Sale of assets to related organization(s).				1 g		Х
h Purchase of assets from related organization(s)				1 h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1 k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)				1 m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 n	Х	
o Sharing of paid employees with related organization(s)				10		Х
p Reimbursement paid to related organization(s) for expenses				1p	Х	
q Reimbursement paid by related organization(s) for expenses.				1 q	Х	
r Other transfer of cash or property to related organization(s).				1r	Х	
s Other transfer of cash or property from related organization(s)				1s	Х	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including co						
(a) Name of related organization	(b)	(c) Amount involved	Method	(d)		
Name of related organization	Transaction type (a-s)	Amount involved	Method	d of de ount ir	eterm	ining
			anno	Junt n		su
AN ALLAN HANGOOK TOTHE COD		2 000		.	MOTT	NT
(1) ALLAN HANCOCK JOINT CCD	C	3,900.	ACTU	AL A	MOU	NT
(2)						
(3)						
(4)						
(5)						
(6) BAA TEEA5003L 06/27/19		0	ula D ((F a www	000	2010
BAA TEEA5003L 06/27/19		Sched	ule R (rorm	39U)	2019

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.

(<u>1)</u> 		from tax under sections 512-514)	Yes	No				(Form 1065)			
(2)						Yes	No		Yes	No	1
(2)							-			-	
											+
(3)											+
(3)											
<u>(4)</u>											
(5)											
(6)											
<u>(7)</u>											
(8)											
			1			1					1

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

E	orm 990-T	Ex	empt Organization B		ness Income Ta section 6033(e))	x Return	ŀ	OMB No. 1545-0047
		For calendar vea	ar 2019 or other tax year beginning			6/30 .	2020	2019
			o to www.irs.gov/Form990T for					
Depa	rtment of the Treasury al Revenue Service		enter SSN numbers on this form as it				3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if				changed and see instructions.)		D En	ployer identification number
	address changed		ALLAN HANCOCK COLLE	CGE 2	AUXTLTARY		= (Ei ins	nployees' trust, see tructions.)
	xempt under sectio	or	PROGRAMS CORPORATIO				9	5-1803920
F	408(e) 220(е) Туре					E Ur	related business activity code ee instructions.)
	408A 530(SANTA MARIA, CA 934	154			(3	ee instructions.)
	529(a)						5	41800
CB	ook value of all assets t end of year		exemption number (See instruction					
u	2,240,369	G Chec	k organization type 🕨 🛛	501(c) corporation 501	(c) trust	401(a) t	rust Other trust
Н			's unrelated trades or businesses.		►2 De	escribe the only	(or first)	unrelated
	trade or business he	ere ► <u>ADVERT</u>	<u>'ISING REVENUE FROM '</u>	THEA	TRICAL PERFORM	If	only on	e, complete Parts I–V.
			t in the blank space at the end	of the	e previous sentence, co	mplete Parts I a	and II, c	omplete a Schedule M
			ess, then complete Parts III–V. pration a subsidiary in an affilia	ted ar	oun or a narent-subsidi	ary controlled o	iroun?	Yes X No
			fying number of the parent corp			ary controlled g	noup	
	The books are in care			porutio		elephone numb	er► 80	5-922-6966
Pa			Business Income		(A) Income	(B) Expension		(C) Net
	a Gross receipts or s			l				
	b Less returns and allowa			1c				
			line 7)	2				
3	Gross profit. Subtr	act line 2 from	n line 1c	3				
4	a Capital gain net in	come (attach	Schedule D)	4a				
	b Net gain (loss) (Form 4	797, Part II, line 1	7) (attach Form 4797)	4b				
				4c				
5	Income (loss) from (attach statement)	a partnership o	r an S corporation	5				
6	•			6				
7			(Schedule E)	7				
8			om a controlled organization (Schedule F)	8				
9		,	, (9), or (17) organization (Schedule G).	9				
10	Exploited exempt	activity income	e (Schedule I)	10				
11	Advertising income	e (Schedule J)		11	24,261.	51	,993.	-27,732.
12	Other income (See	e instructions;	attach schedule)					
				12				
		es 3 through 1	12	13	24,261.		,993.	-27,732.
Pa			en Elsewhere (See instruc			deductions.)) (Dedi	ictions must be
14			th the unrelated business ors, and trustees (Schedule K)				. 14	
14 15								
16								
17	•							
18			nstructions)					
19	•	, ,	······································					
20			l					
21			chedule A and elsewhere on ret				21b	
22								
23			nsation plans					
24	Employee benefit	programs					. 24	
25	Excess exempt ex	penses (Sche	dule I)				. 25	
26			ule J)					
27		•	lle)					
28			hrough 27					07 700
29 30			me before net operating loss de n tax years beginning on or after Januar					-27,732.
30 31			me. Subtract line 30 from line 2					-27,732.
								211152.

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Form 990-T (2019)

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Form	1 990-T	(2019) ALLAN HANCOCK COL	LEGE AUXILIARY		95	-1803920	Page 2
Par	t III	Total Unrelated Business Tax	kable Income				
32	Total	of unrelated business taxable income	computed from all unrelated trades	or businesses (se	e		
	instru	ctions)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		32	2,194.
33	Amou	nts paid for disallowed fringes				33	
34	Chari	able contributions (see instructions for	or limitation rules)			34	
35	Total	unrelated business taxable income be	efore pre-2018 NOLs and specific dec	luction. Subtract I	ine 34 from		
	the su	Im of lines 32 and 33				35	2,194.
36	Deduct	ion for net operating loss arising in tax years be	ginning before January 1, 2018 (see instr.)		сс Si i	36	2,194.
37	Total	of unrelated business taxable income	before specific deduction. Subtract I	ine 36 from line 3	5	37	0.
38		fic deduction (Generally \$1,000, but s				38	
39	Unrel	ated business taxable income. Subtra	act line 38 from line 37. If line 38 is g	reater than line 3	7,	39	0
Dev		the smaller of zero or line 37				39	0.
		Tax Computation	which $k = 20$ by $210(-(0, 21))$		•	40	0
40 41		nizations Taxable as Corporations. M s Taxable at Trust Rates. See instruct				40	0.
41			r Schedule D (Form 1041)		►	41	
42		tax. See instructions				42	
43	-	ative minimum tax (trusts only)				43	
44		n Noncompliant Facility Income. See				44	
45		Add lines 42, 43, and 44 to line 40 c				45	0.
		Tax and Payments					
		in tax credit (corporations attach Forr	n 1118: trusts attach Form 1116)	46 a			
		credits (see instructions)	-	46 b			
		ral business credit. Attach Form 3800		46 c			
		for prior year minimum tax (attach F		46 d		-	
		credits. Add lines 46a through 46d.				46 e	0.
47	Subtr	act line 46e from line 45	<u></u>			47	0.
48	Other	taxes. Check if from: 🗌 Form 4255	Form 8611 Form 8697 Form	1 8866			
	0	ther (attach schedule)				48	
49	Total	tax. Add lines 47 and 48 (see instruc	tions)			49	0.
50	2019	net 965 tax liability paid from Form 96	65-A or Form 965-B, Part II, column (k), line 3		50	
51 a	Paym	ents: A 2018 overpayment credited to	2019	51 a			
		estimated tax payments		51 b			
		eposited with Form 8868		51 c			
		gn organizations: Tax paid or withheld		51 d			
		up withholding (see instructions)		51 e		-	
		for small employer health insurance		51 f		-	
g		credits, adjustments, and payments:					
			her Total •	51 g			
52		payments. Add lines 51a through 51g				52	0.
53		ated tax penalty (see instructions). C				53	
54		ue. If line 52 is less than the total of I				54	
55		bayment. If line 52 is larger than the t				55	
56		the amount of line 55 you want: Crec			Refunded <	56	
	t VI	Statements Regarding Certai		•			
57	-	time during the 2019 calendar year, did	0	U U	-		Yes No
		cial account (bank, securities, or other) in a				N Form 114,	
-		t of Foreign Bank and Financial Accounts			*		<u>X</u>
58		g the tax year, did the organization re		e grantor of, or tra	ansferor to,	a foreign trust	?. Х
		, see instructions for other forms the org		<u>A</u>	-		
59	Enter	the amount of tax-exempt interest receiv		S adulas and statements	0.	of my knowledge on	
Sig	n	belief, it is true, correct, and complete. Declaration	examined this return, including accompanying sche on of preparer (other than taxpayer) is based on a	Il information of which p	reparer has any		
Her		•		VP FINANCE		May the IRS discu the preparer show	ss this return with n below (see
	-	Signature of officer	Date T	itle		instructions)?	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paic		JOHN DOMINGUEZ, CPA	JOHN DOMINGUEZ, CPA		self-employed	P01955	973
Pre		Firm's name CWDL, CPAS	JOHIN DOMINGOEA, CFA		Firm's EIN	95-36064	
pare Use			ANYON RD STE 135		1 IIII 3 EIIN	55 50004	
Onl					Phone no	(QEO) F	65-2700
BAA		SAN DIEGO, CA	92123 TEEA0202L 02/21/20		Phone no.	(858) 5 Form	65-2700 n 990-T (2019)
ынн			IEEAUZUZE UZIZI/ZU			FUIT	1 JJU-1 (2013)

HANCOCK	COLLEGE	AUXILIARY	
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Total dividends-received deductions included in column 8

TEEA0203L 09/19/19

(1)

(2)

(3)

(4)

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Totals.....

Form 990-T (2019) ALLAN HANCOCK COLLEGE AUXILIARY				95-3	1803920	Page 3
Schedule A - Cost of Goods Sold. Ent	er method of inve	entory valuation 🕨				
1 Inventory at beginning of year	1 2		-		6	
2 Purchases	2	7 Cost o	from line 5	old. Subtract		
4 a Additional section 263A costs (attach schedule)	3				7	
	4a					Yes No
b Other costs	4b			ection 263A (with		
(attach sch)	5		property produced or acquired for resale) ap to the organization?			
Schedule C - Rent Income (From Rea	I Property and	d Personal Property	y Leasec	With Real Pro	perty) (see ir	nstructions)
1 Description of property						
(1)						
(2)						
(3)						
(4)						
	ed or accrued			3(a) Deductions	directly connec	stad with
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	eal and personal proper entage of rent for persor ceeds 50% or if the rent on profit or income)	for personal if the rent is the income in columns 2(a) and 2 (attach schedule)			nd 2(b)	
(1)		, ,				
(2)						
(3)						
(4)						
Total	Total					
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A).	▶		hei) Total deductions. Entre re and on page 1, Part ine 6, column (B)		
Schedule E – Unrelated Debt-Finance	d Income (see	instructions)				
1 Description of debt-financed prop	ertv	2 Gross income from or allocable to debt-	3 Deduc	ctions directly conr debt-financ	nected with or a ed property	allocable to
Description of dept-infanced property		financed property	(a) deprecia	Straight line ation (attach sch)	(b) Other de (attach sc	eductions hedule)
(1)						
(2)						
(3)						
(4)						
acquisition debt on or or allocable	djusted basis of to debt-financed tach schedule)	6 Column 4 divided by column 5	reporta	ross income ible (column 2 x column 6)	8 Allocable d (column 6 x columns 3(a)	x total of

%

%

%

%

►

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Form 990-T (2019)

Form 990-T (2019) ALLAN	HANCOCK	COLLEGE	AUXILIARY
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Form 990-T (2019) ALLAN HAN										303920	Page 4
Schedule F – Interest, Ann	uities, Roya					led O	rgan	izations	(see ins	structions)
		Exen	npt Con	trolled Or	ganizations						
1 Name of controlled organization	2 Employer identification number	i	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made			5 Part of column 4 that is included in the controlling organization's gross income			eductions directly onnected with ome in column 5
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
Nonexempt Controlled Organizati	ons										
7 Taxable Income	8 Net unrelated	1 9	Total o	f specified	d 10 Pa	art of c	olumn	9 that is		11 Deduc	tions directly
	income (loss) (see instruction		paymer	nts made				ontrolling ss income	(connected	d with income olumn 10
(1)											
(2)											
(3)											
(4)											
					here and		age 1,	10. Enter Part I, line \).		e and on p	6 and 11. Enter age 1, Part I, line umn (B).
Totals. Schedule G – Investment			1 501(c)(7). (9	.). or (17) C	Draan	izatio	on (see ins	struction	າຣ)	
				3	Deductions		4	Set-aside	s	5 Tota	I deductions and
1 Description of income	2 Amour	nt of inc	ome	direo (atta	ctly connected (attach schedule) ach schedule)			sides (column 3 us column 4)			
(1) (2) (3) (4)											
(2)											
(3)											
(4)	Entar hara	and an r	0000 1							Entar ha	re and an name 1
	Enter here Part I, line										re and on page 1, ne 9, column (B).
Totals. Schedule I – Exploited Exc		Incom	ne, Otl	ner Tha	n Advertis	ing Ir	ncom	e (see ins	truction	s)	
1 Description of exploited acti	vity 2 Gro unrela busin income trade busin	ated ess from e or	conne pro of u	ses directly ected with duction nrelated ess income	4 Net income (from unrelated or business (co 2 minus colum If a gain, com columns 5 thro	`trade olumn n 3).	activit unrelat	ss income from 6 Expenses vity that is not elated business column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(2) (3)											
(4)											
	Enter he on pa Part I, I colum	ge 1, ine 10,	on p Part l	here and bage 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 25.
Totals											
Schedule J – Advertising					<u>.</u> .						
Part I Income From Perio						<u>.</u>					1
1 Name of periodical	2 Gro advert incor	ising	adve	Direct ertising osts	4 Advertising ((loss) (col. 2 col. 3). If a compute col through 7	minus gain, Is. 5		culation come		idership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)ENCORE AND PRELUDE											
_(2)	24,	261.	5	1,993.							-
(3)						-					
(4)											
Totals (carry to Part II, line (5))	► 24	,261.	5	1,993.	-27,7	32.					

 Form 990-T (2019) ALLAN HANCOCK COLLEGE AUXILIARY
 95-1803920
 Page

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)
 Page

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(2) (3)						
(4)						
Totals from Part I.	24,261.	51,993.				
	Enter here and on page 1, Part I, line 11, column (A)					Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1– 5)►	24,261.	51,993.				
Schedule K – Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name		2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business	
					010	

	010	
	00	
	0/0	
Total. Enter here and on page 1, Part II, line 14	 ▶	

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Form 990-T (2019)

Page 5

Dependence of the Transmit For calendar year 2019 or other tax year beginning 7/01 , 2019 <		DULE M 1 990-T)	55 Unrelated Business Taxa Unrelated Trade			n an		B No. 1545-0047
Dependment Prior Network • Ge to www.irg.gov/Gram@07 for instructions and the latest information. Dependment Prior Network Dependent Prior Network Depe			For calendar year 2019 or other tax year beginning 7/0)1 ,2	2019, and ending 6/	30 , 20 20		2019
Barral Revence > Do not enter SSN numbers on this form as it may be made public if your organization is a SU(CS). Dorce(SO agreement or SN agreement	Departme	ent of the Treasury						Public Increation for
Hand Hambor Controller Advirulation 95-1803920 Unrelated Business Activity Code (see instructions)> 611710	Internal F	Revenue Service	► Do not enter SSN numbers on this form as it may be	made p	ublic if your organizati	on is a 501(c)(3).		
Unrelated Business Activity Code (see instructions) • 611710 Describe the unrelated trade or business Income (A) Income (B) Expenses (C) Net Tart II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Tart II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Tart II, Ine 7) C Balance + 1 C (C) Net State of C) Net C Cost of goods sold (Schedule D). 4 C Cost of Goods Sold (Schedule D). Cost of Cost of Cost of	Name o	f the organization	ALLAN HANCOCK COLLEGE AUXILIARY			1 3		mber
Describe the unrelated trade or business ► COSTUME RENTALS Part1 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 9,074. 2 2 2 2 2 2 2 2 3 9,074. 2 2 2 2 2 3 9,074. 2 2 2 2 2 2 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 9,074. 3 <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td>95-180392</td> <td>0</td> <td></td>	<u> </u>					95-180392	0	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 9,074. c Balance + 1c 9,074. (D) Net 2 Cost of goods sold (Schedule A, line 7) Z 2 2 2 3 Gross profit. Subtract line 2 from line 1c 3 9,074. 9,074. 9,074. 4a Capital gain net income (attach Schedule D) 4a 9,074. 9,074. 9,074. 5 Income (Cost) from aprintership or an S corporation (attach statement) 6 - <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td>					_			
1a Gross receipts or sales 9,074. b Less returns and allowances 1c 9,074. 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit. Subtract line 2 from line 1c. 3 9,074. 9,074. 4a Capital gain net income (attach Schedule D). 4a 9,074. 9,074. 4b 5 Cost of goods sold (Schedule A). 4a 6 5 Income (Schedule C). 4a 6 6 6 Rent income (Schedule C). 7 1 1 7 1 1 1 1 1 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F). 7 1 1 10 Exploited exempt activity income (Schedule F). 10 1 1 1 11 Advertising income (Schedule F). 10 10 1 1 1 12 10 Exploited exempt activity income (Schedule I). 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	De	scribe the unre	elated trade or business ► COSTUME RENTAL	S				
b Less returns and allowances c 9,074. 2 Cost of goods sold (Schedule A, line 7) c 9,074. 9,074. 3 Gross profit. Subtract line 2 from line 1c. 3 9,074. 9,074. 4a Sprint Subtract line 2 from line 1c. 3 9,074. 9,074. 4a Sprint Subtract line 2 from line 1c. 3 9,074. 9,074. 5 Income (doss) from a partnership or an S corporation (attach Statternet). 5 6 6 7 Interest, annuites, royalites, and rents from a controlled organization (Schedule F). 7 8 6 9 Investing income (Schedule I). 10 10 10 10 10 Exploited exempt activity income (Schedule I). 10 10 10 10 11 Interest, annuites, directors, and trustes (Schedule I). 11 10 11 12 12 Other income (Schedule J). 11 11 12 13 9,074. 9,074. 13 9,074. 9,074. 14 15 6,880. 15 6,880. 14 Interest, annuites, royalti	Part				(A) Income	(B) Expense	es	(C) Net
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4a Capital gain net income (attach Schedule D)		-						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4b 4c c Capital loss deduction for trusts. 4c 5 lincome (loss) from a partnership or an S corporation (attach statement). 5 5 5 6 Rent income (Schedule C). 6 6 6 6 7 8 Interest, annuities, royatties, and rents from a controlled organization (Schedule F). 7 8 8 6 7 7 7 10 7 7 10 7 7 10 10 10 10 10 11 10 10 11 11 11 11 11 11 11 11 11 11 11 11 11 </td <td>_</td> <td></td> <td></td> <td></td> <td>9,074</td> <td>•</td> <td></td> <td>9,074.</td>	_				9,074	•		9,074.
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7 Unrelated debt-financed income (Schedule E)	6	•	•					
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			· · ·					
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23Contributions to deferred compensation plans.2324Employee benefit programs.2425Excess exempt expenses (Schedule I).2526Excess readership costs (Schedule J).2627Other deductions (attach schedule).2728Total deductions. Add lines 14 through 27.2829Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13.2930Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).3031Unrelated business taxable income. Subtract line 30 from line 29.312, 194.	21	Less deprecia	tion claimed on Schedule A and elsewhere on	return	21a		21b	
24Employee benefit programs.2425Excess exempt expenses (Schedule I).2526Excess readership costs (Schedule J).2627Other deductions (attach schedule).2728Total deductions. Add lines 14 through 27.2829Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13.2930Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).3031Unrelated business taxable income. Subtract line 30 from line 29.31312, 194.							22	
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31Unrelated business taxable income. Subtract line 30 from line 29312,194.	30						20	
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Form 990-T (2019) ALLAN HA	ANCOCK CO	LLEGE AUXIL	IARY			95	-180	03920	F	Page 3
Schedule A – Cost of Goo	ds Sold. En	ter method of inve	entory valuation	•						
1 Inventory at beginning of year	ar	1	6	Invento	ory at e	end of year	6			
2 Purchases				7 Cost of goods sold. Subt						
3 Cost of labor		3				ne 5. Enter here	7			
4 a Additional section 263A costs (attack	h schedule)				raiti,		/		Yes	No
		4a		Do tho	ruloc	of section 263A (wit	h rocr	nant ta	Tes	NO
b Other costs (attach sch)		4 b	0	propert	y proc	luced or acquired fo	r resa	ale) apply		
5 Total. Add lines 1 through 4	b	5		to the c	organi	zation?				Х
Schedule C – Rent Income	e (From Rea	I Property and	d Personal Pr	operty	Leas	sed With Real P	ope	rty) (see i	nstruct	ions)
1 Description of property										
(1)										
(2)										
(2) (3)										
(4)										
	2 Rent receiv	ed or accrued				2(a) Deduction	م مأنيده	atter anna	نبيد امما	46
(a) From personal prop			eal and personal			3(a) Deduction the income ir				
(if the percentage of rent for property is more than 10%	but not	(If the perce property ex	entage of rent fo ceeds 50% or if	r persona the rent	ai is			chedule)		,
more than 50%)		based	on profit or inco	ome)	-					
(1)										
(2)										
(3)										
(4)		-								
Total		Total				(b) Total deductions.	nter			
(c) Total income. Add totals of col						here and on page 1, Par	t			
here and on page 1, Part I, line 6, Schedule E – Unrelated De			·····			I, line 6, column (B)				
Schedule E – Unrelated De	ept-rinance	a income (see	Instructions)		30			م مانیناه م	allaaak	
			2 Gross incom		3 De	3 Deductions directly connected with or allocable to debt-financed property SEE ST 3				ופוט די
1 Description of debt	-financed prop	berty	or allocable to financed prop			(a) Straight line		(b) Other d		
					depreciation (attach sch)		(attach so			
(1)										
(2)										
(2) (3)										
(4)										
4 Amount of average		djusted basis of	6 Column			7 Gross income	-	Allocable		
acquisition debt on or allocable to debt-financed		to debt-financed ttach schedule)	divided b column {		rep	ortable (column 2 x column 6)		(column 6 plumns 3(a		
property (attach schedule)	property (a		oorannin				00		, and e	,(5))
(1)				olo						
(2) (3)				olo						
(3)				010						
(4)				010			_			
					Enter	r here and on page I, line 7, column (A)	I, Ent	ter here and	d on pa	age 1,
				-	i ait		. r a	i i i, iii ic 7,	corum	·· (D).
							_			
Total dividends-received deduction	ons included i							F	000 T	(0010)
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Form 990-T	(2019)	ALLAN	HANCOCK	COLLEGE	AUXILIARY	

Form 990-T (2019) ALLAN H											803920	
Schedule F - Interest, A	nnuiti							Orga	nizations	(see in	structions	6)
			Exem	npt Con	trolled Or	rgan	izations					
1 Name of controlled organization		lentification i		3 Net unrelated income (loss) see instructions)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in c inc	eductions directly onnected with ome in column 5
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
Nonexempt Controlled Organiza												
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified nts made	d	10 Part of included in organizatio	n the d	controlling		connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)												
(4)												
Totals							Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11. Enter bage 1, Part I, line lumn (B).
Schedule G – Investmen	t Inco	me of a Se	ctior	ı 501(c)(7), (9), 0	r (17) Orga	nizat	ion (see ins	structio	ns)	
					3	Dec	luctions		4 Set-aside	S	5 Tota	I deductions and
1 Description of income		2 Amount	of inc	ome	direo (atta	ctly ach s	tly connected (a ch schedule)		(attach schedule)		set-asides (column 3 plus column 4)	
(1) (2) (3) (4)												
(3)												
(4)												
Totals		Enter here an Part I, line 9,									Enter he Part I, I	ere and on page 1, ine 9, column (B).
Schedule I – Exploited E		t Activity Ir	icom	e Otl	her Tha	nΔ	dvertising	Incor	ne (see ins	truction))	
1 Description of exploited a		2 Gross unrelate busines income fro trade of busines	s d s om r	3 Experion connection of u	eses directly ected with duction nrelated ess income	4 N from or b 2 m	let income (loss) n unrelated trade pusiness (column ninus column 3). a gain, compute mns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	6 Ex attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							5					
(2)						1						
(3)						1						
(4)		Enter here on page Part I, line column (1, e 10,	on p Part I	here and bage 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 25.
Totals		•										
Schedule J – Advertising												
Part I Income From Per	riodica							_				
1 Name of periodical		2 Gross advertisin income	s ng	adve	Direct ertising osts	(lo c	dvertising gain or iss) (col. 2 minus iol. 3). If a gain, compute cols. 5 through 7.		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))		•										

Page 5

 Form 990-T (2019) ALLAN HANCOCK COLLEGE AUXILIARY
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 Page

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)
 Page

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2) (3)						
(4)						
Totals from Part Ⅰ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1- 5)►						
Schedule K – Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name		2 Title	3 Percent of time devote	ed to unrela	ation attributable ated business	

I Name	2 litie	time devoted to business	to unrelated business
		0/0	
		0/0	
		010	
		% %	
Total. Enter here and on page 1, Part II, line 14		▶	

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Form 990-T (2019)

FEDERAL STATEMENTS ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION

PAGE 1

95-1803920

STATEMENT 1 FORM 990-T, PART III, LINE 36 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/10 6/30/11 6/30/12 6/30/13 6/30/14 6/30/15 6/30/17 6/30/18 NET OPERATING LOSS A TAXABLE INCOME NET OPERATING LOSS D		\$ 1,157. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$



AUXILIARY PROGRAMS CORPORATION BOARD AGENDA ITEM

To:	Board of Directors	Date:		
From:	Eric D. Smith	June 11, 2021		
Subject:	Financial Report for Auxiliary Programs			
Reason fo	r Board Consideration:	Item Number:	Enclosures:	
INFORM	ATION	Page 1 of 3		

Background

Attached are copies of financial statements for the following funds:

- Associated Student Body Trust Fund
- PCPA Special Revenue Fund

The statements reflect 2020-2021 year-to-date financial data.

61 Associated Students Trust Fund Income Statement by Fund Type For Period Ending 03/31/2021

REVENUES	
Interest and Investment Income	133
Sales and Commission	111,870
Total REVENUES	112,004
EXPENDITURES	
Contest Prizes	133
District/College Support	2,847
Dues & Memberships	1,883
Equipment	3,583
Field Trips	5,480
Food - Business Meetings/Events	4,636
Game Personnel (Athletic Events)	16,950
Indep Contractor (Individuals)	3,100
Non Instr Printing	384
Office/Operational Supplies	3,496
Total EXPENDITURES	42,492
Excess of Revenues Over	
(Under) Expenditures	69,512
OTHER FINANCING SOURCES(USES)	
Interfund Transfer-In District	177,047
Total OTHER FINANCING	177,047
OPERATING TRANSFERS OUT	
Scholarships	132,200
Total OPERATING TRANSFERS OUT	132,200
Excess of Revenues and Other	
Financing Sources Over/(Under)	114,359
FUND BALANCE:	
Fund Balance, July 1	182,254
Current Balance	296,612

Allan Hancock College PCPA Fund Income Statement by Fund For Period Ending 3/31/2021

REVENUES	
Local Revenues	526,199
Total REVENUES	526,199
EVDENDITUDES	
EXPENDITURES	1 (72 200
Classified Salaries	1,673,398
Employee Benefits	377,460
Supplies and Materials	7,344
Other Operating Exp. and Services	108,668
Capital Outlay	284
Total EXPENDITURES	2,167,154
Excess of Revenues Over	
(Under) Expenditures	(1,640,955)
OTHER FINANCING SOURCES(USES)	
Other Financing Sources	1,015,974
Total OTHER FINANCING	1,015,974
OPERATING TRANSFERS OUT	
Other Outgo	-
Total OPERATING TRANSFERS OUT	-
Excess of Revenues and Other	
Financing Sources Over/(Under)	
Expenditures and Other Uses	(624,981)
FUND BALANCE:	
Fund balance, July 1	1,838,043
Current Balance	1,213,062
	1,210,002