efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493116021374 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 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. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023 D Employer identification number B Check if applicable: HARTNELL COLLEGE FOUNDATION □ Address change 94-2781664 ■ Name change Doing business as ☐ Initial return. ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) ☐ Amended return. 411 CENTRAL AVENUE lacksquare Application pending (831) 755-6810 City or town, state or province, country, and ZIP or foreign postal code SALINAS, CA 93901 **G** Gross receipts \$ 7,856,291 F Name and address of principal officer: H(a) Is this a group return for Kerry Varney □Yes ☑No subordinates? 411 CENTRAL AVENUE H(b) Are all subordinates SALINAS, CA 93901 ☐ Yes ☐No included? Tax-exempt status:  $\checkmark$  S01(c)(3)  $\bigcirc$  S01(c)( )  $\blacktriangleleft$  (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. Website: ► WWW.HARTNELLFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization:  $oxed{oxed}$  Corporation  $oxed{oxed}$  Trust  $oxed{oxed}$  Association  $oxed{oxed}$  Other lacktriangleL Year of formation: 1979 M State of legal domicile: CA 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF HARTNELL COLLEGE FOUNDATION IS TO CULTIVATE RESOURCES TO CHAMPION STUDENT SUCCESS. Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 3 28 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 237 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 4,957,280 8 Contributions and grants (Part VIII, line 1h) . 11,649,565 Ravenue 9 Program service revenue (Part VIII, line 2g) 1,231,758 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 998,288 985.687 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 298,270 331,561 12,933,522 7,518,887 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 712.972 1,001,257 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 472,411 615,059 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶343,427 7,389,182 6,371,821 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 8,574,565 7,988,137 19 Revenue less expenses. Subtract line 18 from line 12 . 4,358,957 -469,250 Net Assets or Fund Balances Beginning of Current Year End of Year 52,598,427 52,657,248 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,544,560 1,197,232 22 Net assets or fund balances. Subtract line 21 from line 20 51,053,867 51,460,016 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2024-04-25 Signature of officer Sign Here Kerry Varney President Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If P01955973 Paid self-employed Firm's EIN > 95-3606498 Preparer Use Only Firm's address ► 5151 Murphy Canyon Rd Ste 135 Phone no. (858) 565-2700 San Diego, CA 92123 🗹 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Form	990 (2022)					Page 2
Pa	rill Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	rganization's mission:				
THE	MISSION OF HARTNEL	L COLLEGE FOUNDATION	ON IS TO CULTI	VATE RESOURCES TO CHAI	MPION STUDENT SUCCESS.	
2	Did the organization	undertake any significa	ant program ser	vices during the year which	were not listed on	
	the prior Form 990 o	r 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	se new services on Sch	nedule O.			
3	Did the organization	cease conducting, or m	nake significant	changes in how it conducts	, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O.			
4	Section $501(c)(3)$ an		ons are required	I to report the amount of gi	gest program services, as measu rants and allocations to others, th	
4a	(Code:	) (Expenses \$	6,876,168	including grants of \$	) (Revenue \$	)
	See Additional Data					
4b	(Code:	) (Expenses 5		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program service	ces (Describe in Schede	ule O.)			
	(Expenses S	•	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	/ice expenses ►	6,876,1	.68		
						Form 990 (2022)

19

18

19

20a

20b

Yes

No

No

No

	990 (2022)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 📆	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 👺	11b		No
	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		No
	Did the organization report an amount for other assets in Parl X, line 15 that is 5% or more of its total assets reported in Parl X, line 16? If "Yes," complete Schedule D, Parl IX 🛸	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛂	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than S15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I. See instructions.	17		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

rm (	990 (2022)			Page
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Parl VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
5	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ŀ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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		No
	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? If "Yes," complete Schedule L, Part II	26		No
	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</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	2 <b>8</b> b		No
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	2 <b>8</b> c		No
	Did the organization receive more than s25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🧢 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	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	Yes	
arl	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			므
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 241			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0	ı		

1c

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage B
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
ь	If "Yes," enter the name of the foreign country: \( \) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	"		
	not tax deductible?	6b		
				No
	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?			No ——
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
þ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	]		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь	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		
ь	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	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			
c	Enter the amount of reserves on hand	i l		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.	igsqcup		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		_

orm	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	io" resp	onse to	
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar approximate analysis is Schools 0.			
b	similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Nο
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.) Yes	No
1 fta	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		140
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Yes	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
\$e	ction 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 Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
10	Describe in Schedule Q whether (and if so, how) the organization made its governing documents, conflict of interest			

policy, and financial statements available to the public during the tax year.

20

State the name, address, and telephone number of the person who possesses the organization's books and records: 

\*\*JACQUELINE CRUZ\*\* 411 CENTRAL AVENUE\*\* SALINAS, CA 93901 (831) 755-6810

Name and title

Part VII

year.

(F)

Estimated

amount of other

compensation

Page 7

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

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

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

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, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

Reportable

compensation

from related

Average

hours per

week (list

	any hours for related	-1-1-1 L					organizations	from the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
See Additional Data Table										
			_							
1	1	ı				ı		1		I

compensation from the organization > 0

(B)

Part VII

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

(D)

Page 8

	hours per week (list any hours) both an officer and a from the any hours for rollars for rollars.									compensation from related organizations		Estima amount o compens from l organizati	f other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		099-NEC)	MISC/1099-NE		relati organiza	ed
See	Additional Data Table													
						_		_			-	_		
						_						+		
						_		<u> </u>				_		
												+		
												$\prod$		
c '	Sub-Total	art VII, Section	Α.		•						301,01	1		124,742
2	Total number of individuals (including	g but not limited	to thos			bove	e) who	rec	eived mo	re than \$1	· ·	<u>+1</u>		124,742
	of reportable compensation from the	organization 🖊											Yes	No
3	Did the organization list any former line 1a? If "Yes," complete Schedule			ee, k	ey eı	mple •	oyee,	or hi	ghest cor	mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a recesservices rendered to the organization		•						-			5		No
S	ection B. Independent Contract	tors												
1	Complete this table for your five high from the organization. Report compe											npens	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services		(C Compen	

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

		(2022)		<b>*</b> ======						Page 9
Pan	VIII	<del></del>			resno	nse or note to anv	line in this Part VIII			🗆
		annual of the letter		Section 18	2200	30 00 000 00 000	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 - 514
s 2	1a	Federated campaig	gns		.a		Į.	revenue		226 327
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	•	. [3	b					
ي ق	¢	Fundraising events	•	· <u>[</u> 1	ic	415,040				
if ts	d	Related organization			.d					
S. G.	e	Government grants (		· !	.e	555,616				
tion S.	ן י	All other contributions and similar amounts a above		schuded	lf	3,986,624				
ibtra Start	g	Noncash contribution lines 1a - 1f:\$	s incl		Ī					
Contribution and Other		Total. Add lines 1a	16		g	218,932				
<u>ت</u> ټ	<u>Ļ"</u>	Total, Add lines 1	3-11	• • •	•	Business Code	4,957,280	i		1
	2.	K12 STEM Contract In	ncom	ie			1,231,758	1,231,758		
e II						900003				
Program Service Revenue	l t	•								
73	١.									
ar vic	ľ									
Š	d	I								
gra	<sub>e</sub>	<b>.</b>								
ď										-
	1	All other program								
	┼—	Total. Add lines 2 Investment income				1,231,758	1	1	1	1
	:	similar amounts) .	•			<b>&gt;</b>	998,288			
	1	Income from invest Royalties			npt bo	ind proceeds >	0	ļ		
	ľ	Royalties	$\dot{\Box}$	(i) Real	•	(ii) Personal	1			
	_ ا		6a				1			
	1	Gross rents Less: rental	04		78,265		-			
		expenses	6b	1	75,024					
	c	Rental income or (loss)	бc	11	03,241					
	١ ،	1 Net rental income	or (	(loss)			103,241			103,241
	$ $ _			(i) Securit	ies	(ii) Other	-			
	7ª	Gross amount from sales of assets other	7a							
		than inventory								
	ь	Less: cost or other basis and	7Ь							
		sales expenses	H				-			
	1	Gain or (loss)	7c							
	1	d Net gain or (loss) t Gross income from fu			 	• • • •	1	1		
#e	•			415,040 of						
₹ 2		See Part IV, line 18			8a	99,612				
æ	1	Less: direct expen	ses		8b	162,380	]			
Other Revenue	ľ	o Net income or (los	s) fr	om fundraisi	ng eve	ents 🗩	-62,768 1			-153,830
0	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a					
		Less: direct expent Net income or (los			9b ctiviti	φ¢ .	J	,		
	Ι,	o wee measure or (105		om gammig a		es •	1	1		
	10	aGross sales of inve returns and allowa	entor	ry, less	100					
	1	Less: cost of good			10a 10b		1			
	1	Net income or (los			nvent	ory ▶	0	,		
		Miscellaneo	us R			Business Code				
	1.1	Lamanagement fe	E			900099	291,088	291,088		
	1	<u> </u>								
	'	•								
	, ا	•								
	١,	d All other revenue			<del></del>					
	١ (	Total. Add lines 1	1a-1	11d		•	291,088			
	12	<b>? Total revenue.</b> S	ee ir	nstructions .	٠		7,518,887			-50,589
	_						1,010,007	1 2,321,134	I	-30,309 Form 000 (2022)

	·· \				rage xu
P	Statement of Functional Expenses	and the all as bosons	0H - 10		(0)
	Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete coll	ımn (A).
	Check if Schedule O contains a response or note to an	ny line in this Part IX			<u>U</u>
	not include amounts reported on lines 6b, 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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,001,257	1,001,257		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	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			
7	Other salaries and wages	547,972	112,667	245,695	189,610
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	67,087	6,359	38,576	22,152
10	Payroll taxes	0			
	Fees for services (non-employees):				
a	Management	0			
ŧ	Legal	0			
	Accounting	38,242		38,242	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	343,024		343,024	
	Other (If line 11g amount exceeds 10% of line 25, column	68,135	22,155	·	45,980
•	(A) amount, list line 11g expenses on Schedule ()	.,,,	,		
12	Advertising and promotion	0			
13	Office expenses	12,891	1,447	11,444	
14	Information technology	0			
15	Royalties	23,307	23,307		
16	Occupancy	0			
	Travel	0			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	38,701	4,699	12,824	21,178
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	15,398		15,398	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a ERAP	2,836,724	2,836,724		
	b CAMPUS AREA EXPENSES	2,691,304	2,691,304		
	c in kind	218,932	175,146	43,786	
	d donor cultivation	61,007			61,007
	e All other expenses	24,156	1,103	19,553	3,500
25	Total functional expenses. Add lines 1 through 24e	7,988,137	6,876,168	768,542	343,427
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).				
					Form 990 (2022)

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Assets

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Liabilities 22

**Fund Balances** 

ö 29

Assets 30 Page 11

7,823,315

4.033.141

0

0

0

23,015

20,756,581

251.263

19,769,933

52,657,248

624,794

551.482

20.956

1.197.232

24,482,591

26,977,425

51,460,016

52.657.248

Form 990 (2022)

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

Accounts receivable, net .

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments-publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing		•		•	•	

controlled entity or family member of any of these persons

section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Total assets. Add lines 1 through 15 (must equal line 33) . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > | | and

Paid-in or capital surplus, or land, building or equipment fund . . . .

Retained earnings, endowment, accumulated income, or other funds

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

10a

10b

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

20.778,437

21,856

Loans and other receivables from other disqualified persons (as defined under

Beginning of year

7.433.870

18.811

20,756,581

231.419

18,264.153

52,598,427

863,927

655.267

25.366

1.544.560

24,105.055

26,948,812

51,053,867

52,598,427

5,893.593

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If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Consolidated basis ☑ Both consolidated and separate basis Separate basis

Yes

Yes

Yes Form 990 (2022)

3a

3b

 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### **Additional Data**

**Software ID: 22015553** 

Software Version: 2022v5.0

EIN: 94-2781664

Name: HARTNELL COLLEGE FOUNDATION

Form 990 (2022)

equity. The new fundraising goal is \$34.1 million.

Form 990, Part III, Line 4a: When it was established in 1979, the Hartnell College Foundation's primary focus was on raising funds for student scholarships, Today, the Foundation has expanded its support for the college and its students with resources for scholarships, facilities, workforce development, and innovative programs. Between 2006 and 2012, the Foundation completed the colleges first comprehensive capital campaign in its 85-year history, raising \$12 million. The Board and committees were expanded to involve over 250 community leaders. At the end of 2012, the Foundation launched a President's Task Force. This group was comprised of 43 members representing the community and campus leadership. They oversaw a campus-wide needs assessment that identified key initiatives appropriate for private support. These initiatives were the basis of a fiveyear, \$15 million funding plan. From 2012-2019, the Foundation far exceeded its fundraising goal of \$15 million by raising \$45 million, three times the original target. The Foundation recently organized another community led President's Task Force, which resulted in a funding plan for 2020-2025. The plan includes initiatives for innovative and accelerated programs, student success scholarships and internships, STEM programs and scholarships, including the Computer Science in 3 Years program and K-12 partnerships, the Salinas Valley Promise (guidance, leadership development, life skills training and scholarships for local first time college students), agriculture business and

technology, nursing and health sciences, athletics, arts programs, and the expansion of higher education through regional educational centers, online education, and digital

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	ecto		ustee)		organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Jaqueline Cruz  VP ADV Dev & ED	2 <b>0</b> .00			х				0	174,011	96,382	
VF ADV DEV & CD	20.00			┞	┞	$\sqcup$					
Michael Gutierrez superintendent	2.00			×				0	127,000	28,360	
superintendent	40.00		<u> </u>	<u> </u>	<u> </u>	<del>                                     </del>	Щ				
Kerry Varney President	1.00  0.00	×						0	0	0	
Andrea Bailey	2.00	х		×				0	0	0	
Vice President	0.00										
Susan Black	2.00	×		v	П			0	0	0	

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Andrea Bailey
Vice President
Susan Black

Treasurer

Scott Brubaker

Vice President

Board Member

Ricky Cabrera

Board Member

Vice President

Sharon Dilbeck

Board Member

Mike Cling

Betsy Buchalter-Adler

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable **Estimated** than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	d a director/trustee)					organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Elsa Jimenez	1.00										
411000000044441100000044441100000444411000000	***************************************	×						0	0	0	
Board Member	0.00										
Adrienne Laurent	2.00										
Vine Descident		х		х				0	0	0	
Vice President	0.00										
Dr Willard Lewallen	2.00	l .							_	_	
Vice President		×		Х				0	0	0	
- Are Liesineiir	<b>0</b> .00				<u> </u>						
Emmett Linder	2.00										
Vice President	***************************************	×		X				0	0	0	
vice President	0.00		<u> </u>	<u> </u>			$oxed{oxed}$				
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Vice President	<b>0</b> .00
Emmett Linder	2.00
Vice President	0.00
Chris Lopez	2.00
Vice President	0.00

Rene Mendez

Secretary

Nick Pasculli

Board Member

Colby Pereira

Vice President

**Board Member** 

John Romans

Board Member

Jose Ramon

and Independent Contractors

(E) (A) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable **Estimated** Average hours per than one box, unless compensation amount of other compensation person is both an officer from related week (list from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Patrick Zelaya

Board Member

Cathy Alameda Board Member

Board Member

	any hours	and a director/trustee)					)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dr Pablo Romero Vice President	2.00 0.00	×		х				0	0	0
Dr Jayne Smith Board Member	1.00	х						0	0	0
Jerry Stratton Board Member	1.00 0.00	×						0	0	0
David Warner Vice President	2.00 0.00	х		x				0	0	0
Jennifer Williams Board Member	1.00	x						0	0	0

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efi	le GR	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493116021374		
SC	HED	ULE A		Public (	Sharity Statu	e and Dub	olic Supp	ort	OMB No. 1545-0047		
	m 99		Comp		c Charity Status and Public Support organization is a section 501(c)(3) organization or a section 4947(a)(1) propagation to the struct 2022						
					4947(a)(1) nonexe	empt charitable	trust.		2022		
		Fific Treasury auc Service	<b>▶</b> Go	to <u>www.irs</u> .	► Attach to Form .gov/Form990 for i			ormation.	Open to Public		
Van	e of th	he organiza	tion					Employer identific	Inspection		
		OLLEGE FOUND						• •	ation number		
Ρa	rt I	Reason	for Public Cl	harity Statu	ıs (All organization	s must comple	te this part ) 9	94-2781664 See instructions			
					it is: (For lines 1 thro			occ mistractions.			
1		A church, c	onvention of cl	nurches, or as:	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in <b>sect</b>	tion 170(b)(1	l)(A)(ii). (Attach Scl	hedule E (Form 9	90).)				
3	$\overline{\Box}$	A hospital o	or a cooperative	e hospital serv	ice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).			
4	$\Box$	A medical r	esearch organi	zation operate	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
	_	name, city,	and state:	·	·	<u> </u>			<u> </u>		
5	П	An organiza	ation operated	for the benefit	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
_	_	(b)(1)(A)	(iv). (Complete	e Part II.)							
6			_		governmental unit de						
7	$\checkmark$		ation that norm '0(b)(1)(A)(v			s support from a	governmental u	init or from the genera	al public described in		
8					170(b)(1)(A)(vi).	(Complete Part I	1.)				
9								with a land-grant coll	ege or university or a		
10		_	_	-	e instructions. Enter	. ,,		college or university: is, membership fees,	and gross resoints		
		from activit	ies related to i	ts exempt fun	ctions—subject to cer	tain exceptions, a	and (2) no more	than 33 1/3% of its s	upport from gross		
		investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11	П	•	ization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	$\Box$	An organiza	n organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or								
	_				escribed in <b>section 5</b> the type of supportin			). See section <b>509</b> (a	)(3). Check the box		
a	П		-		• • • • • • • • • • • • • • • • • • • •		·	zation(s), typically by	giving the supported		
			n(s) the power Part IV, Section		ppoint or elect a majo	ority of the direct	ors or trustees o	of the supporting orga	nization. You must		
b	П	•			ervised or controlled i	n connection with	n its supported o	organization(s), by ha	ving control or		
			nt of the suppo plete Part IV,			me persons that o	control or manag	ge the supported orga	nization(s). <b>You</b>		
c			-			n operated in cor	nection with, ar	nd functionally integra	ted with, its		
ď	_		- , ,	•	ons). You must com	*			vization(s) that is not		
ŭ	Ш	functionally	rintegrated. Th	ie organization	generally must satis	fy a distribution i	requirement and	th its supported orgar I an attentiveness req			
	_				t IV, Sections A and			en I Tenn II Tenn II	T f		
e	Ш				ed a written determir integrated supporting		KS triat it is a Ty	pe I, Type II, Type II	Trunctionally		
f	Enter	r the number	of supported o	organizations				<u> </u>			
g					pported organization(	_		(v) Amount of	I ( ) ( ) ( )		
	(1)	Name of supp organization		(ii) EIN	(iii) Type of organization	in your govern	anization listed ing document?	monetary support	(vi) Amount of other support (see		
					(described on lines 1- 10 above (see			(see instructions)	instructions)		
					instructions))						
						Yes	No				
						+					
Tota	ıl										
		work Reduc	tion Act Notic	e, see the In	structions for	Cat. No. 11285	SF.	Schedule	A (Form 990) 2022		

the organization without charge...

Total. Add lines 1 through 3 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) Public support. Subtract line 5

Section B. Total Support Calendar year

(or fiscal year beginning in) Amounts from line 4. .

securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is regularly carried on. .

Other income. Do not include gain

Section C. Computation of Public Support Percentage

or loss from the sale of capital

assets (Explain in Part VI.). . Total support. Add lines 7 through

Gross income from interest. dividends, payments received on

from line 4.

10

11

Part II

Page 2

35,476,399

35,476,399

35,476,399

4,715,999

1,065,763

41,258,161

85.990 %

87.330 %

(f) Total

0

(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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	section A: Fubile Suppore						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	5,492,547	3,059,558	9,722,736	11,421,018	4,542,240	34,238,099
_	The second of th						

	(or tiscal year beginning in ) 📂						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	5,492,547	3,059,558	9,722,736	11,421,018	4,542,240	34,238,099
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						

	membership fees received. (Do not include any "unusual grant.")	5,492,547	3,059,558	9,722,736	11,421,018	4,542,240	34,238,099
!	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
i	The value of services or facilities furnished by a governmental unit to	272,816	227,293	248,506	270,753	218,932	1,238,300

3,286,851

(b) 2019

3,286,853

282,016

170,866

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

b 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization 10%-facts-and-circumstances test--2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization 

16a 33 1/3% support test → 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

9,971,242

(c) 2020

9,971,242

2,181,184

208,859

11,691,771

(d) 2021

11,691,771

985,687

225,008

4,761,172

(e) 2022

4,761,172

998.288

291,088

Schedule A (Form 990) 2022

12

14

5,765,363

(a) 2018

5,765,363

268.824

169,942

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

12 Gross receipts from related activities, etc. (see instructions)

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . . . .

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

	dule A (Form 990) 2022						Page 3
P	Support Schedule for						Dt ** *f
	(Complete only if you on the organization fails to						er Part II. If
Se	ction A. Public Support	quality affact t	ine coop nocca i	velow, piedoe et	ompiece rate II.	7	
	Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(0,2010	(5) 2010	(0) 2020	(0) 2021	(6) 2022	(1) 10001
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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. Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
·	from line 6.)						
Se	ction B. Total Support		,	,			
	Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
	(or fiscal year beginning in) 🕨	(a) 2016	(0) 2019	(6) 2020	(d) 2021	(e) 2022	(f) Total
9							
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.						
_	Add lines 10a and 10b.						
11	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.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.).					FA47.3733	
14	First 5 years. If the Form 990 is for the	=					_
	this box and stop here.					<u></u>	<u> ▶ ⊔</u>
	ection C. Computation of Public			**I · · · · · · /6\\		1	
15	Public support percentage for 2022 (lin					15	
16	Public support percentage from 2021 S					16	
	ction D. Computation of Invest					1	
17	Investment income percentage for 202			-	• •	17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests-2022. If the						
	more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly	supported organiz	ation	. ▶ 🗆
b	33 1/3% support tests-2021. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/3	3% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported org	anization	. ▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	. ▶ □

8

10a

5c

6

7

8

9a

9Ь

9c

10a

10b Schedule A (Form 990) 2022

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

Part IV Supporting Organizations

12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

			Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
!	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 <b>Part VI</b> how the organization determined that the supported organization was described			
	n 509(a)(1) or (2).			

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

3а 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

If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с 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

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? 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 4b supervised by or in connection with its supported organizations.

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 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 EIN numbers of the supported

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .

organization had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document? 5b

Sche	edule A (Form 990) 2022		ş	age 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?				
L	A 6	11a 11b			
	A family member of a person described on 11a above?				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	110			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
	applied to such powers ourning the tax year.	1			
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.				
	-				
S	ection 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 <b>Part VI</b> how control or management of the				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	_			
3	By reason of the relationship described in line 2 above, did the organization's supported exceptions have a significant	2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3			
S	ection 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 instruction)	ions):			
	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.				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a			
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	<u> </u>			
	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 <b>Part VI</b> .	3a			
	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.	2 h			

instructions)

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 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	<b>Distributable Amount.</b> 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-in	tegrated	d Type III supporting or	ganization (see

6 Other distributions (describe in Part VI). See instructions

Distributable amount for 2022 from Section C, line 6

Section E - Distribution Allocations

(see instructions)

1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI).

3 Excess distributions carryover, if any, to 2022:

q Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see

4 Distributions for 2022 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2022 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines

a Excess from 2018. . . . . b Excess from 2019. . . . . c Excess from 2020. . . . .

e Excess from 2022. . . . .

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

a From 2017. . . . . . . b From 2018. . . . . . c From 2019. . . . . . . d From 2020. . . . . . . e From 2021. . . . . . . f Total of lines 3a through e

7 Total annual distributions. Add lines 1 through 6.

details in Part VI). See instructions

10 Line 8 amount divided by Line 9 amount

See instructions.

instructions)

See instructions.

d Excess from 2021.

3j and 4c. 8 Breakdown of line 7: **Current Year** 

(iiii)

Distributable

Amount for 2022

Schedule A (Form 990) (2022)

7

8

9

(ii)

Underdistributions

Pre-2022

10

Page 7

-		
	2	Amo exce
_	3	Adm

2	Amou excess
3	Admir
4	Amou

2	Amou exces
3	Admi
4	Amoi

Section D - Distributions									
1	Amounts paid to supported								
2	Amounts paid to perform a excess of income from activ								
3	Administrative expenses pa								

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	

(i)

**Excess Distributions** 

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

Distributions to attentive supported organizations to which the organization is responsive (provide

Schedule A (	Form 990) 2022 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

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# Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Open to Public Inspection

□ No

☐ Yes

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization Employer identification number HARTNELL COLLEGE FOUNDATION 94-2781664 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

## Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

the organization's accounting for conservation easements.

2

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2022

d Equipment .

Par	2001	Organizations Maintaining	Collections o	f Art. His	torical	Treas	ures. or	Other:	Similar Ass	ets (contin	nued)	rage =
3	Using	g the organization's acquisition, acce s (check all that apply):										
а	$\checkmark$	Public exhibition			d √	Loai	n or excha	ange prog	rams			
ь		Scholarly research			e 🗆	Oth	er					
¢		Preservation for future generations										
4	Provi Part	ide a description of the organization's XIII.	s collections and	explain hov	v they fu	ther th	ne organiz	ation's ex	empt purpose	ìn		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pa	rt IV	Escrow and Custodial Arrage Complete if the organization a X, line 21.		on Form	990, Pa	rt IV,	line 9, oi	r reporte	d an amount	t on Form	990,	Part
1a		e organization an agent, trustee, cus ded on Form 990, Part X?							_	Yes	□ N	0
b	If "Y	es," explain the arrangement in Part	XIII and comple	te the follow	wing table	<b>2</b> :	ĺ		Am	ount		_
c		nning balance	•		•		i	1c				_
d	Addit	tions during the year		<b>.</b>				1d				_
e		ibutions during the year						1e				_
f		ng balance					i	1f				_
2a	Did +	the organization include an amount o	n Form GOD Par	t V line 31	for oam		ustodial a	occupt lin	kiikoa [	7 v	□ N	_
									_	_	υм	0
b		es," explain the arrangement in Part	XIII. Check here	if the expla	anation h	as bee	n provided	in Part X	L			
70	irt V	Endowment Funds. Complete if the organization a	inswered "Ves"	on Form	990 Pa	rt IV	line 10					
		complete it the organization t	(a) Curren		(b) Prior y			ears back	(d) Three years	back (e) F	our yea	rs back
1a	Begins	ning of year balance		775,522		43,875	1	0,005,903	10,04	2,425	9,	862,591
ь	Contri	butions		222,022	2	74,875		309,267	10	1,524		114,335
c	Net in	vestment earnings, gains, and losses	, 1,	412,532	-2,2	82,789		3,752,604	49	7,436		432,436
ď	Grants	s or scholarships										
e		expenditures for facilities rograms										
f	Admin	istrative expenses	1,	303,042	9	60,439		323,899	63	5,482		366,937
q	End of	fyear balance	11,	107,034	10,7	75,522	i	3,743,875	10,00	5,903	10,	042,425
2	Provi	ide the estimated percentage of the o	urrent vear end	halance (lir	ne in co	luma (:	a)) held a	!				
a		d designated or quasi-endowment	tarrette year erro	solution (III	19, 00	, (·	a))c.a a	•				
_		nanent endowment >										
Ь		n endowment >										
c	-	percentages on lines 2a, 2b, and 2c s	bould sound 100	.04								
3a		there endowment funds not in the po			that are	held a	nd admini	stered for	the			
34		nization by:	336331011 01 016 0	n garnzacion	chat are	neio a	no aomini	stereu roi	are		Yes	No
	(i) U	Inrelated organizations								3a(i)		No
	(ii) l	Related organizations								3a(ii)		No
b		es" on 3a(ii), are the related organiza		•						3b		No
4	Desc	ribe in Part XIII the intended uses of	the organization	n's endowm	ent funds	i.						
Pa	rt VI	Land, Buildings, and Equip										
		Complete if the organization a					,					
	Descr		or other basis stment)	(b) Cost or (	other basis	(otner)	(c) Acc	umulated d	epreciation	(a) Bo	iok valu	
1a	Land				20	500,000					20	,500,000
b	Buildir	ngs										
c	Leasel	hold improvements					Ī					
đ	Equip	ment				21,856	5		21,856			

256,581

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

256,581

20,756,581

Complete if the organization answered "Yes" on Form 99	0 Part IV	line 11h See Fo	rm 990 Part X lin	e 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuat t or end-of-year mark	tion:
(1) Financial derivatives	:			
(3)Other	-			
(A)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	<b>▶</b>			
Complete if the organization answered 'Yes' on Form 99  (a) Description of investment	90, Part IV,	(b) Book value	orm 990, Part X, lie (c) Method	
(1)		(b) book value	Cost or end-of-ye	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX  Other Assets.	<u> </u>			
Complete if the organization answered 'Yes' on Form 996  (a) Description	O, Part IV,	line 11d. See For	m 990, Part X, line 1	5. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.)  Part X Other Liabilities.			>	19,769,933
Complete if the organization answered 'Yes' on Form 99		line 11e or 11f.9	See Form 990, Part	
1. (a) Description of lia (1) Federal income taxes	DIIITY			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			▶l	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo				
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch	eck here if th	ne text of the footr	note nas been provide	eg in Part XIII 🔼

2

а

b

1

2

Schedule D (Form 990) 2022

Page 4

8,394,286

875.399 7,518,887

7,518,887

7,988,137

7,988,137

7.988.137

e	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1					3	
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					

2a

2b

2c

2d

Add lines 4a and 4b . . . . . . .

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII.) . . . . . .

4b

875.399

4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . . . . 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 

5 Part XII Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . 2a 2Ь Prior year adjustments . . . . .

20 2d Other (Describe in Part XIII.) . . d Add lines 2a through 2d . . 2e Subtract line 2e from line 1 . . . . . 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

3 4 Other (Describe in Part XIII.) 4b ь 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . . . . 5

Part XIII Supplemental Information Return Reference Explanation

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. See Additional Data Table

chedule D (Form 990) 2022	Page 5	
Part XIII Supplemental Information (contin	ued)	
Return Reference	Explanation	ĺ

Schedule D (Form 990) 2022

### Additional Data

Software Version: 2022v5.0

**Software ID: 22015553** 

EIN: 94-2781664

Explanation

Name: HARTNELL COLLEGE FOUNDATION

Supplemental Information

Part III, Line 4: Description of

organization's collections and how it furthers its purpose.

Return Reference

THE PURPOSE OF HARTNELL COLLEGE FOUNDATION ART COLLECTION IS TO EFFECTIVELY CHAMPION, SUPP ORT, AND EXPAND THE PRESENCE AND IMPACT OF ARTS IN THE SALINAS VALLEY COMMUNITY. THE COLLE

CTION HAS AN Educational PURPOSE AS IT IS PERIODICALLY EXHIBITED FOR THE BENEFIT OF STUDEN

TS AND THE COMMUNITY AT LARGE.

Supplemental Information										
Return Reference	Explanation									
Part V, Line 4: Intended uses of the endowment fund.	ENDOWMENT ASSETS HAVE BEEN RESTRICTED BY DONORS TO BE MAINTAINED BY THE FOUNDATION IN PERP ETUITY. ENDOWMENT EARNINGS SUPPORT SCHOLARSHIPS, CAMPUS AREAS, OR MAY BE USED TO FURTHER THE FOUNDATION'S MISSION.									

- - -

Supplemental Information						
Return Reference	Explanation					
Part X : FIN48 Footnote	The united states treasury department determined that the foundation is a nonprofit tax-ex empt corporation as defined by internal revenue code section 501(c)(3). A similar determin ation was made by the California franchise tax board under section 237 of the state revenu e and taxation code. The foundation has accounted for uncertainty in income taxes as required by the accounting for uncertainty in income taxes topic of the financial accounting st andards board (fasb) accounting standards codification. The foundation uses a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions take or expected to be taken on a tax return. A tax position is recognized a significant only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not: test, no tax benefit is recorded. The effect of applying this model and the resulting identification of unce retain tax positions, if any, were not considered significant for financial reporting purpo ses. The foundation is not subject to any tax liability. Management does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The foundation would recognize interest and penalties related to unrecognized tax benefits in tax expense. During the year ended june 30, 2021, the foundation did not recognize any in terest or penalties. The foundation is subject to the filing of u.s. federal California returns for 2014 through 2018 are currently ope n for potential federal and state examination.					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493116021374 OMB No. 1545-0047 SCHEDULE G Supplemental Information Regarding (Form 990) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number HARTNELL COLLEGE FOUNDATION 94-2781664 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes 🗸 No. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 1 8 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

Schedule G (Form 990) 2022

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

	dule G (Form 990) 2022  rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990. Part IV. line 18	Page 2			
	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and						
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through			
		PARTY IN THE LIBRARY	Other special events	(total number)	col. (c))			
		(event type)	(event type)	(color maniber)				
le								
Revenue								
	1 Gross receipts	389,250	91,062	34,340	514,652			
	2 Less: Contributions	385,500		29,540	415,040			
	3 Gross income (line 1 minus line 2)	3,750			•			
	4 Cash prizes							
S	5 Noncash prizes							
nse	6 Rent/facility costs							
Direct Expenses	7 Food and beverages	35,648		16,015	51,663			
ぜ	8 Entertainment							
Dire	9 Other direct expenses	102,535		8,182	110,717			
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			162,380			
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	-62,768			
Par	<b>Gaming.</b> Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))			
Re	1 Gross revenue							
sesu	2 Cash prizes							
Direct Expense	3 Noncash prizes							
rect	4 Rent/facility costs							
۵	5 Other direct expenses							
		☐ Yes <u>%</u>	☐ Yes%_	☐ Yes <u>%</u>				
	<b>6</b> Volunteer labor	□ No	□ No	□ No				
	7 Direct expense summary. Add lines 2 t							
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)					
9	Enter the state(s) in which the organizati	on conducts gaming activ	ities:					
a b	a Is the organization licensed to conduct gaming activities in each of these states?							
10a b	Were any of the organization's gaming lic	enses revoked, suspende			☐ Yes ☐ No			
	***************************************							

Sche	dule G (Form 990) 2022						ş	age 3
11	Does the organization conduct gaming	activities with nonmemb	ers?			Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin	,	a member of a partnership or other e	ntity .		Yes		
13	Indicate the percentage of gaming act	civity conducted in:						
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the pe	rson who prepares the orc	ganization's gaming/special events boo	ks and re	cords:			
	Name •					•••••	•••••	
	Address					••••••		
15a	5		hom the organization receives gaming				п.,	
b c	If "Yes," enter the amount of gaming i					Yes	⊔ No	
	amount of gaming revenue retained by			_	_			
	If "Yes," enter name and address of th	ne third party:						
	Name >					••••••		·····
	Address ►	••••••				•		
16	Gaming manager information:							
	Name ►					••••••		
	Gaming manager compensation ► \$							
	Description of services provided							
	☐ Director/officer	☐ Employee	☐ Independent contract	or				
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
ь	Enter the amount of distributions requ			r spent		⊥ res	_ NO	
	in the organization's own exempt activ							
Par			ations required by Part I, line 2b, oplicable. Also provide any additio					 s.
	Return Reference		Explanation					

Schedule G (Form 990) 2022

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493116021374 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 Grants and Other Assistance to Organizations. (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22, Open to Public ▶ Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number HARTNELL COLLEGE FOUNDATION 94-2781664 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, organization cash noncash assistance or assistance grant or government assistance other) (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

(1) SCHOLARSHIPS

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Information

Return Reference

Additional Supplemental

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

Explanation

1216

(b) Number of

recipients

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

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

1.001.257

THE MOST DESERVING AND FITTING RECIPIENTS FOR EACH AREA OF SCHOLARSHIPS.

(d) Amount of

noncash assistance

N/A

IN ORDER TO ESTABLISH A HARTNELL COLLEGE FOUNDATION SCHOLARSHIP, A SCHOLARSHIP FORM MUST BE COMPLETED. THIS FORM STATES THE PURPOSE OF ITHE SCHOLARSHIP AND THE MANNER IN WHICH THE DONOR WISHES THE AWARD TO BE HANDLED. THE DONOR ESTABLISHED CRITERIA IS RECORDED IN THE

DATABASE, WHEN THE SCHOLARSHIPS ARE TO BE AWARDED INFORMATION FROM THE DATABASE IS EXPORTED INTO A REPORT WHICH IS SORTED BY THE CRITERIA FOR EACH SCHOLARSHIP ACCOUNT. THE HARTNELL COLLEGE SCHOLARSHIP COMMITTEE REVIEWS A POOL OF APPLICATIONS AND FOLLOWS A PROCESS TO SELECT

(e) Method of valuation (book)

FMV. appraisal, other)

N/A

efil	e GRAPHIC pi	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 93	49311	6021	374
	edule J	Con	npensati	ion Information	01	4B No.	1545-0	)047
•	n 990)	► Complete if the organ	Compensa ization answ Attach	rustees, Key Employees, and High ted Employees vered "Yes" on Form 990, Part IV, to Form 990.	line 23.	20		
	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/i</u>	<u>Forn1990</u> for	instructions and the latest inform	nation.	pen t Insp	ectio	
Nar	ne of the organiz				Employer identification			
HAR	TNELL COLLEGE FO	UNDATION			94-2781664			
Pa	rt I Questi	ons Regarding Compensatio	n					—
	<del>-</del>						Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		s or charter travel		Housing allowance or residence for p	personal use			
		companions	님	Payments for business use of person				
		nification and gross-up payments	님	Health or social club dues or initiation				
	Discretion	pary spending account		Personal services (e.g., maid, chauf	feur, chef)			
ь				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all	. 1.3	2		
	airectors, truste	es, officers, including the CEO/Exec	cutive Directo	r, regarding the items checked on Lin	e la?			
3	organization's C	EO/Executive Director. Check all th	at apply. Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain in				
	Compens.	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
	_ '	of other organizations		Approval by the board or compensal	tion committee			
4	During the year related organiza		), Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-control	payment?.			4a		No
ь				ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-l	based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	olicable amounts for each item in Part	111.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) or	ganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A ontingent on the revenues of:	, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	,	anization?				5b		No
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of:	, line 1a, did	the organization pay or accrue any				
а	The organization	n?				6a		No
þ						6Ь		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception described in	n Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9	If "Yes" on line 53.4958-6(c)?			presumption procedure described in		9		110
For F	Paperwork Redu	iction Act Notice, see the Instru	ctions for Fo	orm 990. Cat. No. 5	0053T Schedule J	(Form	990)	2022

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

(A) Name and Title	nis (B	i	dividual must equal the to 2, 1099-MISC compensat		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Jaqueline Cruz VP ADV Dev & ED	(i) (ii)					96,382	270,393	
2 Michael Gutierrez superintendent	(i) (ii)	127,000				28,360	155,360	
	_							

Schedule J (Form 990) 2022										
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.										
Return Reference	Explanation									
	SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION TOP MANAGEMENT OFFICIAL IS PAID THROUGH THE HARTNELL COLLEGE DISTRICT UTILIZES A MANAGEMENT SALARY SCALE THAT IS APPLIED UNIFORMLY TO ALL MANAGEMENT EMPLOYEES OF THE COLLEGE, IT IS PUBLIC INFORMATION THAT IS ALSO PUBLISHED ON THE HARTNELL COLLEGE WEBSITE.									
	Schedule I (Form 990) 2022									

efil	e GRAPHIC pi	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349311	6021	374
	EDULE M			loncash Contri	hutions	ī	OMB No. 1		
(For	m 990)	► Complete if the		ions answered "Yes" on F		9 or 30.	20	<u>22</u>	<u> </u>
		► Attach to Form	-						
	ment of the Treasury d Revenue Service	► Go to <u>www.irs.c</u>	gov/Forms	990 for the latest informa	tion.		Open to		
	of the organizat					Employer identif	ication n	umbei	-
HAKII	VELL COLLEĞE FOUN	NDATION				94-2781664			
Pa	rt I Types	of Property			,				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) if determination a		:s
1	Art—Works of an	t			Ÿ				
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public								
5	Clothing and hou								
6	goods Cars and other v	ahirlas							
7	Boats and planes								
	Intellectual prope								
	Securities—Publi	•							
10	Securities—Close	ely held stock .							
11	Securities—Partr or trust interest								
	Securities—Misce								
13	Qualified conserved contribution—Hi structures	istoric							
	Qualified conserve contribution—O	ther							
	Real estate—Res								
16	Real estate—Cor Real estate—Oth					-			
17 18	Collectibles .								
19	Food inventory								
20	Drugs and medic								
21	_ :.								
22	Historical artifact	ts							
23	Scientific specim	ens							
24	Archeological art								
	Other ▶ (								
	Other ▶ (					<u> </u>			
	Other > (								
	Other ▶ (		L	rian during Na barrage A		<del>                                     </del>			
29				ition during the tax year for B, Part IV, Donee Acknowled		29		Yes	At a
30a	During the year	, did the organization	n receive hi	y contribution any property r	enorted in Part I lines 1 th	rough 28 that it		162	No
300	must hold for at	least three years fro	om the date	e of the initial contribution, a	ind which isn't required to b	e used for exempt			N
b	If "Yes," describ	e the arrangement i	n Part II.				30a		No
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?	31		No
32a		zation hìre or use thi		or related organizations to so	olicit, process, or sell nonca	sh · · ·	32a		No
b	If "Yes," describ	e in Part II.							
33	If the organization describe in Part	•	imount in c	olumn (c) for a type of prop	erty for which column (a) is	checked,			
For D		on Act Notice, see the	Instruction	us for Form 990	Cat. No. 512271	Schodul	e M (Form	000)	(2022)

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Page 2
Schedule M (Form 990) (2022)
Part II
             Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
              is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also
              complete this part for any additional information.
          Return Reference
                                                                                    Explanation
                                                                                                              Schedule M (Form 990) (2022).
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efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN: 9349311602137							
SCHEDUL (Form 990) Department of the T Internal Revenue Se	Complete to provide information for responses Form 990 or 990-EZ or to provide any add  > Attach to Form 990 or 99	s to specific questions on ditional information.  O-EZ. Open to Public							
Name of the org HARTNELL COLLECT 990 Schedul		Employer identification number 94-2781664							
Return Reference	Explanatio	on							
Form 990, Part VI, Section B, Line 11b	THE FINANCE COMMITTEE CONDUCTS AN INITIAL REVIEW FOR REVISIONS. THE COMPLETE DRAFT COPY OF THE REVISED FORM 990 IS THEN ELECTRONICALLY PROVIDED TO EACH BOARD MEMBER. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO RESPOND VIA EMAIL WITH ANY CHANGES THEY WISH TO SEE PRIOR TO FILING WITH THE IRS.								

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Board members and officers are required to review the conflict-of-interest policy and to d isclose interests that could give rise to conflicts annually. In the event such a conflict is disclosed, the remaining board members of the governing board shall vote if a conflict of interest exists. If so, the board shall go through the following process: 1. Exercise d ue diligence to determine whether the foundation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest and in the process also ascertain fair market value of the goods or services being/or to be provided by the interested party. The governing board may appoint a disinterested person or committee if necessary to handle this part of the process. 2  Discussion and determination by majority vote of the remaining governing board or committee (if a more advantageous transaction is not possible) of whether the transaction or arrangement is in the foundation's best interest and where the transaction confers an economic benefit on the interested person, whether it exceeds fair market value of the products and services rendered. In conformity with the above determination, the governing board shall make its decision by majority vote whether to enter into the transaction and shall document the basis for its determination. If the governing board has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform and afford the member an opportunity to explain the alleged failure to disclose. If after hearing the member's response and making further investigation as necessary the governing board determines the member has failed to disclose, it shall take appropriate disciplinar y and corrective action.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

HARTNELL COLLEGE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN PRINT PR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493116021374 OMB No. 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** 2022 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number HARTNELL COLLEGE FOUNDATION 94-2781664 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	s. Complete if the orga	anization answered	"Yes" on Form 990	, Part IV, line 34 b	ecause it had one or	more	
(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	Section (13) cor entit	512(b) ntrolled ity?
(1)HARTNELL COMMUNITY COLLEGE DISTRICT 411 CENTRAL AVE	EDUCATION	CA	501(C)(1)		NA	Yes	No No
SALINAS, CA 93901 07-7008602							
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(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal Direct Formicile controlling include tate or entity preign entity promotes and the controlling formicing formi	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	(h) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(F) General or managing partner?		(k) Percent owners
					314)			Yes	No		Yes	No	
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Identification of Related On because it had one or more re	ganizations Ta	xable as a	Corporati	on or Trus	st. Complete i	f the org	anizatio	n answere	d "Yes" on	Form 990,	Part IV	, line 34	ŀ
(a)	(b	<u> </u>	(c)		(d)	(6		(f) hare of total	(g) Share of en	(h	)		(i) n 512(b)(:
Name, address, and EIN of related organization	Primary	activity	domicile		Direct controllin entity	(C co	p, S income		Share of en of-year assets	id- Percen owner		Section	n 512(b)(t olled entit
			(state or i count			or tr			455665			Yes	N
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form	- 000 Part 11/ Francis			
	n 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	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	ns listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b	No
c Gift, grant, or capital contribution from related organization(s)			1c	No
d Loans or loan guarantees to or for related organization(s)			1d	No
e Loans or loan guarantees by related organization(s)			1e	No
f Dividends from related organization(s)			1f	No
g Sale of assets to related organization(s)		•	1g	No
h Purchase of assets from related organization(s)			1h	No
i Exchange of assets with related organization(s)			1i	No
j Lease of facilities, equipment, or other assets to related organization(s)			1j	No
k Lease of facilities, equipment, or other assets from related organization(s)			1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)			11	No
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	No
$\mathfrak n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	No
o Sharing of paid employees with related organization(s)			10	No
p Reimbursement paid to related organization(s) for expenses			1p	No
q Reimbursement paid by related organization(s) for expenses			1q	No
r Other transfer of cash or property to related organization(s)			1r	No
s Other transfer of cash or property from related organization(s)			15	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	g covered relationships and	d transaction thresholds.		
(a) (t Name of related organization Trans.	b) (c) action Amount involve (a-s)	d Method of determining an	nount involve	ed

				1 1	
$\mathfrak n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r. Other transfer of cash or property to related organization(s) $\ldots$				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin-	e, including covered r	relationships and tra	nsaction thresholds.		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line  (a)  Name of related organization	e, including covered r  (b)  Transaction type (a-s)	(c) Amount involved	nsaction thresholds. (d) Method of determining		ed ed
(a)	(b) Transaction	(c)	(d)		ved
(a)	(b) Transaction	(c)	(d)		red
(a)	(b) Transaction	(c)	(d)		red

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.

was not a related organization. See instructions regarding															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections S12- 514)	sec 501( organi	(e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets			(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	<u> </u>		314)	Yes	No		<u> </u>	Yes	No		Yes	No			
•					<u>.                                    </u>					Sche	edule R (	Form 99	90) 2022		

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Part VII	Supplemental Info	ormation	
	mation for responses to questions on Schedule R. See instructions.		
Return Reference		Explanation	