AUXILIARY PROGRAMS CORPORATION



ALLAN HANCOC COLLEG

Kevin G. Walthers, Ph.D., President Dennis Curran, Treasurer Robert Curry, Ph.D., Secretary Alejandra Enciso Fred Patrick Ora Shrecengost, Student

Agenda Annual Meeting and Quarterly Regular Meeting Tuesday, March 12, 2024 Captain's Room, B-102

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

		Page	<u>Est. Time</u>
<u>Anı</u>	inual Meeting		
1.	Call to Order		3:30 PM
2.	Information Items		
	2.a. Appointment of Directors	3	
3.	Action Items		
	3.a. Election of Officers	4	
	3.b. 2024 Meeting Dates	5	
-			

Regular Meeting

4. Public Comment

Public comments on an agenda item or another topic within the jurisdiction of the Board of Directors will be given in person during the meeting or submitted in writing at least 24 hours before the meeting via email to: <u>melinda.martinez1@hancockcollege.edu</u>. The leading speaker from the audience side on each side of the issue will be limited to five minutes. Additional speakers are limited to two minutes. Please submit an individual comment card for each item. Testimony on specific agenda items will be welcome during consideration of the item by the Board of Directors. When public testimony is completed regarding a specific agenda item, discussion is then confined to directors only. This practice is in accordance with laws governing Board of Directors public meetings.

5.Action Items3:45 PM5.a.Approval of Minutes from the November 28, 2023 Meeting6

			Page	<u>Est. Time</u>
	5.b.	Approval of Cash Donations of \$500 or Greater to PCPA for the period of November 1, 2023 through January 31, 2024	8	
	5.c.	Approval of PCPA Public Relations/Advertising Report of Promotions and Sponsorships of \$500 or Greater for the period of November 1, 2023 through January 31, 2024	10	
6.	Infor	mation Items		4:00 PM
	6.a.	Financial Report for Auxiliary Programs	11	
	6.b.	Tax Year 2022, Fiscal Year 2022-2023 Forms 990, 990-T Tax Returns	14	
7.	Oral	Reports for Auxiliary Programs		
8.	Adjou	urnment		4:30 PM

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.



То:	Board of Directors	Date:	
From: Kevin G. Walthers			March 12, 2024
Subject: Appointment of Directors			
Reason for Board Consideration: Item Number:			Enclosures:
INFORMATION 2.a.			Page 1 of 1

Background

Article V, Section 4, "Selection and Tenure," of the Auxiliary Programs Corporation Bylaws designates the college superintendent/president and chief financial officer as ex-officio voting directors of the corporation. The other three directors shall be selected as follows: one (1) academic administrator appointed by the superintendent/president; one (1) regular faculty member nominated by the Academic Senate and appointed by the superintendent/president; and one (1) student member nominated by the Associated Student Body Government and appointed by the superintendent/ president. In addition, one (1) college trustee serves as a non-voting director.

The current composition of the Auxiliary Programs Corporation Board of Directors is:

Kevin G. Walthers, Ph.D., superintendent/president Dennis Curran, associate superintendent/vice president, Finance and Administration Robert Curry, Ph.D., associate superintendent/vice president, Academic Affairs Alejandra Enciso, trustee representative (non-voting) Fred Patrick, faculty representative Ora Shrecengost, student representative

Administrator Initiating Item:	Final Disposition:
Kevin G. Walthers	



AUXILIARY PROGRAMS CORPORATION BOARD AGENDA ITEM

То:	Board of Directors	Date:	
From: Kevin G. Walthers			March 12, 2024
Subject: Election of Officers			
Reason for Board Consideration: Item Number:		Enclosures:	
ACTION 3.a.			Page 1 of 1

<u>Background</u>

Officers of the Auxiliary Programs Corporation are elected each spring at the annual meeting of the board of directors. Article VII, Section 4, of the Auxiliary Programs Corporation Bylaws states: "The officers of the corporation shall be a President, a Treasurer, and a Secretary."

On February 28, 2023, the officers elected were Dr. Kevin G. Walthers, president; Eric D. Smith, treasurer; and Dr. Robert Curry, secretary.

Due to the retirement of Eric Smith, Dennis Curran was elected treasurer at the June 7, 2023 Auxiliary Programs Corporation Board of Directors meeting.

Fiscal Impact None

Recommendation

Staff recommends that the board of directors elect from among its members a president, treasurer, and secretary to serve a one-year term.

Administrator Initiating Item:	Final Disposition:
Kevin G. Walthers	



AUXILIARY PROGRAMS CORPORATION BOARD AGENDA ITEM

To:	Board of Directors	Date:	
From: Kevin G. Walthers			March 12, 2024
Subject: 2024 Meeting Dates			
Reason for Board Consideration: Item Number:		Enclosures:	
ACTION 3.b.			Page 1 of 1

<u>Background</u>

Section 3 of the Auxiliary Programs Corporation bylaws specify that "regular meetings of the board of directors shall be held at least quarterly."

It is recommended that the board of directors meet at 3:30 p.m. on the following dates:

- May 30, 2024
- August 29, 2024
- November 26, 2024

Fiscal Impact None

Recommendation

Staff recommends that the board of directors hold its quarterly meetings at 3:30 p.m. on May 30, August 29, and November 26, 2024.

Administrator Initiating Item:	Final Disposition:
Kevin G. Walthers	



AUXILIARY PROGRAMS CORPORATION BOARD OF DIRECTORS

MINUTES

Quarterly Regular Meeting Tuesday, November 28, 2023 Captain's Room, B-102

1. <u>Call to Order</u>

Dr. Walthers called the meeting to order at 3:31 p.m. with the following directors present: Curry, Shrecengost, Walthers

Absent: Curran, Enciso, Patrick

Staff Members Present: Kim Ensing, Suria Ramirez Beas, Jennifer Schwartz, and Keli Seyfert

Note Taker: Melinda Martinez

2.. <u>Public Comment</u> No public comment was made.

3. <u>Action Items</u>

3.a. Approval of Minutes of the August 31, 2023 Meeting

On a motion by Ora Shrecengost, seconded by Dr. Curry, the board of directors voted to approve the minutes of the August 31, 2023 meeting, as submitted. (Ayes: Curry, Shrecengost, Walthers; Noes: None; Concur: None; Absent: Curran, Enciso, Patrick)

3.b. Approval of Cash Donations of \$500 or Greater to PCPA for the period of August 1, 2023 through October 31, 2023

On a motion by Ora Shrecengost, seconded by Dr. Curry, the board of directors voted to approve cash donations of \$500 or greater to PCPA made during the period of August 1, 2023, through October 31, 2023. (Ayes: Curry, Shrecengost, Walthers; Noes: None; Concur: None; Absent: Curran, Enciso, Patrick)

3.c. Approval of PCPA Public Relations/Advertising Report of Promotions and Sponsorships of \$500 or Greater for the period of August 1, 2023 through October 31, 2023

On a motion by Dr. Curry, seconded by Ora Shrecengost, the board of directors voted to approve the public relations/advertising report of promotions and sponsorships of \$500 or greater for the period August 1, 2023, through October 31, 2023. (Ayes: Curry, Shrecengost, Walthers; Noes: None; Concur: None; Absent: Curran, Enciso, Patrick)

- 4. <u>Information Items</u>
 - 4.a. Financial Report for Auxiliary Programs

Keli Seyfert reviewed the financial statements for ASBG and athletics. She introduced Suria Ramirez Beas, accounting specialist, Auxiliary Accounting.

Jennifer Schwartz reported the PCPA budget is currently showing a deficit, but it is expected to balance out more once the budget transfer from the college is received.

4.b. Oral Reports

Athletics

Shelby Scott announced there will be seven home basketball games this week, along with the Toys 4 Tots tournament, and baseball holiday camp. Kim Ensing shared athletics received a donation from Shirley Cobb to help offset expenses for the Strawberry Bowl. Ms. Ensing also gave thanks to Melinda Martinez and Carmen Camacho from the President's Office for their help at the snack bar during the bowl game.

<u> PCPA</u>

Jennifer Schwartz reported PCPA is over their ticket sales goal for *Elf the Musical*, the highest grossing holiday show in her tenure. She gave a brief staff update and said PCPA has selected a new development director. Ms. Schwartz noted PCPA did not send out a "Giving Tuesday" ask, but has a letter and email campaign to send to patrons.

5. <u>Adjournment</u>

Dr. Walthers adjourned the meeting at 3:41 p.m.



To:	Board of Directors		Date:
From: Jennifer Schwartz			March 12, 2024
Subject: Acceptance of Cash Donations of \$500 or Greater to PCPA			
Reason for Board Consideration: Item Number:		Enclosures:	
ACTION 5.b.		Page 1 of 2	

<u>Background</u>

Following is a list of donations of \$500 or greater contributed to PCPA for the period of November 1, 2023, through January 31, 2024.

Date	Donations \$500 or Greater	Amount
11/6/2023	John C Phillips	\$1,000
11/7/2023	Barry Tobias	\$3,000
11/8/2023	David Mills	\$3,000
11/14/2023	Kate & Richard Riggins	\$500
11/16/2023	Dene & Emily Hurlbert	\$10,000
11/21/2023	Jim Alquist	\$1,000
1/27/2023	Wood-Claeyssens Foundation	\$30,000
11/28/2023	Jeff & Andi Portney	\$620
11/28/2023	Diane Borad-Mirken	\$500
12/1/2023	Troy & Tammi Matta	\$760
12/4/2023	PCPA Foundation	\$10,000
12/4/2023	Judge Jed Q. & Diane Beebe	\$850
12/5/2023	Lynley Bernau	\$500
12/5/2023	Robert Hammond	\$1,000
12/5/2023	Janet Ford	\$500

(continued)

Fiscal Impact None

Recommendation

Staff recommends that the Auxiliary Programs Corporation Board of Directors approve PCPA's donations of \$500 or greater for the period of November 1, 2023, through January 31, 2024.

Administrator Initiating Item:	Final Disposition:
Jennifer Schwartz	

Date	Donations \$500 or Greater	Amount
12/5/2023	Jose Gonzalez	\$520
12/6/2023	Beverly Tracy	\$25,000
12/6/2023	Eric Melsheimer	\$10,000
12/7/2023	Becky Jo Deutsch	\$500
12/8/2023	Angelica Gutierrez	\$1,000
12/11/2023	Henry & Dundie Shulte	\$2,000
12/11/2023	Chevron	\$1,500
12/11/2023	Santa Ynez Valley Foundation	\$5,000
12/12/2023	Patrick Lind	\$500
12/19/2023	Bonnie & Ian Jacobsen	\$1,000
12/19/2023	Jose and Carmen Ortiz	\$500
12/19/2023	Kelly & Scott Davis	\$500
12/21/2023	Dennis Curran	\$500
12/22/2023	Jamie Herbon	\$1,000
1/8/2024	Sarah Barthel	\$1,040
1/8/2024	Nelson Yamagata	\$520
1/8/2024	John & Marcia Hischier	\$1,000
1/8/2024	Jerry Sullivan	\$1,040
1/8/2024	Leslie Mosson	\$1,000
1/8/2024	Dr. Scott Robertson	\$1,040
1/9/2024	Judy Frost	\$5,000
1/9/2024	Maureen Tolson	\$2,000
1/9/2024	Ann Young	\$500
1/10/2024	First Street Leather	\$500
1/10/2024	John & Elise Gerich	\$500
1/10/2024	Santa Maria Valley Quilt Guild	\$500
1/25/2024	PCPA Foundation	\$26,000
1/31/2024	Ellen & Dwight Couch	\$1,000
	GRAND TOTAL	\$154,910



AUXILIARY PROGRAMS CORPORATION BOARD AGENDA ITEM

To:	Board of Directors	Date:	
From:	Jennifer Schwartz	March 12, 2024	
Subject:	PCPA Public Relations/Advertising Report of Promotions/Cash Sponsorships of \$500 or		
Reason for Board Consideration:		Item Number:	Enclosures:
ACTION		5.c.	Page 1 of 1

Background

Following is an update of promotions and sponsorships of \$500 or greater for the period of November 1, 2023 to January 31, 2024.

Promotions and Sponsorships of \$500 or Greater	Vendor Trade/ In-Kind Services	Cash Sponsor	PCPA Trade
KCBX radio	\$1,140.00		
Sun/New Times Media	\$1,458.00		
KIDI radio			\$500.00
Noozhawk	\$500.00		
Chick-Fil-A	\$500.00		
TOTAL:	\$3,598.00		\$500.00

<u>Fiscal Impact</u> None

Recommendation

Staff recommends that the Board of Directors approve PCPA's promotions and sponsorships of \$500 or greater for the period of November 1, 2023 to January 31, 2024.

Administrator Initiating Item:	Final Disposition:
Jennifer Schwartz	



To:	Board of Directors	Date:	
From:	Dennis Curran	March 12, 2024	
Subject:	Financial Report for Auxiliary Programs		
Reason for Board Consideration:		Item Number:	Enclosures:
INFORMA	ATION	6.a.	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 financial data as of December 31, 2023.

Allan Hancock College PCPA Fund Income Statement by Fund For Period Ending 12/31/2023

REVENUES	
Local Revenues	1,673,911
Total REVENUES	1,673,911
EXPENDITURES	
Classified Salaries	1,482,572
Employee Benefits	343,606
Supplies and Materials	222,951
Other Operating Exp. and Services	411,068
Capital Outlay	32,021
Total EXPENDITURES	2,492,217
Excess of Revenues Over	
(Under) Expenditures	(818,306)
OTHER FINANCING SOURCES(USES)	
Other Financing Sources	270,000
Total OTHER FINANCING	270,000
OPERATING TRANSFERS OUT	
Other Outgo	677,450
Total OPERATING TRANSFERS OUT	677,450
Excess of Revenues and Other	
Financing Sources Over/(Under)	
Expenditures and Other Uses	(1,225,756)
FUND BALANCE:	
Fund balance, July 1	3,780,276
Current Balance	2,554,520
	,

13 Associated Students Trust Fund Income Statement by Fund Type For Period Ending 12/31/2023

REVENUES	
Athletic Entry Fees	4,350
Fundraising	813
Interest and Investment Income	3,499
Non Cash Contribution	10,000
Other Local Revenues	725
Sales and Commission	67,144
Single Tickets	15,741
Total REVENUES	102,272
EXPENDITURES	
Bank Service Charges	5
District/College Support	3,710
Dues & Memberships	2,849
Entertainment/Special Events	597
Equipment Rental	281
Field Trips	221,053
Food - Business Meetings/Events	12,161
Game Personnel (Athletic Events)	56,700
Indep Contractor (Individuals)	350
Non Instr Printing	440
Office/Operational Supplies	8,626
Service Contracts (Businesses)	6,550
Travel - All Travel Costs	276
Total EXPENDITURES	313,598
Excess of Revenues Over	
(Under) Expenditures	(211,326)
OTHER FINANCING SOURCES(USES)	
Interfund Transfer-In District	444,884
Total OTHER FINANCING	444,884
OPERATING TRANSFERS OUT	
In-Kind Student Assistance	10,000
Scholarships	111,315
Total OPERATING TRANSFERS OUT	121,315
Excess of Revenues and Other	
Financing Sources Over/(Under)	112,243
FUND BALANCE:	
Fund Balance, July 1	266 707
	266,797
Current Balance	379,041



То:	Board of Directors	Date:		
From:	Dennis Curran	March 12, 2024		
Subject:	Tax Year 2022, Fiscal Year 2022-2023 Form			
Reason for Board Consideration: Item Number:			Enclosures:	
INFORMA	ATION	6.b.	Page 1 of 50	

Background

As a part of the college's annual audit, the accounting firm CWDL, CPA's prepares the tax returns for the Auxiliary Programs Corporation. The firm has provided the public disclosure copy of the tax returns for the board's review.

Administrator Initiating Item:	Final Disposition:
Dennis Curran	

Form	99	0
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For	n 99	90									OMB No. 1545-0047	7
		~ ~			f Organization						2022	
Depa Inter	epartment of the Treasury Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Publi Inspection	C	
Α	For th	ne 2022 calen	dar year, or	tax year begi			and ending				, 20 2023	
в	Check i	f applicable:	C								tification number	
	Ad	ldress change	ALLAN H	ANCOCK CO	OLLEGE AUXILIA	RY			95-1	1803	920	
		me change		S CORPORA					E Telepho			
		tial return		COLLEGE I					8059	2226	066	
		al return/terminated	SANTA M	ARIA, CA	93454				005.		500	
	-								6		\$ 5 7 6 0 1	210
		nended return	E Nama and	address of princip	al officer			u(a) le thic	G Gross re a group return			
	Ар	plication pending		address of princip	oal officer: DENNIS CU	JRRAN					105	X No
				C ABOVE				If "No,	subordinates attach a list.	See in	ed? Yes Yes	No
I		exempt status:	X 501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527					
J	-		W.PCPA.(-			exemption nu			
ĸ		of organization:	X Corporation	n Trust	Association Other	L	Year of formation	on: 196	8 M/s	tate of	legal domicile: CA	
Pa	rt I	Summar										
	1	Briefly descri	ibe the organ	ization's miss	sion or most significar	t activities:TO	PROVIDE	<u>BENE</u>	FITS TO	<u>) TH</u>	<u>IE EDUCATIO</u>	NAL_
e		PROGRAMS	<u>AND SEI</u>	<u>RVICES_FC</u>	OR THE ALLAN HA	<u>ANCOCK JOI</u>	NT COMM	<u>UNITY</u>	COLLEG	E D	<u>ISTRICT.</u>	
anc												
Activities & Governance	_											
jov.	_	Check this be			on discontinued its op						ssets.	-
80					erning body (Part VI, I rs of the governing bo					3		<u>5</u>
es					in calendar year 2022					4		110
viti					f necessary)					6		110 85
\cti				•	Part VIII, column (C),					7a		0.
4					e from Form 990-T, Pa					7ŭ 7b		0.
						- , -			Prior Year		Current Yea	
	8	Contributions	s and grants	(Part VIII, lin	e 1h)				4,451,4	20	4,156,	-
anı			-		ne 2g)				554,1		1,307,	
Revenue		-		-	(A), lines 3, 4, and 7d)				1,2			244.
Re					ines 5, 6d, 8c, 9c, 10c				337,5		290,	
	12	Total revenue	e – add lines	s 8 through 1	1 (must equal Part VII	, column (A), li	ne 12)	[5,344,3		5,755,	
	13	Grants and s	imilar amour	nts paid (Part	IX, column (A), lines	1-3)			319,3		766,	
	14	Benefits paid	to or for me	embers (Part	IX, column (A), line 4)				,-			
		•		-	ee benefits (Part IX, co				2,967,0	76	3,336,	121
ses			•		column (A), line 11e)		-			/0.	3,330,	<u> </u>
ens												
Expen					olumn (D), line 25)							
-					lines 11a-11d, 11f-24e				L,126,6		1,328,	
					equal Part IX, columr				4,413,0		5,430,	
	19	Revenue less	s expenses.	Subtract line	18 from line 12				931,2	94.	324,307.	
s or									ng of Curren		End of Yea	
Net Assets or Fund Balances	20		•						4,146,4		4,627,	
t As Nd B	21	lotal liabilitie	es (Part X, Iu	1e 26)					423,6	68.	580,	760.
		Net assets of	r fund baland	es. Subtract	line 21 from line 20				3,722,7	65.	4,047,	072.
Pa	rt II	Signatu	re Block									
Unde	er penalt	ties of perjury, I de	eclare that I have	examined this re	turn, including accompanying all information of which prep	schedules and state	ments, and to the	he best of n	ny knowledge	and bel	lief, it is true, correct, a	and
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			SAN	DIEGO, C	CA 92123				Phone no.	(85	8) 565-2700	0

X Yes No Form 990 (2022) May the IRS discuss this return with the preparer shown above? See instructions

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

	16		
Form	n 990 (2022) ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		L
-	TO PROVIDE BENEFITS TO THE EDUCATIONAL PROGRAMS AND SERVICES FOR	דעד אדדאא עאאר	OCK
	JOINT COMMUNITY COLLEGE DISTRICT.		
2	Did the organization undertake any significant program services during the year which were not listed on the p		
	Form 990 or 990-EZ?	Yes	Х No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ins to others, the total ex	vpenses,
	and revenue, if any, for each program service reported.		
			<u> </u>
4a	a (Code:) (Expenses \$ 4,004,586. including grants of \$) (Revenue \$)
	OPERATION OF THE PACIFIC CONSERVATORY OF PERFORMING ARTS (PCPA)		
4b	(Code:) (Expenses \$ 766, 388. including grants of \$ 766, 388.) (Revenue \$)
	SCHOLARSHIPS AWARDED TO STUDENTS BASED ON MERIT		
4c	: (Code:) (Expenses \$ 513,738. including grants of \$) ((Revenue \$)
	STUDENT BODY GOVERNMENT (ASSOCIATED STUDENT TRUST OR AST) ATHLET	C ACTIVITIES PR	OVIDED
	FOR THE STUDENTS AND OTHER SUPPORT OF THE ALLAN HANCOCK JOINT CO		
	DISTRICT.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	• Total program service expenses 5,284,712.		

Form 990 (2022) ALLAN HANCOCK COLLEGE AUXILIARY Part IV Checklist of Required Schedules

1	Is the exampletion described in section E01(a)(2) or $1047(a)(1)$ (other than a private foundation)? If "Vec." complete		Yes	No
I	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 I.</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? <i>If "Yes," complete Schedule D, Part I</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? If "Yes," complete Schedule D, Part III.	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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
с	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.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		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
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		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? <i>If "Yes," complete Schedule G, Part II</i>	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? <i>If "Yes," complete Schedule H</i>	19 20a		X
	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
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Form 990 (2					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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		х
	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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 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? <i>If "Yes," complete Schedule M</i>	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a37Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Parl	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 110			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	I	Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	do		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1	Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?	7¢		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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С	Did the organization regularly and consistently monitor and enforce compliance with <i>Schedule O how this was done</i>
13	Did the organization have a written whistleblower policy?
14	Did the organization have a written document retention and destruction policy?

Section A. Governing Body and Management

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.

1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	5			
b	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 officer, director, trustee, or key employee?		h any other	2		Х
3	Did the organization delegate control over management duties customarily performed by or under th of officers, directors, trustees, or key employees to a management company or other person	e dire ?	ct supervision	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 organizat	tion's	assets?	5		Х
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?SEESCHEDULE.O			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers	, SEE SCH O	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during	the year by			
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannorganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .			9		Х
Sec	tion B. Policies (This Section B requests information about policies not req	uirec	by the Internal Re	evenu		de.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	S	EE SCHEDULE O	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could	give rise	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Schedule O how this was done</i>			12c		Х
	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?			14		Х
	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and der	cision	?			
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization.			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps t organization's exempt status with respect to such arrangements?	to safe	eguard the	16b		
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 available for public inspection. Indicate how you made these available. Check all that apply.			1(c)(3	B)s onl	y)
			olain on Schedule O)			
19 20	Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest public during the tax year. SEE SCHEDULE O			ble to		

State the name, address, and telephone number of the person who possesses the organization's books and records. 20 KELI SEYFERT 800 S. COLLEGE DRIVE SANTA MARIA CA 93454 805-922-6966

Yes

No

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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		<u> </u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending vorganization's tax year.	with or within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C))					
(A) Name and title	(B) Average hours per	thar	n one s both dire	box, an c ector/	unles officer /truste		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) KEVIN WALTHERS PH. D PRESIDENT	$-\frac{1}{40}-$	х						0.	303,335.	71,459.
(2) ERIC D. SMITH TREASURER	$-\frac{1}{40}-$	Х						0.	249,061.	71,311.
(3) ROBERT CURRY PH. D. SECRETARY	$-\frac{1}{40}$	Х						0.	213,545.	50,682.
(4) FRED PATRICK FACULTY REP	$-\frac{1}{40}$	Х						0.	145,483.	43,019.
(5) ALEJANDRA ENCISO MEDINA COLLEGE TRUSTEE	$\frac{1}{1}$	х						0.	2,700.	5,260.
ORA_SHRECENGOST STUDENT_REP	$\frac{1}{1}$	Х						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
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Part VII Section A. Officers, Directors, Tru	1	Key	En		-	es, a	anc	d Highest Con	pensated Emp	oyees (continued)
(A) Name and title	(B) Average hours per week	box offi	, unle cer ar	ess pe nd a d	sition more erson directo	than is both pr/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)		•								
(24)		•								
(25)										
1b Subtotal	•							0.	914,124.	241,731.
c Total from continuation sheets to Part VII, Section								0.	0.	0.
d Total (add lines 1b and 1c)								0.	914,124.	241,731.
2 Total number of individuals (including but not limited from the organization 0	to those I	isted	abo	ve) v	who	receiv	ved	more than \$100,00	U of reportable comp	
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc."	tor, truste	e, ke	ey e	mplo	oyee	e, or l	high	nest compensated	employee	Yes No 3 X
 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual. 	ⁱ reportab er than \$1	le co 50,0	mpe 00?	ensa If "\	ition Y <i>es,</i>	and " <i>con</i>	oth nple	er compensation ete Schedule J for	from	
5 Did any person listed on line 1a receive or accruding for services rendered to the organization? If "Yes	e comper s," comple	isatio e <i>te S</i>	on fr Sche	om dule	any s J fo	unre or sud	late ch p	ed organization or	individual	
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. Report compen 	sated inde sation for	epen the c	den alen	t cor dar <u>y</u>	ntrao year	ctors endii	tha ng w	It received more the two the two the two tests and the two tests and the test of test	han \$100,000 of ganization's tax year	
(A) Name and business add	ress							(B) Description		(C) Compensation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization	out not lim 0	ited t	o tha	ose I	istec	l abov	ve) v	who received more	than	

Form 990 (2022) ALLAN HANCOCK COLLEGE AUXILIARY

Part VIII Statement of Revenue

			(A) Total revenue	(B) Deleted er	(C)	(D)
			rotar revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512-514
n 1a	a Federated campaigns 1a			Tovondo		012 011
į I	b Membership dues					
	c Fundraising events					
5 (d Related organizations 1d	3,059,848.				
•	e Government grants (contributions) 1e					
<u>p</u>	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,096,407.				
	g Noncash contributions included in lines 1a-1f					
5 H	h Total. Add lines 1a-1f		4,156,255.			
		Business Code				
2a		711110	1,273,644.	1,273,644.		
ŀ	• <u>OTHER PERFORMING ARTS</u>	711300	33,565.	33,565.		
0	c					
0	d					
6	e					
1	f All other program service revenue					
9	g Total. Add lines 2a-2f		1,307,209.			
3	other similar amounts)		1,244.			1,24
4	Income from investment of tax-exem					
5	Royalties					
6.	a Gross rents	(ii) Personal				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
	(i) Securities	(ii) Other				
/2	a Gross amount from sales of assets	.,				
	other than inventory					
1	b Less: cost or other basis and sales expenses 7b					
6	c Gain or (loss) 7c					
	d Net gain or (loss)					
88	a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c).					
		Ba 5,970.				
ł		Bb 5,138.				
	د Net income or (loss) from fundraising		832.			
	a Gross income from gaming activities.	9a	002.			
		9b				
	c Net income or (loss) from gaming act					
	a Gross sales of inventory, less	0a				
		0b				
	c Net income or (loss) from sales of inv					
+		Business Code				
11a	a TRANSFERS IN	900099	177,047.	177,047.		
	• MISCELLANEOUS REVENUE	900099	112,494.	112,494.		
		500055	114,474.	114, 171.		
	d All other revenue					
	e Total. Add lines 11a-11d	L	289,541.			
-	Total revenue. See instructions		5,755,081.	1,596,750.	0.	1,244

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	*		line in this Part IX		
6b, 1	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	766,422.	766,422.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
	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	2,692,582.	2,692,582.		-
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	643,539.	643,539.		
10	Payroll taxes				
	Fees for services (nonemployees):				
	Management				
	Accounting				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion.	111,330.		111,330.	
13	Office expenses	-34,242.	-34,242.		
14	Information technology.	51,499.	51,499.		
15	Royalties	154,217.	154,217.		
16	Occupancy				
17		32,943.	32,943.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,357.	6,357.		
20	Interest				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization				
23 24	Insurance 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.).				
а	INTRAFUND_TRANSFRS_OUT	208,061.	208,061.		
	FIELD TRIPS	184,865.	184,865.		
с	SHOW MATERIALS RENTALS	112,902.	112,902.		
d	INDIVIDUAL CONTRACTORS	71,166.	71,166.		
	All other expenses.	429,133.	394,401.	34,732.	
25	Total functional expenses. Add lines 1 through 24e	5,430,774.	5,284,712.	146,062.	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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Form 990 (2022) ALLAN HANCOCK COLLEGE AUXILIARY Part X Balance Sheet

	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	3,558,079.	1	4,257,779
2	Savings and temporary cash investments.	, ,	2	, ,
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	135,619.	4	113,215
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
	Inventories for sale or use.		8	
set 9	Prepaid expenses and deferred charges.	100 705	9	256 020
S S		182,735.	9	256,838
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.			
ł	b Less: accumulated depreciation 10b		10c	
11	Investments – publicly traded securities.		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11	270,000.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,146,433.	16	4,627,832
17	Accounts payable and accrued expenses	68,433.	17	117,495
18	Grants payable	055 005	18	460.065
19		355,235.	19	463,265
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
21 21 22 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	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25	423,668.	26	580,760
ces	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	,		,
<u>1</u> 27	Net assets without donor restrictions		27	
0 28	Net assets with donor restrictions		28	
Net Assets or Fund Balances 25 15 05 15 15 25 25 25 25 25 25 25 25 25 25 25 25 25	Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
<u>8</u> 30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ອິ່ງ ທີ່ 31	Retained earnings, endowment, accumulated income, or other funds	3,722,765.	31	4,047,072
X 32	Total net assets or fund balances	3,722,765.	32	4,047,072
N 33	Total liabilities and net assets/fund balances.	4,146,433.	33	4,627,832
2 <u>3</u> 3AA	TEEA0111L 09/01/22	4,140,433.	55	4,627,832 Form 990 (2022

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Forn	n 990 (2022) ALLAN HANCOCK COLLEGE AUXILIARY 95	-1803920		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1			5,75	55,C)81.
2	Total expenses (must equal Part IX, column (A), line 25)		5,43	30,7	774.
3	Revenue less expenses. Subtract line 2 from line 1		32	24,3	307.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).		3,72	22,7	/65.
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).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,04	л л (172
Pa	rt XII Financial Statements and Reporting		4,0	4/, C	112.
	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 SEE SCH. ()			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	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 review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a			
b) 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 sepa basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	rate			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		3a		Х
Ł	• If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
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			27						
SCHEDULE A		Public Chari	OMB No. 1545-0047						
(Form 990)	Com	plete if the organiza 4947(a	2022						
		•	ch to Form 990 or Form				Open to Public		
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/For	m990 for instructions a	and the la	atest inf	ormation.	Inspection		
		OCK COLLEGE A	UXILIARY			Employer identific 95-180392			
			organizations must	comple	ete this				
The organization is not	a private found	lation because it is: ((For lines 1 through 12,	check or	nly one	box.)			
			hurches described in sec	•	o)(1)(A)(i	i).			
			tach Schedule E (Form nization described in se		/h\/1\/A	VIII)			
			unction with a hospital				inter the hospital's		
name, city, a	-	····· · · · · · · · · · · · · · · ·							
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
in section 17	0(b)(1)(A)(vi).(Complete Part II.)	part of its support from a		ental uni	t or from the general pu	blic described		
			(A)(vi). (Complete Part	-					
			ction 170(b)(1)(A)(ix) oper e (see instructions). Ente						
university:									
investment in	come and unre	y receives (1) more t exempt functions, sul lated business taxab 509(a)(2). (Complete	han 33-1/3% of its supplied to certain exception le income (less section Part III.)	port from ons; and 511 tax)	contribi (2) no n from bu	utions, membership fe hore than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after		
			ely to test for public saf	ety. See	section	509(a)(4).			
12 An organizati	on organized ar	nd operated exclusive	ely for the benefit of, to ed in section 509(a)(1) (perform	the fun	ctions of, or to carry o	ut the purposes of one (3) Check the box on		
lines 12a thro	ough 12d that de	escribes the type of s	supporting organization	and com	plete lin	nes 12e, 12f, and 12g.			
- organization(s	orting organization the power to re t IV, Sections A	gularly appoint or elec	ed, or controlled by its su t a majority of the directo	pported of ors or trus	rganizati tees of tl	on(s), typically by giving he supporting organizati	g the supported on. You must		
management	oporting organiz of the supporting te Part IV, Sect i	organization vested in	controlled in connection the same persons that c	n with its control or	supporte manage	ed organization(s), by the supported organizat	having control or ion(s). You		
organization(s) (see instructi	ons). You must com	tion operated in connectic plete Part IV, Sections	A, D, and	IE.				
functionally in	ntegrated. The c	organization generally	ganization operated in co y must satisfy a distribu 1s A and D, and Part V.	ution real	with its s iirement	upported organization(s and an attentiveness) that is not requirement (see		
e Check this bo	x if the organiz	ation received a writt	ten determination from supporting organization	the IRS t	hat it is	а Туре I, Туре II, Тур	e III functionally		
	-	n about the supporte		1	r				
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>							 		
Total	_								
RAA For Danonwork D	eduction Act N	otica can the Instrum	ctions for Form 990 or	497_F7		Schor	Jula A (Earm 990) 2022		

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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

	tion A. I ublic Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,654,947.	3,579,023.	3,442,366.	4,451,420.	4,156,255.	18,284,011.
2	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	2,654,947.	3,579,023.	3,442,366.	4,451,420.	4,156,255.	18,284,011.
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.
6	Public support. Subtract line 5 from line 4						18,284,011.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,654,947.	3,579,023.	3,442,366.	4,451,420.	4,156,255.	18,284,011.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			840.	1,223.	1,244.	3,307.
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						18,287,318.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						99.98%
	Public support percentage from						99.99%
16a	33-1/3% support test-2022. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2021. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this l	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
_	any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here				section 501(c)(3)	
Sec	tion C. Computation of Pu		-				
15	Public support percentage for 20						olo
16	Public support percentage from a	2021 Schedule A,	Part III, line 15.				olo
Sec	tion D. Computation of Inv					· · ·	
17	Investment income percentage f	or 2022 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	0/0
18	Investment income percentage f			-			00
	33-1/3% support tests – 2022. If is not more than 33-1/3%, check	the organization o	lid not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, and	l line 17
b	33-1/3% support tests—2021. If the 18 is not more than 33-1/3%	the organization c	lid not check a bo	ox on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	Private foundation. If the organi						

BAA

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	105	
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN 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).	5a		
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?	5b		
С	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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 line 10b below.	1 0 a		
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.)	10b		

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5

Yes

1

2

No

Part IV	Supporting Organizations (continued)			
			Yes	No
11 Has	the organization accepted a gift or contribution from any of the following persons?			
a A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
the	governing body of a supported organization?	11a		
b A fa	mily member of a person described on line 11a above?	11b		
c A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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.

2a

2b

3a

Yes

No

ALLAN HANCOCK COLLEGE AUXILIARY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			103920 Faye o
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organized supporting organized support.	trust on No	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 gro income or for management, conservation, or maintenance of property held for production of income (see instructions)	6 ss		
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 sh tax year or assets held for part of year):	hort		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA

Schedule A (Form 990) 2022

95-	1803920	Page

Sche	edule A (Form 990) 2022 ALLAN HANCOCK COLLEG	E AUXILIARY	95	-180	3920 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported organization	s,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive (provide	details		
9	in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			8	
	Line 8 amount divided by line 9 amount			10	
10					<i></i>
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
Ł	• From 2018				
c	: From 2019				
C	From 2020				
e	e From 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
Ł	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
t	Excess from 2019				
	Excess from 2020				
C	Excess from 2021				
e	Excess from 2022				

BAA

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022	ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920	Page 8
III, Ine 12; Part I B, lines 1 and 2; 3a, and 3b; Part V	I Information. Provide the explanations required by Part II V, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Par /, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6 Also complete this part for any additional information. (See in:	1b, and 11c; Part IV, Section t IV, Section E, lines 1c, 2a, 2b, 6, and 8; and Part V, Section E,	

Schedule B (Form 990)

35 PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2	0	22	
2	U	22	

Department	of th	ne T	reasury	
Internal Rev	enue	e Se	ervice	

Attach to Form 990 or Form 990-PF.

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

Name of the organization ALLAN	ne of the organization ALLAN HANCOCK COLLEGE AUXILIARY Employer identification number	
PROGRA	AMS CORPORATION	95-1803920
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ation
	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 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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Schedule B (Form 990) (2022)	1 4 Page 2
Name of organization	Employer identification number
ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>		\$\$428,968.	Person X Payroll Noncash (Complete Part II for
-			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>\$15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>\$13,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
4		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$60,000.	Person X Payroll Noncash (Complete Part II for
		·	noncash contributions.)

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Schedule B (Form 990) (2022)	2 4 Paq	ge 2
Name of organization	Employer identification number	
ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920	

Part I Contrib	Dutors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		 \$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,540.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$30,000.	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
10		 \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		 \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u>		 \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	TEEA0702L 07/22/22		Schedule B (Form 990) (202

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Schedule B (Form 990) (2022)	3 4 Page 2
Name of organization	Employer identification number
ALLAN HANCOCK COLLEGE AUXILIARY 95-1803920	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _		\$ <u>5,020</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _		\$ <u>19,261</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _		\$8,810.	Person X Payroll Image: Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/22/22		chedule B (Form 990) (2022)

)			
Schedule B (Form 990) (2022)		4	4	Page 2
Name of organization		Employer identification num	ber	
ALLAN HANCOCK COLLEGE AUXILIARY		95-1803920		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _		\$7 <u>,500</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _		\$ <u>8,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _		\$ <u>86,924</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u> _		\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/22/22		chedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)	1	1	Page 3
Name of organization	Employer identif	fication nu	mber
ALLAN HANCOCK COLLEGE AUXILIARY	95-18039	20	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received N/A (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Part I (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 (b) Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (See instructions.) (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I Ś BAA

TEEA0703L 07/22/22

Schedule B (Form 990) (2022)

r (10) that total more than \$1,000 for e following line entry. For organizations co ontributions of \$1,000 or less for the year. (se duplicate copies of Part III if additional s (b) Purpose of gift	or the year from any one co mpleting Part III, enter the total of Enter this information once. See in			
xclusively religious, charitable, etc r (10) that total more than \$1,000 f e following line entry. For organizations co ontributions of \$1,000 or less for the year. (se duplicate copies of Part III if additional s (b) Purpose of gift	or the year from any one co mpleting Part III, enter the total of Enter this information once. See in space is needed.	ations described in section 501(c)(7), (8), ntributor. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc., istructions.)		
r (10) that total more than \$1,000 for e following line entry. For organizations co ontributions of \$1,000 or less for the year. (se duplicate copies of Part III if additional s (b) Purpose of gift	or the year from any one co mpleting Part III, enter the total of Enter this information once. See in space is needed.	ntributor. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc., istructions.)\$N/		
/2	(c) Use of gift	(d) Description of how gift is held		
/A				
Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address	s, and ZIP + 4 	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of nift	+		
Transferee's name, address		IIT Relationship of transferor to transferee		
	·, ·····			
	(b) Purpose of gift (b) Purpose of gift Transferee's name, address (b) Purpose of gift (b) Purpose of gift Transferee's name, address	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4		

Schedule B (Form 990) (2022)

SCI		Sun	nlemental Financial S	tatements			OMB No. 1	545-0047
	SCHEDULE D (Form 990)Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.OWNE NO. 1545-0047 2022						22	
Depar Intern	tment of the Treasury al Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.					Open to Inspecti	Public
	of the organization					Employer id	dentification nu	
	LAN HANCOCK OGRAMS CORPO	COLLEGE AUXILIARY RATION				95-180	3920	
Pa			nor Advised Funds or Oth		ds or A	Accounts	-	
	Complete	If the organization answered	"Yes" on Form 990, Part IV, line 6		4.5.1			
1	Total number at a	end of year	(a) Donor advised fu	nds	(b) I	-unds and	other accou	nts
1 2		ntributions to (during year).						
2	55 5	ants from (during year)						
4		at end of year						
5	Did the organizat	ion inform all donors and do	nor advisors in writing that the a	ssets held in dono	r advised	l funds	_	
	are the organizat	ion's property, subject to the	organization's exclusive legal co	ontrol?		· · · · · · · · · L	Yes	No
6	Did the organizat	ion inform all grantees, dong	ors, and donor advisors in writing t of the donor or donor advisor, o	that grant funds of	an be us	sed only		
	impermissible pri	vate benefit?					Yes	No
Pa	t II Conser	vation Easements.				L		
			"Yes" on Form 990, Part IV, line 7					
1	Purpose(s) of cor	nservation easements held b	y the organization (check all that	t apply).				
	Preservation of	of land for public use (for exam	ple, recreation or education)	Preservation	of a histo	orically imp	ortant land	area
	Protection of	natural habitat		Preservation	of a cert	ified histori	c structure	
	Preservation	of open space						
2	Complete lines 2a last day of the ta		held a qualified conservation contri	bution in the form o	f a conse	rvation ease	ment on the	
	-					Held at the	End of the	Tax Year
ä	a Total number of o	conservation easements			2a			
I) Total acreage res	stricted by conservation ease	ments		2 b			
(Number of conse	rvation easements on a certi	fied historic structure included ir	ı (a)	2 c			
(Number of conse historic structure	rvation easements included i listed in the National Registe	in (c) acquired after July 25, 200	6 and not on a	2 d			
3			nsferred, released, extinguished, or		organizati	on during th	e	
4	Number of states	where property subject to co	onservation easement is located					
5			egarding the periodic monitoring, nts it holds?				Yes	No
6			inspecting, handling of violations, a					
7	Amount of expense	es incurred in monitoring, insp	ecting, handling of violations, and e	enforcing conservation	on easem	ents during	the year	
8	Does each conse and section 170(h	rvation easement reported o n)(4)(B)(ii)?	n line 2(d) above satisfy the requ	irements of sectio	on 170(h)	(4)(B)(i)	Yes	No
9	In Part XIII, desci include, if applica conservation eas	able, the text of the footnote	ports conservation easements in to the organization's financial sta	its revenue and ex atements that desc	kpense s cribes the	tatement a e organizati	nd balance on's accour	sheet, and nting for
Pa	t III Organiz	zations Maintaining Co	Ilections of Art, Historical "Yes" on Form 990, Part IV, line 8	Treasures, or	Other \$	Similar A	ssets.	
1	•	•	r FASB ASC 958, not to report in		monter	d balance -	boot work-	ofort
1 6	historical treasure	es, or other similar assets he	al statements that describes these	n, or research in fi	urtheranc	te of public	service, pro	or art, ovide in
I	following amount	s relating to these items.	r FASB ASC 958, to report in its or public exhibition, education, or r					
	(i) Revenue incl	uded on Form 990, Part VIII,	line 1			\$		
	(ii) Assets includ	led in Form 990, Part X				Ş		
2	If the organization amounts required	received or held works of art, I I to be reported under FASB	historical treasures, or other similar ASC 958 relating to these items	assets for financial	gain, pro	ovide the fol	lowing	
ä	a Revenue included	d on Form 990, Part VIII, line				\$		
_								
BAA	For Paperwork R	Reduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 07/	/06/22	Sched	lule D (Form	1 990) 2022

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

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 ALLA					-1803920	Page 2
Part III Organizations Main						ntinuea)
3 Using the organization's acquisition items (check all that apply):	1, accession, an			make significant use	of its collection	
a Public exhibition			or exchange program			
b Scholarly research c Preservation for future gene	rations	e Other				
 c Preservation for future gene 4 Provide a description of the organization 		ons and explain how the	y further the organizatior	n's exempt purpose i	in	
Part XIII.5 During the year, did the organiza to be sold to raise funds rather t			-			
Part IV Escrow and Custor reported an amount on Fi	lial Arrange	ments. Complete if t				or No
1 a is the organization an agent, tru	stee. custodiar	n or other intermediary	for contributions or otl	her assets not inclu	uded	
on Form 990, Part X?					Yes	No
b If "Yes," explain the arrangement i	n Part XIII and o	complete the following ta	able:		A rea a ruat	
• Paginning balance				1.0	Amount	
c Beginning balance d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an a					Yes	No
b If "Yes," explain the arrangement				-		
						· ·
Part V Endowment Funds	Complete if th	e organization answere	d "Yes" on Form 990 P	Part IV line 10		
	(a) Current		1	1	s back (e) Four	years back
1 a Beginning of year balance	., ,					Jouro Suon
b Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	je of the currer	nt year end balance (lin	ne 1g, column (a)) held	d as:		
a Board designated or quasi-endo		00				
b Permanent endowment	0/0					
c Term endowment	0/0					
The percentages on lines 2a, 2b, a	nd 2c should ec	ual 100%.				
3a Are there endowment funds not in	the possession	of the organization that	are held and administere	ed for the		
organization by:		3			Y	es No
(i) Unrelated organizations					.,	
(ii) Related organizations						
b If "Yes" on line 3a(ii), are the re	-				3b	
4 Describe in Part XIII the intende			ent funds.			
Part VI Land, Buildings, an						
Complete if the organizat	ion answered "	Yes" on Form 990, Part	IV, line 11a. See Form	990, Part X, line 10		
Description of property	((a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulate depreciation	ed (d) Boo	k value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other	<u></u> .					
Total. Add lines 1a through 1e. (Colum	nn (d) must eq	ual Form 990, Part X,	column (B), line 10c.).			0.
BAA				:	Schedule D (Form	990) 2022

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered "Yes" on			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
. ,	l derivatives			
., ,	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
$\frac{(E)}{(F)}$ – – – –				
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments – Program Related.		N/A	
	Complete if the organization answered "Yes" on		11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" on	scription	TTd. See Form 990, Part X, line 15.	(b) Book value
(1)	(4)			(4)
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, column (l	B) line 15.)		
Part X	Other Liabilities.			
1	Complete if the organization answered "Yes" on	ption of liability	The or Th. See Form 990, Part X, line 2	(b) Book value
1. (1) Federa	l income taxes			(b) BOOK Value
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				<u> </u>
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, column (B) line 25.)			

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

Λ	F
4	3

Schedule D (Form 990) 2022 ALLAN HANCOCK COLLEGE AUXILIARY	9	5-18039	20 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<u> </u>	
1 Total revenue, gains, and other support per audited financial statements		1	5,755,081.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e	
3 Subtract line 2e from line 1		3	5,755,081.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	5,755,081.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements		1	5,430,774.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			-,, -
a Donated services and use of facilities	2a		
b Prior year adjustments		_	
	2 b		
c Other losses		-	
c Other losses.	2c		
c Other losses. d Other (Describe in Part XIII.)	2 c 2 d	2e	
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d .	2 c 2 d		5 430 774
 c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 	2 c 2 d		5,430,774.
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d .	2 c 2 d		5,430,774.
 c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2 c 2 d 4 a		5,430,774.
 c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 	2 c 2 d 4 a 4 b	3	5,430,774.
 c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 	2 c 2 d 4 a 4 b	3 4c	5,430,774.

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

BAA

				46				
SCHEDULE I (Form 990)		Gov	rants and Ot	her Assistance nd Individuals i	to Organizatior	IS, ates	_	OMB No. 1545-0047
			,	on answered "Yes" on I				2022
Department of the Treasury Internal Revenue Service		oompic	-	Attach to Form 990. s.gov/Form990 for the I				Open to Public Inspection
Name of the organization ALLA	N HANCOCK	COLLEGE AUXI	LIARY				Employer identific	cation number
	RAMS CORP						95-180392	20
		rants and Assista						
	sed to award t	he grants or assistant	ce?					X Yes No
2 Describe in Part IV the o						-	PART IV	/ II
Part II Grants and Ot Form 990, Part				more than \$5,000.				
1 (a) Name and address of a or government	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
<u>(4)</u>								
(5)								
(6)								
(7)								
<u></u>								
(8)								
2 Enter total number of a	postion E01(a)	(2) and government a	rappizationa listad	in the line 1 table				
2 Enter total number of s3 Enter total number of s			-					0
BAA For Paperwork Reduct	5				TEEA3901L		Sched	ule I (Form 990) 2022

Schedule I (Form 990) 2022 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 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	96	766,422.							
2									
3									
4									
5									
6									
7									
Deut IV Consultance del la Consultance Deux	I a lla a lla Campa all'au	Deal I		Leave de Verse et la companya de la	and a shall the second the design 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

THEATERFEST DIVISION OF THE CORPORATION IS GENERALLY RESPONSIBLE FOR DISTRIBUTING AND

MONITORING SCHOLARSHIPS.

95-1803920

Page 2

SCHEDULE J	48 SCHEDULE J Compensation Information							
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Complete if the organization answered "Yes" of	nd Highest Compensated Employees	20	22				
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form</i> 990 for instructions a		Open to Inspe	Publiction	ic			
Name of the organization	ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION	Employer identifica 95-180392						
Part I Question	s Regarding Compensation		0					
				Yes	No			
1a Check the appropute VII, Section A,	priate box(es) if the organization provided any of the following to o ine 1a. Complete Part III to provide any relevant information	r for a person listed on Form 990, Part regarding these items.						
First-class of	r charter travel Housing all	owance or residence for personal use						
Travel for c	pmpanions Payments f	or business use of personal residence						
Tax indemn	ification and gross-up payments Health or so	ocial club dues or initiation fees						
Discretional	y spending account	ervices (such as maid, chauffeur, chef)						
b If any of the boy	s on line 1a are checked, did the organization follow a written pol	icy regarding payment or						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain								
	tion require substantiation prior to reimbursing or allowing ex ficers, including the CEO/Executive Director, regarding the ite		2					
Executive Direc	any, of the following the organization used to establish the compe- cor. Check all that apply. Do not check any boxes for methods insation of the CEO/Executive Director, but explain in Part III	s used by a related organization to						
Compensat	on committee Written em	ployment contract						
Independen	t compensation consultant	ion survey or study						
Form 990 o	other organizations	y the board or compensation committee	e					
	did any person listed on Form 990, Part VII, Section A, line a related organization:	1a, with respect to the filing						
	ance payment or change-of-control payment?				Х			
•	receive payment from a supplemental nonqualified retirement				Х			
	receive payment from an equity-based compensation arrang lines 4a-c, list the persons and provide the applicable amounts for	•	4c		Х			
IT TES to driy of	Thes 4a-c, list the persons and provide the applicable amounts it							
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complet	te lines 5-9.						
5 For persons liste contingent on the	d on Form 990, Part VII, Section A, line 1a, did the organization p e revenues of:	ay or accrue any compensation						
a The organizatio	1?		5a		Х			
	anization?		5b		Х			
	a or 5b, describe in Part III.							
contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization p e net earnings of:							
	1?				Х			
	anization?		6b		Х			
	a or 6b, describe in Part III.							
✓ For persons list payments not d	ed on Form 990, Part VII, Section A, line 1a, did the organiza escribed on lines 5 and 6? If "Yes," describe in Part III	ition provide any nonfixed	· · · · · 7		Х			
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant tract exception described in Regulations section 53.4958-4(a)	to a contract that was subject						
lf "Yes," describ	e in Part III.	,(J):	8		Х			
a If "Voc" on line a	, did the organization also follow the rebuttable presumption proce	adure described in Poquilations						
section 53.4958	-6(c)?		9					
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)	2022			

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

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

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

		(B) Breakdown of W-2 ar	nd/or 1099-MISC and/o	r 1099-NEC compensation	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN WALTHERS PH. D.	(i)	0.	0.	0.	0.	0.	0.	0.
1 PRESIDENT	(ii)	303,335.	0.	0.	0.	71,459.	374,794.	0.
ERIC D. SMITH	(i)	0.	0.	0.	0.	0.	0.	0.
2 TREASURER	(ii)	249,061.	0.	0.	0.	71,311.	320,372.	0.
FRED PATRICK	(i)	0.	0.	0.	0.	0.	0.	0.
3 FACULTY REP	(ii)	145,483.	0.	0.	0.	43,019.	188,502.	0.
ROBERT CURRY PH. D.	(i)	0.	0.	0.	0.	0.	0.	0.
4 SECRETARY	(ii)	213,545.	0.	0.	0.	50,682.	264,227.	0.
	(i)						\bot	
5	(ii)							
	(i)						\bot	
6	(ii)							
	(i)						L	
7	(ii)							
	(i)						L	
8	(ii)							
	(i)							
9	(ii)							
	(i)						L	
10	(ii)							
	(i)						L	
<u>11</u>	(ii)							
	(i)						L	
12	(ii)							
	(i)						\bot	
13	(ii)							
	(i)							
14	(ii)							
	(i)						L	
15	(ii)							
	(i)							
16	(ii)							
BAA			TEEA4102L 07/25	5/22			Schedule .	J (Form 990) 2022

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Page 2

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-1803920

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

FORM 990, PART VI, LINE 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

SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-1803920

Department of the Treasury Internal Revenue Service

Name of the organization	7 T T 7 NT	UNCOCK		
5	ALLAN	HANCOCK	COLLEGE	AUXILIARY
	PROGRA	AMS CORPO	ORATION	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlled	j) (b)(13) d entity?
						Yes	No
(1) ALLAN HANCOCK JOINT CCD 800 S. COLLEGE DR. SANTA MARIA, CA 93454							
95-6000940	EDUCATION	CA	115		N/A		Х
(2) ALLAN HANCOCK COLLEGE FOUNDATION 800 S COLLEGE DRIVE SANTA MARIA, CA 93454 95-3143396 (3)	SUPPORT OF THE ALLAN HANCOCK JOINT CCD	CA	501 (C) (3)	LINE 5	N/A		X
<u>(4)</u>							

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

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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	Disp tio	h) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form	Gene mana parti	ral or aging	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												
	1											
		·	.									
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part												

IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 5120 controlled) (b)(13) d entity?
		country)	entity	01 (1031)				Yes	No
(1)									
	Ī								
(2)									
	Ī								
	Ī								
	Ī								
(3)									
	Ī								
	Ī								
	†								
ВАА		TEEA	5002L 07/21/22	•			Schedule R (I	orm 990) 2022

Schedule R (Form 990) 2022 ALLAN HANCOCK COLLEGE AUXILIARY

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		
 During the tax year, did the organization engage in any of the following transactions with one or more related organization 	ons listed in Parts II-IV/?			Tes	NO		
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)					X		
c Gift, grant, or capital contribution from related organization(s).				Х			
d Loans or loan guarantees to or for related organization(s).				Λ	Х		
e Loans or loan guarantees by related organization(s).					X		
					Λ		
f Dividends from related organization(s)			1f		Х		
g Sale of assets to related organization(s).					X		
h Purchase of assets from related organization(s)					X		
i Exchange of assets with related organization(s)					X		
j Lease of facilities, equipment, or other assets to related organization(s)					X		
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х		
Performance of services or membership or fundraising solicitations for related organization(s)					X		
m Performance of services or membership or fundraising solicitations by related organization(s)				X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X			
o Sharing of paid employees with related organization(s)							
					Х		
p Reimbursement paid to related organization(s) for expenses			1p	Х			
q Reimbursement paid by related organization(s) for expenses.			1q				
			-				
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	covered relationships and tra	nsaction thresholds.					
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d)			
Name of related organization	type (a-s)	Amount involved	amoun	t involv	rinning ved		
(1) ALLAN HANCOCK JOINT CCD	С	2,783,056.		AMOI	INT		
	ŭ	277007000.		11100	/111		
(2) ALLAN HANCOCK COLLEGE FOUNDATION	С	86,924.			זאזיי		
(4) ALLAN HANCOCK COLLEGE FOUNDATION	L	00,924.	ACIUAL	AMOU	JINI		
(3)							
(4)							
(5)							
(6)							
BAA TEEA5003L 07/21/22		Sched	ule R (For	m 990	2022		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated_excluded	sec	e) partners tion c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	tior	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(Yes	No	
(1)													
	1												
	1												
(2)													
	-												
	-												
(3)													
	-												
	1												
	1												
(4)													
	1												
	1												
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BAA

Form 990-1 (and proxy tax under section 6033(e)) 2023 Department of the Tensury For calendar year 2023 or other tax year beginning 7/012022, and ending 6/302023 2024 Department of the Tensury To not enter SN numbers on this form as it may be made public if your organization is a 501(c)(3). Department of the Tensure of the Tensure of the mater tax year beginning 7/012022, and ending 6/302023 Department of the Tensure of the mater tax year be made public if your organization is a 501(c)(3). Department of the Tensure of the tax of the Tensure of the mater tax year be made public if your organization is a 501(c)(3). Department of the Tensure of the Tensure of the Tensure of the tax of the tax of the Tensure of the tax of tax o		Form 990-T	Exe	empt Organiza	ation Busine	SS	Income T	ax Return		OMB No. 1545-0047
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	ł				-				<u>م</u>	2022
Dependent of the Universe Do not enter SN numbers on this form as it may be made public if your organization is a 501(c)(3) Opene to Pablic Research or Section Programmatics of the Universe Oninof the Universe Oniverse of the Universe of the Uni		F	-	-					02.	
A Check box if and charged and see instructions.) D Employe identification number B Exempt under section ALLAN HANCOCK COLLEGE AUXILIARY 95-1803920 B Exempt under section Print NGGRAMS CORPORATION B00 S. COLLEGE DR. B 2000 220(a) 220(b) SANTA MARIA, CA 93454 F C Group cargin functions B C Check organization type. XMTA MARIA, CA 93454 F C method of etum. C Check organization type. XMTA MARIA, CA 93454 F C method of etum. C Check organization type. XMTA MARIA, CA 93454 C method of etum. State college/university C Theck if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation I I Add (res.) State college/university C The book serie in care of Keduel & Scheduel & (rorm 90-7). 1 I I No I K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes Yes No If "res." enter the name and identifying number of the parent corporation I I total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). See 0 Sector 1	Depa	artment of the Treasury		-						Open to Public Inspection for
address changed. Print ALLAN HANCOCK COLLEGE AUXILIARY 95-1803020 B Exempt under section Print Openation of the section Print address CompoRation Solic (C) (3) Gold (G) (2) (2) Gold (G) (G) (C) (C) For provide (G) (G) (C) address (G)		Check box if	20 1102 01		-				D	
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Image: Series of the seris of the series of the series of the series										
□ 100A □ 530(a) □	ļ			SANTA MARIA,	CA 93454				F	
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return with a 501(c)(2) titleholding controlled group? Image: Check if a 501(c)(2) organization filing a consolidated filing a consolidated filing a filing a filing a filing a consolidated filing a filing a consolidated filing a consolidated filing a filing a filing a consolidated filing a filing a filing a filing a f										
H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	_					_		4,627,832.		
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation I J Enter the number of attached Schedules A (Form 990-T). 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. It is the books are in care of the parent corporation. 805-922-6966 Part I Total Unrelated Business Taxable Income 805-922-6966 Part I Total Unrelated Business Taxable Income computed from all unrelated trades or businesses (see instructions). 1 0. 2 2 0 3 0. 4 4 5 0. 5 0. 2 0 6 7 0. 3 7 0. 3 0. 8 1,000. 1 0.0 9 10 1,000. 9 1 0. 1 0. 2 0 3 0. 4 5 0. 0 5 0. 0 0 0.						Ц	()			State college/university
J Enter the number of attached Schedules A (Form 990-T)										
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	-		-	-				•		
If "Yes," enter the name and identifying number of the parent corporation Image: Control of the parent corporation Image: The books are in care of KELI SEYFERT 800 S. COLLEGE DRIVE SANTA MARIA CA 93%elephone number 805-922-6966 Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)				-	•					
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instructions). 1 0. 2 Reserved. 3 0. 3 Add lines 1 and 2. 3 0. 4 Charitable contributions (see instructions for limitation rules). 4 3 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3. 5 0. 6 Deduction for net operating loss. See instructions. SEE. ST. 1 6 7 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 0. 8 Specific deduction (generally \$1,000, but see instructions for exceptions). 9 10 1,000. 9 10 1,000. 1 0. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 10 1,000. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). 1 0. 2 2 Part II Tax rate schedule or Schedule D (Form 1041). 3 3 0 9 Proxy tax. See instructions 4 4 4 4 10 Organizations taxable as tructions sontex 3 0 4 4 5 5 5 5 5									1	
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5 Alternative minimum tax (trusts only) 5 6 Tax on noncompliant facility income. See instructions. 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. 7 0.	3	Proxy tax. See inst	ructions							3
6 Tax on noncompliant facility income. See instructions. 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. 7 0.	4									-
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies. 7 0.										-
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BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

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Form	1990-⊤ (2022) ALLAN HANCOCK COLLEGE AUXILIARY	95-1803920	Page 2
Par	t III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
	Other credits (see instructions) 1b		
	General business credit. Attach Form 3800 (see instructions) 1c		
	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d		
е	Total credits. Add lines 1a through 1d.		0.
2	Subtract line 1e from Part II, line 7.	2	0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under Control 1224 Fater tax execute long		0
F	section 1294. Enter tax amount here Current net 965 tax liability paid from Form 965-A, Part II, column (k)	4	0.
5		5	
	Payments: A 2021 overpayment credited to 2022 6a 2022 estimated tax payments. Check if section 643(g) election applies 6b		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 6f		
	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total 6g		
7	Total payments. Add lines 6a through 6g.	7	0.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	. 9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunde	d 11	
Par	t IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authorit		Yes No
	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Fin	CEN Form 114,	
	Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?.	Х
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$	0.	
4	Enter available pre-2018 NOL carryovers here \$ 40,710. Do not include any post-2017 N	OL carryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Dor		
	amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-20	17 NOL carryover	
	541800 \$	56,034.	
	\$		
	<u>\$</u>		
	s		
6.2	Did the organization change its method of accounting? (see instructions)	<u>.</u>	X
	If 6a is "Yes", has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If		
5	Part V.		
Dav	t V Supplemental Information		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of belief, it is true, of	f perjury, I declare that I have correct, and complete. Declara	examined this return, including accompanying tion of preparer (other than taxpayer) is based	schedules and statements, on all information of which	and to the best of preparer has any	my knowledge and knowledge.
Sign Here					a anterna t	May the IRS discuss this return with the preparer shown below (see instructions)?
	Signature of office	er	Date	Title		
Paid	Print/Type prepar	er's name	Preparer's signature	Date	Check if	PTIN
Pre-	JOHN DOM	INGUEZ, CPA	JOHN DOMINGUEZ, CPA		self-employed	P01955973
parer	Firm's name	CWDL, CPAS			Firm's EIN	95-3606498
Üse	Firm's address	5151 MURPHY (CANYON RD, STE 135			
Only		SAN DIEGO, CA	A 92123		Phone no.	(858) 565-2700
BAA			TEEA0202 07/05/22			Form 990-T (2022)

SCHEDULE A (Form 990-T)

⁵⁹ Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

	nt of the Treasury evenue Service Do not enter SSN numbers on this form as it may be	made p	oublic if your organization	on is a 501(c)(3).	Open to 501(c)	9 Public Inspection for (3) Organizations Only
A Na	me of the organization ALLAN HANCOCK COLLEGE AUXILIA PROGRAMS CORPORATION	B Employer ide 95-1803920	entificat			
C Unr	related business activity code (see instructions) 541800			D Sequence	: 1	of <u>1</u>
E Des	scribe the unrelated trade or business ADVERTISING RE	VENU	E FROM THEATR	ICAL PERFO	RM	
Part			(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
	Cost of goods sold (Part III, line 8)	2				
	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a				
	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b				
	Capital loss deduction for trusts	4c				
	Income (loss) from a partnership or an S corporation (attach statement)	5				
	Rent income (Part IV).	6				
	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9				
	Exploited exempt activity income (Part VIII)	10				
	Advertising income (Part IX).	11	31,197.	77,9	39.	-46,742.
	Other income (see instructions; attach statement)	12	01/2010			
	Total. Combine lines 3 through 12	13	31,197.	77,9	39.	-46,742.
Part I		imitatio				
1	Compensation of officers, directors, and trustees (Part X)				1	
	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
	Depreciation (attach Form 4562). See instructions					
	Less depreciation claimed in Part III and elsewhere on retur				8b	
	Depletion.				9	
	Contributions to deferred compensation plans				10	
	Employee benefit programs				11	
	Excess exempt expenses (Part VIII)				12 13	
	Excess readership costs (Part IX) Other deductions (attach statement)				14	
	Total deductions. Add lines 1 through 14				15	
	Unrelated business income before net operating loss deduct					
	line 13, column (C)				16	-46,742.
	Deduction for net operating loss. See instructions.				17	
18	Unrelated business taxable income. Subtract line 17 from I)		18	-46,742.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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Schedule A (Form 990-T) 2022 ALLAN HANCOCK COLLEGE AUXILIARY

95-1803920	Page 2
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Part	III Cost of Goods Sold Enter method of inventory valuation			
1	Inventory at beginning of year	1		
2	Purchases	2		
3	Cost of labor	3		
4	Additional section 263A costs (attach statement)	4		
5	Other costs (attach statement)	5		
6	Total. Add lines 1 through 5	6		
7	Inventory at end of year	7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8		
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
Part	IV Rent Income (From Real Property and Personal Property Leased with Real Property	/)		
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See in	struc	tions.	
	Α			
	в П			
	с 🗍			

	D			· · · · · · · · · · · · · · · · · · ·	
2	Rent received or accrued	Α	В	C	D
а	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	s A through D. Enter	here and on Part I, li	ine 6, column (A)	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			_	
5	Total deductions. Add line 4 columns A through	jh D. Enter here an	d on Part I, line 6,	column (B)	
Part	V Unrelated Debt-Financed Income (see	instructions)			

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
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	A B C D				
2	Gross income from or allocable to debt- financed property	A	В	С	D
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt- financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	010	010	olo	010
7	Gross income reportable. Multiply line 2 by line 6.				
8	Total gross income (add line 7, columns A through	D). Enter here and or	Part I, line 7, colum	n (A)	
9	Allocable deductions. Multiply line 3c by line 6				
10 11	Total allocable deductions. Add line 9, columns A t Total dividends - received deductions include				

Schedule A (Form 990-T) 20	22 ALLAN HANCO	CK COLLE	GE AUXI	LIARY		9	5-180)3920	Page 3
Part VI Interest, Ann	uities, Royalties, a	nd Rents f	from Cor	trolled Organ	nizatio	ons (see inst	ruction	s)	
				Exempt Cont	rolled	Organizations			
1 Name of controlled organization	2 Employer identification number	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column that is included i the controlling organization's gross income		connec	ons directly tted with n column 5
(1)									
(2)									
(3)									
(4)									
	•	Nonexer	npt Contro	lled Organization	S				
7 Taxable income	8 Net unrelated income (loss) (see instructions)		of specified nts made	included in	column 9 that is n the controlling n's gross income			11 Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4)									
Part VII Investment In 1 Description of incor	ncome of a Section	1 501(c)(7) ,	, (9), or (1 3 D direct			,		column (f	uctions and es (add
(1)				-					
(2)									
(3)									
(4)									
Totals	Enter here a line 9, co	Add amounts in column 2. Enter here and on Part I, line 9, column (A)						dd amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII Exploited Ex	empt Activity Incor	ne, Other	Than Ad	vertising Inco	me (s	see instruction	าร)		
1 Description of exploi		,		5			·		
• •		do or hucin	occ Ento	r hara and an F	Dart I	line 10 col	(1)	2	
 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B). 							2		
4 Net income (loss) fro	 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7. 						ete	4	
5 Gross income from a								5	
	2							6	
	6 Expenses attributable to income entered of7 Excess exempt expenses. Subtract line 5							5	

BAA

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7

line 4. Enter here and on Part II, line 12.....

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BAA

Part IX Advertising Income		.1		100372	
1 Name(s) of periodical(s). Check box if reportin	ig two or more perio	odicals on a co	onsolidated bas	is.	
A X ENCORE AND PRELUDE PROGRAMS B C D D					
Enter amounts for each periodical listed above in the	e corresponding col	umn.			
	A	В	C		D
2 Gross advertising income	- / - ·				
a Add columns A through D. Enter here and on Pa	art I, line 11, colum	n (A)		· · · · · · · · ·	31,197.
3 Direct advertising costs by periodical	77,939.				
a Add columns A through D. Enter here and on Pa	art I, line 11, colum	n (B)			77,939.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7,					
and enter zero on line 8	-46,742.				
5 Readership costs	-40,742.				
6 Circulation income					
 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero. 					
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7					
a Add line 8, columns A through D. Enter the grea Part II, line 13	· · · · · · · · · · · · · · · · · · ·				
Part X Compensation of Officers, Directors,	and Trustees (see	e instructions)		1	
1 Name	2 Title	e	3 Percent of time devoted to business		sation attributable lated business
			0\0		
			010		
			%		
Total. Enter here and on Part II, line 1			90		
Part XI Supplemental Information (see instruction)				I	

Schedule A (Form 990-T) 2022

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FEDERAL STATEMENTS ALLAN HANCOCK COLLEGE AUXILIARY PROGRAMS CORPORATION

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STATEMENT 1 FORM 990-T, PART I, LINE 6 NET OPERATING LOSS DEDUCTION

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR40,710.PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 60.TOTAL PRE-2018 NOLS APPLIED0.PRE-2018 NOLS EXPIRING THIS TAX YEAR0.PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS40,710.

STATEMENT 2 SCHEDULE A, PART II, LINE 17 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	0	RIGINAL LOSS	LOSS PREVIOUSLY USED	A	LOSS VAILABLE	_
6/30/20 6/30/22 NET OPERATING LOSS 7	\$ AVAILABLE	27,732. 28,302.		0. \$ 0.	27,732. 28,302. \$ 56,034.	-
TAXABLE INCOME 80% OF TAXABLE INCO NET OPERATING LOSS 1	ME				\$ -46,742. \$ -37,394.	_