EADIE AND PAYNE, LLP P.O. BOX 1529 RIVERSIDE, CA 92502-1529

CRAFTON HILLS COLLEGE FOUNDATION 11711 SAND CANYON ROAD YUCAIPA, CA 92399

CRAFTON HILLS COLLEGE FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED ON OR BEFORE MAY 15, 2025 TO:

REGISTRY OF CHARITIES AND FUNDRAISERS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$200, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

EADIE AND PAYNE, LLP

Filing Instructions

CRAFTON HILLS COLLEGE FOUNDATION 11711 SAND CANYON ROAD YUCAIPA, CA 92399

Prepared by:

EADIE AND PAYNE, LLP P.O. BOX 1529 RIVERSIDE, CA 92502-1529

2023 FORM 990

ELECTRONIC FILING:

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2023 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

Filing Instructions

Prepared for:	Prepared by:
CRAFTON HILLS COLLEGE FOUNDATION	EADIE AND PAYNE, LLP P.O. BOX 1529 RIVERSIDE, CA 92502-1529

2023 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 200.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$200.00, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

PLEASE MAIL ON OR BEFORE MAY 15, 2025.

MAIL TO - REGISTRY OF CHARITIES AND FUNDRAISERS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Form 8879-TE	****	** THIS IS NOT A H IRS E-file Signat for a Tax Fa	TILEABLE COPY ***** ure Authorization kempt Entity		OMB No. 1545-0047
	For color form		1 , 2023, and ending JUN 30	··· 21	0000
	⊢or calendar year		5. Keep for your records.	, 20 4 ±	2023
Department of the Treasury Internal Revenue Service	1		5. Keep for your records. '9TE for the latest information.		
Name of filer				EIN or SSN	
	ON HILLS	COLLEGE FOUNDATIC	DN	23-7314	4077
Name and title of officer or				1 20 701	
		PRESIDENT			
Part I Type o	f Return and	Return Information			
Form 5330 filers may en or 10a below, and the ar whichever is applicable, than one line in Part I.	ter dollars and cen mount on that line blank (do not ent	nts. For all other forms, enter who e for the return being filed with this er -0-). But, if you entered -0- on th	I enter the applicable amount, if any, fro le dollars only. If you check the box on s form was blank, then leave line 1b, 2b e return, then enter -0- on the applicable	line 1a, 2a, 3a, b, 3b, 4b, 5b, 6b e line below. D o	4a, 5a, 6a, 7a, 8a, 9a , 7b, 8b, 9b, or 10b, o not complete more
1a Form 990 check	=		orm 990, Part VIII, column (A), line 12)		
2a Form 990-EZ c			orm 990-EZ, line 9)		
3a Form 1120-POL			DL, line 22)		
4a Form 990-PF cl			nt income (Form 990-PF, Part V, line 5)		
5a Form 8868 chee 6a Form 990-T che			3, line 3c) 'art III, line 4)		
6a Form 990-T che 7a Form 4720 chee	_		art III, line 4)		
8a Form 5227 chee			f tax year (Form 5227, Item D)		
9a Form 5330 che	_		rt II, line 19)		
10a Form 8038-CP			ent requested (Form 8038-CP, Part III,		b
			fficer or Person Subject to Tax		0
acknowledgement of rec of any refund. If applicat entry to the financial inst financial institution to de later than 2 business da payment of taxes to reco	eipt or reason for ole, I authorize the titution account in bit the entry to th ys prior to the pay eive confidential in umber (PIN) as my	Prejection of the transmission, (b) a U.S. Treasury and its designated idicated in the tax preparation sofi- is account. To revoke a payment, yment (settlement) date. I also authed formation necessary to answer in y signature for the electronic return PAYNE, LLP	O) to send the return to the IRS and to the reason for any delay in processing Financial Agent to initiate an electronic tware for payment of the federal taxes of I must contact the U.S. Treasury Financhorize the financial institutions involved quiries and resolve issues related to the n and, if applicable, the consent to elec	the return or refi funds withdraw owed on this retu- cial Agent at 1-8 in the processin payment. I hav tronic funds with o enter my PIN	und, and (c) the date ral (direct debit) urn, and the 88-353-4537 no g of the electronic e selected a ndrawal. 93633
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state ag on the return's As an officer o return. If I hav	gency(ies) regulati s disclosure conse or person subject e indicated within	ng charities as part of the IRS Fed ent screen. to tax with respect to the entity, I v	I have indicated within this return that a I/State program, I also authorize the afo will enter my PIN as my signature on the rn is being filed with a state agency(ies) sure consent screen.	a copy of the retr prementioned EF e tax year 2023	urn is being filed O to enter my PIN electronically filed
Signature of officer or person sub	viect to tax ***	* THIS IS NOT A H	FILEABLE COPY ****	Date	
	cation and Au			Duto	
ERO's EFIN/PIN. Enter	vour six-diait elec	tronic filing identification			
number (EFIN) followed		-	81197193633 Do not enter all zeros		
	-		e 2023 electronically filed return indicat Iodernized e-File (MeF) Information for A		
ERO's signature			Date		
	_		Form - See Instructions	-	
	Do Not	t Submit This Form to the	IRS Unless Requested To Do		
For Privacy Act and Pa	perwork Reducti	ion Act Notice, see instructions.		F	orm 8879-TE (2023)
LHA 302521 01-05-24					

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
<u>Part I - Id</u>	lentification					
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer identification number (TI		
Print						
File by the	CRAFTON HILLS COLLEGE FOUND	23-7314077				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 11711 SAND CANYON ROAD	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for YUCAIPA, CA 92399	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01
Application	on Is For	Return Code				Return
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08	, · · · · · · · · · · · · · · · · · · ·			
	ou enter your Return Code, complete either Part II or Par		L including signature, is applicable o	nly for an	extension of	
	e Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,		
	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	n Name					
	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
	ooks are in the care of MICHAEL STRONG	•				
		I ROAI) – YUCAIPA, CA 923	99-17	'99	
Teleph	one No. (909)389-3210		Fax No.			
•	organization does not have an office or place of business	s in the Un				
	is for a Group Return, enter the organization's four-digit					
box	. If it is for part of the group, check this box				•	• •
	quest an automatic 6-month extension of time until \mathbf{M}		, 20 25 , to file			
	organization named above. The extension is for the org				ipt organization	
	calendar year 20 or					
X		20	23, and ending	TIIN 3	0	, 20 24
		, 20 _			<u> </u>	, 20 <u>22</u>
2 If th	ne tax year entered in line 1 is for less than 12 months, c	hock roase		Final retur	'n	
	Change in accounting period	neon read		i inai rotai		
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
	nonrefundable credits. See instructions.	,		3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	refundable credits and		Ť	
	mated tax payments made. Include any prior year overp			Зb	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				- -	
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	ay Act and Banarwork Baduction Act Nation and inst					(Pov 1 2024)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			EXTENDED TO MAY 15, 2025 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2023
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public
Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the lates ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	Inspection
_	Check if		f organization	D Employer identifi	eation number
D	applicat	ble:	rorganization	D Employer identifi	
	Addr chan	ess craf	TON HILLS COLLEGE FOUNDATION		
	Nam chan	e	usiness as	23-73140	77
	Initia retur	· · · · ·	and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final retur	_{n/} 1171	1 SAND CANYON ROAD	(909)389	-3391
	termi ated	City or 1	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,367,119.
	retur		IPA, CA 92399	H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: DR . PHONG NGUYEN	for subordinates	? Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates in	
		kempt status:			list. See instructions
	Webs		CRAFTONHILLS.EDU	H(c) Group exemptio	
		of organization: [Summarv		ear of formation: 1972	A State of legal domicile: CA
F	art I	,			
ė	1	Briefly descrit	be the organization's mission or most significant activities: PROVIDE 2 MENTS TO FACILITIES FOR ACADEMIC ENRIC	UMENIM	JRT AND
anc					
/ern	2	Check this bo			23
ğ	3		ting members of the governing body (Part VI, line 1a)		23
Activities & Governance	5		of individuals employed in calendar year 2023 (Part V, line 2a)		
ties	6				25
ži	7 2	 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 			0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
	1			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	2,048,062.	1,461,925.
Revenue	9		ice revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	98,390.	264,168.
Ê	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,483.	114,034.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,202,935.	1,840,127.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	258,083.	253,718.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16 a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>37,919.</u>	0.	0.
ăX	. b				255 405
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	617,805.	357,425.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	875,888.	611,143.
	19	Revenue less	expenses. Subtract line 18 from line 12	1,327,047.	1,228,984.
IS 01				Beginning of Current Year	End of Year
Net Assets or	20	Total assets (<u>6,134,938.</u> 1,923.	7,778,938.
let A	21		s (Part X, line 26)	6,133,015.	<u>4,823</u> . 7,774,115.
	<u>22</u> art II		fund balances. Subtract line 21 from line 20	0,133,013.	/,//4,113.
		-	I declare that I have examined this return, including accompanying schedules and stat	ements and to the hest of m	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which prepare		ההטשוטעשט מווע טפוופו, וג וא

Sign	Signature of officer				Date				
Here	DR. PHONG NGUYEN, PRESIDE	NT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date					
Paid	ROMA SCOTT	ROMA SCOTT			self-employed P01368086				
Preparer	Firm's name EADIE AND PAYNE,	LLP			Firm's EIN 95-1754234				
Use Only	Firm's address P.O. BOX 1529								
	RIVERSIDE, CA 925	02-1529			Phone no. (951)241-7811				
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
I HA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PROMOTE GIFTS FOR SUPPORT AND ENHANCEMENT OF QUALITY EDUCATION AT CRAFTON HILLS COLLEGE.
	PROMOTE GIFTS FOR SUPPORT AND ENHANCEMENT OF QUALITY EDUCATION AT
	PROMOTE GIFTS FOR SUPPORT AND ENHANCEMENT OF QUALITY EDUCATION AT
	CLARION HIDDO CODDEGE.
2	
-	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$253,718 • _ including grants of \$253,718 • _) (Revenue \$
	SCHOLARSHIPS:
	THE FOUNDATION AWARDS SCHOLARSHIPS TO INDIVIDUAL STUDENTS TO ASSIST
	STUDENTS IN THE PAYMENT OF TUITION AND ENROLLMENT FEES, BOOKS AND
	SUPPLIES, AND OTHER EXPENSES ASSOCIATED WITH CONTINUING AND COMPLETING
	THEIR EDUCATION. DONORS PROVIDE EXPENDABLE OR ENDOWED SCHOLARSHIPS
	WHICH THE FOUNDATION ADMINISTERS TO QUALIFIED STUDENTS. SCHOLARSHIP
	RECIPIENTS ARE SELECTED BASED ON MERIT AND FINANCIAL NEED BY THE
	CRAFTON HILLS COLLEGE SCHOLARSHIP COMMITTEE OR BY A DESIGNATED
	DEPARTMENT COMMITTEE IN CONFORMITY WITH THE DONOR'S WISHES.
	DEFARIMENT COMMITTEE IN CONFORMITT WITH THE DONOR 5 WISHES.
	THE CRAFTON HILLS COLLEGE CAMPUS. FUNDS ARE USED FOR PROGRAM AND STUDENT SUPPORT TO ENHANCE OR HELP UNDERWRITE ITEMS OR ACTIVITIES AT THE COLLEGE THAT CANNOT BE FUNDED THROUGH OTHER MEANS. EXAMPLES OF STUDENT SUPPORT ARE THE ISEEK STUDENT EMPLOYMENT PROGRAM, EMERGENCY TEXTBOOK LOANS, COVERING REGISTRATION AND OTHER COSTS FOR STUDENTS ASSOCIATED WITH PRESENTING AT AND ATTENDING CONFERENCES, FIELD TRIPS TO TRANSFER INSTITUTIONS, OR OTHER SCHOLARLY TRIPS. EXAMPLES OF PROGRAM
	SUPPORT INCLUDE CRITICAL EQUIPMENT AND SUPPLIES FOR OUR FIRST RESPONDER
	PUBLIC SAFETY AND ALLIED HEALTH PROGRAMS, STEM PROGRAMS, OTHER
	INSTRUCTIONAL AND STUDENT SERVICES DEPARTMENTS, AND STUDENT OUTREACH,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 482,881.
	Form 990 (202
32002	12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)
	3

Form	990	(2023)

 Form 990 (2023)
 CRAFTON HILLS COLLEGE FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	├───
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├───
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	990	X (2023)
s32003	3 12-21-23	rorm	220	(2023)

332003 12-21-23

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
D	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 ergenization's prior Ferme 900 or 900 FZ2. If the manual the			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
С		10		
33000	(gambling) winnings to prize winners?	Eorm	990	(2023)
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Form	990 (2023) CRAFTON HILLS COLLEGE FOUNDATION 23-7314	077	P	_{age} 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		x
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions?	0a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	990	(2023)

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09531210 600349 93633.000

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Form 99	0 (2023)
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CRAFTON HILLS COLLEGE FOUNDATION

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

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion 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	1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
_				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		v
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			76		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b		<u>л</u>
8		-	-	80	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00	- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			<u> </u>		
		venue	<u>coue.</u> /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," d	escribe			
	on Schedule O how this was done	· · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA					
17 10			T (as at is a EQ1(a)(2)		availak	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	-1 (Section 501(C)(3)5	only)	avalla	Jie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain)					
19	X Own website Another's website Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	finan	rial	
13	statements available to the public during the tax year.	rinict C	ancest policy, and	mall	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	t records			
	MICHAEL STRONG - (909) 389-3210					
	11711 SAND CANYON ROAD, YUCAIPA, CA 92399-1799					
332006	j 12-21-23			Form	990	(2023)
	7					. ,

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		u gu	mzu		0011	iper	our			
(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	not cl		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN HORAN	2.00	_		0	-	1 2 8	4			
SECRETARY	38.00	Х		х				0.	314,272.	113,284.
(2) MIKE STRONG	4.00									
CHIEF FINANCIAL OFFICER	36.00	Х		Х				0.	247,656.	101,393.
(3) MICHELLE RIGGS	20.00									
DIRECTOR OF INSTITUTIONAL ADVANCEMEN	20.00					X		0.	147,984.	71,590.
(4) DR. PHONG NGUYEN	4.00									-
PRESIDENT		Х		Х				0.	0.	0.
(5) AMY MINJARES	4.00									
1ST VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DAVID AVILA	4.00									-
VICE PRESIDENT	1 0 0	Х		Х				0.	0.	0.
(7) WYNONA DUVALL	4.00									•
VICE PRESIDENT	1 0 0	Х		Х				0.	0.	0.
(8) BARBARA SMITH	4.00								•	0
VICE PRESIDENT	4 00	Х		Х	<u> </u>			0.	0.	0.
(9) LESLIE WESSELS	4.00								0	0
VICE PRESIDENT	4 00	Х		Х				0.	0.	0.
(10) JUNE YAMAMOTO	4.00	37		37					0	0
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(11) GLORIA MACIAS HARRISON	1.00	v							0	0
ELECTED DIRECTOR	1 00	Х						0.	0.	0.
(12) CHRIS MARKARIAN ELECTED DIRECTOR	1.00	x						0.	0.	0
(13) WILLIAM NASSAR	1.00	Δ						0.	0.	0.
ELECTED DIRECTOR	L	x						0.	0.	0.
(14) COL. DAVID E. RALEY	1.00	~~~						0.	0.	0.
ELECTED DIRECTOR		x						0.	0.	0.
(15) CELESTE REID	1.00									U
ELECTED DIRECTOR		х						0.	0.	0.
(16) RICH SESSLER	1.00									
ELECTED DIRECTOR		х						0.	0.	0.
(17) MICHAEL SMITH	1.00									
ELECTED DIRECTOR		х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form **990** (2023)

	990 (2023) CRAFTON I	HILLS CC	LL	EG	E	FC	UN	DA	TION	23-73	14()77	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck ss pe	rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	compen from organiz and rel organiza	sation the ation ated
(18)	MARK SNOWHITE	1.00											
ELECT	YED DIRECTOR		Х						0.		0.		0.
	ROSAURA SOLIS-PARSONS TED DIRECTOR	1.00	x						0.		ο.		0.
	LILLIAN VASQUEZ TED DIRECTOR	1.00	х						0.		ο.		0.
(21)	GREG WESSELS	1.00											
ELECT	ED DIRECTOR		Х						0.		0.		0.
	MERIDYTH MCLAREN	1.00											0
	NTED DIRECTOR KAREN PETERSON	1.00	Х						0.		0.		0.
	INTED DIRECTOR	1.00	х						0.		0.		0.
	ENGGIE OCAMPO	1.00											
APPOI	INTED DIRECTOR		Х						0.		0.		0.
	<u></u>								0.	709,91	-	286,	267
	Subtotal								0.		<u>2.</u> 0.	200,	<u>207.</u> 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	709,91		286,	
	Total number of individuals (including but n												
	compensation from the organization									•			0
											r	Ye	s No
	Did the organization list any former officer,				•			Ŭ	• • •				v
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3	X
	and related organizations greater than \$150	-							-	-		4 X	
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," corr	plete Schedule	e J fo	or su	ich į	oers	on .					5	X
	ion B. Independent Contractors											. ,	
	Complete this table for your five highest co the organization. Report compensation for	•	•							•	nsat	ion from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompensat	ion
								ļ					
	Total number of independent contractors (i	•	ot lin	nitec	l to			ted	above) who received mo	ore than			
	\$100,000 of compensation from the organized	zation				(,						

Form **990** (2023)

332008 12-21-23

Form						LS	COLLEGE	FOUNDATION	N	23-7314	077 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	iins a respo	nse o	or note to any lin		(5)	(0)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								rotarrotonido	function revenue		from tax under
											sections 512 - 514
nts	1		Federated campaigns								
Gra			Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events				7,209.				
Giff lar											
s, ini			Government grants (contr								
er S		f	All other contributions, gifts,								
ļ Ģ			similar amounts not included	l abov			1,454,716.				
ut pu		-	Noncash contributions included in	lines 1	a-1f 1g \$	6					
<u>ų p</u>		h	Total. Add lines 1a-1f					1,461,925.			
							Business Code				
e	2	а									
ervi		b									
gram Ser Revenue		С									
Jev		d									
Program Service Revenue		е									
٩			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue					142 012			142 012
								143,813.			143,813.
	4		Income from investment of		-	-					
	5		Royalties		(i) Real		(ii) Personal				
	-		a		(I) Real		(II) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	;) <u></u>	(i) Securit		(ii) Other				
	1	а	Gross amount from sales of	_	1,626,4		(ii) Other				
			assets other than inventory	7a	1,020,4	55.					
ð		D	Less: cost or other basis	76	1,506,0	98					
evenue		_	and sales expenses	7b 7c	120,3						
eve			Gain or (loss)					120,355.	120,355.		
r R			Net gain or (loss)			. <u></u>		120,333.	120,333.		
Other	8	а	Gross income from fundraisi including \$	-	-						
0			contributions reported on								
			Part IV, line 18		,	8a	134,776.				
		b	Less: direct expenses			8b	20,894.				
			Net income or (loss) from				1	113,882.			113,882,
			Gross income from gamin					, -			
	Ŭ	u	Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory,	-	-						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from								
			() e				Business Code				
sno	11	а	OTHER INCOME				900099	152.	152.		
scellaneo <u>Revenue</u>		b									
ella		с									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					152.			
	12		Total revenue. See instruction					1,840,127.	120,507.	0.	257,695.
33200	9 12-	21-									Form 990 (2023

CRAFTON HILLS COLLEGE FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dub Number 2010 Display 100 Display 1	<u> </u>
and domestic governments. See Part IV, line 21	D) raising enses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 253,718. 253,718. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 5 6 Compensation of uncent officers, directors, trustees, and key employees 5 7 Other salaries and wages 6 9 Persion plan accruits and contributions (include section 40(k) and 43(k) (ind) 43(k) (ind) (k) and 43(k) (ind) (ind) and 43(k) (ind) (ind) and 43(k) (ind) (i	
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b ENGAGEMENT 54,956. 54,956.	
c DIRECT STUDENT SUPPORT 39,817. 39,817.	
d MATERIALS AND SUPPLIES 6,491. 5,273. 1,218.	
e All other expenses 6,598. 981. 5,617.	
25 Total functional expenses. Add lines 1 through 24e 611,143. 482,881. 90,343. 3	7,919
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 fif following SOP 98-2 (ASC 958-720)	
	990 (202

11

09531210 600349 93633.000

23-7314077 Page 11

		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	660,622.
	2	Savings and temporary cash investments		772,130.	2	1,010,184.
	3	Pledges and grants receivable, net		63,429.	3	53,422.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Duran side some some som stade forma stade some so			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		5,031,302.	11	5,766,206.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		268,077.	13	288,504.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		6,134,938.	16	7,778,938.
	17	Accounts payable and accrued expenses		1,923.	17	4,823.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete			21	
ŝ	22	Loans and other payables to any current or forn	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
abil		controlled entity or family member of any of the	se persons		22	
1	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,923.	26	4,823.
		Organizations that follow FASB ASC 958, che	eck here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		1,644,748.	27	<u>1,778,410.</u> 5,995,705.
Ba	28	Net assets with donor restrictions	·····	4,488,267.	28	5,995,705.
pur		Organizations that do not follow FASB ASC 9	58, check here			
ц		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed			30	
: As	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Net	32	Total net assets or fund balances		6,133,015.	32	7,774,115.
_	33	Total liabilities and net assets/fund balances		6,134,938.	33	7,778,938.

Form **990** (2023)

	1 990 (2023) CRAFTON HILLS COLLEGE FOUNDATION	23-7	314077	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,84		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,13		
5	Net unrealized gains (losses) on investments	5	41:	2,1: 2,1:	16.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,77	1,1	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of th	e organization
------------	----------------

Nan	ne of 1	the organization				-		r identification number
D				COLLEGE FOUN				23-7314077
	irt I	Reason for Public					ee instructions.	
The	organ	ization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1	Ц	A church, convention of ch	•			n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative					•	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Ente	r the hospital's name,
		city, and state:						
5		An organization operated for		lege or university owned	d or operat	ed by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	ally receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gran	t college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma						
		activities related to its exen						
		income and unrelated busi		(less section 511 tax) fro	om busines	ses acqui	red by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	-					
11		An organization organized		•	•			
12	X	An organization organized		-	-		· •	
		more publicly supported or	-					Check the box on
		lines 12a through 12d that \neg	• •					
а		Type I. A supporting orga		-	• • • •	-		
		the supported organization			a majority c	of the direc	ctors or trustees of the s	upporting
	_	organization. You must o	-					
b		Type II. A supporting org	-				-	-
		control or management o			ame perso	ns that co	ntroi or manage the sup	ported
с	X	organization(s). You mus			in connoct	ion with	and functionally intograt	od with
Ľ		its supported organizatio	• • •				, ,	eu wiiri,
d		Type III non-functionally		-				ization(s)
U		that is not functionally inf		• •				
		requirement (see instruct	•	o i			•	
е	X			-				
-		functionally integrated, o					.)pe., .)pe, .)pe	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0			1
g		vide the following information	-					-
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
CR	AFT	ON HILLS						
<u>C0</u>	LLE	GE	23 - 7314077	5	X		0.	0.
								<u> </u>
Tota	ai						0.	0.

Schedule	A (Form 990)) 2023
Part II	Suppor	t Sc

CRAFTON HILLS COLLEGE FOUNDATION

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					-	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Column (f) Public support, Subtract line 5 from line 4.						
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010				(0) 2020	
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructiv	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					T T	
	Public support percentage for 2023 (I		-			14	%
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the c	-					
17-	and stop here. The organization qual						
1/2	 10% -facts-and-circumstances test and if the organization meets the fact 		-				
	meets the facts-and-circumstances te			-		-	
٢	10% -facts-and-circumstances test	0	•		•	17a, and line 15 is	
	more, and if the organization meets th		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
	<u> </u>		,	, , ,			(Form 990) 2023

_	qualify under the tests listed be	elow, please comp	olete Part II.)			
Se	ction A. Public Support			1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
1	Gifts, grants, contributions, and membership fees received. (Do not					
	include any "unusual grants.")					
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-					
	iness under section 513					
4	Tax revenues levied for the organ- ization'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					
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					
c	Add lines 7a and 7b					
8	Public support. (Subtract line 7c from line 6.)					
Se	ction B. Total Support					

Schedule A (Form 990) 2023 CRAFTON HILLS COLLEGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(f) Total

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

the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c 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.)						
14 First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	, fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2023 (lin	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Invest						
17 Investment income percentage for 20	23 (line 10c, colu	ımn (f), divided by	line 13, column (f))		17	9
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2023. If the					3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, chec	•			•		
20 Private foundation. If the organization						
			,,,			A (Form 990) 2023
332023 12-21-23						

CRAFTON HILLS COLLEGE FOUNDATION

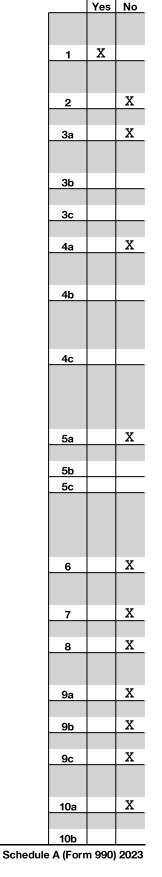
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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23-7314077 Page 5 CRAFTON HILLS COLLEGE FOUNDATION Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and х 11c below, the governing body of a supported organization? 11a Х b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Х <u>detail in P</u>art VI 11c

Section B. Type I Supporting Organizations

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

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Che	ck the box next to the me	thod that the organiza	ation used to satisfy	the Integral Part Test	t during the vear	(see instructions).
-------	---------------------------	------------------------	-----------------------	------------------------	-------------------	---------------------

- a X 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.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

Yes No

Х

х

2a

2b

3a

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CRAFTON HILLS COLLEGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete S	ections A through E. (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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023 CRAFTON HILLS COLLEGE FOUNDATION 23 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6		g	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
<u>i</u>	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	CRAFTON	HILLS	COLLEGE	FOUNDATIO	N	23-7314077	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	r mation. Provid 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	de the expla c, 5a, 6, 9a, ırt IV, Sectio	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a,	by Part II, line 10; F , and 11c; Part IV, 5 , 2b, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 ; rt V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Sectior Section B, line 1e; Pa	
	(See instructions.)							
332028 12-21-2	3						Schedule A (Form S	90) 2023
				21				-,

323451 12-26-23

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Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

23-7314077

Sched	ule of	Contril	n

Special Rules

Check if your organization is covered by the General Rule or a Special Rule.

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

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

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

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

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

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

Name of the organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

CRAFTON HILLS COLLEGE FOUNDATION

Department of the Treasury

Schedule B

Internal Revenue Service

General Rule

(Form 990)

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Part I

(a)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	SAN MANUEL BAND OF MISSION INDIANS 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$ <u>800,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$ <u>135,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EDISON INTERNATIONAL 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ELAINE ROSEN 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$ <u>35,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PAUL AND JOANN BARICH 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$32,883.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RAYMOND PRYKE FOUNDATION 11711 SAND CANYON RD.	\$30,000.	Person X Payroll Noncash

CRAFTON HILLS COLLEGE FOUNDATION

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

(b)

Name of organization

Employer identification number

(d)

23-7314077

(c)

323452 12-26-23

09531210 600349 93633.000

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Part I

Employer identification number

23-7314077

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 PEPSI BOTTLING GROUP X Person Payroll 11711 SAND CANYON RD. 26,533. Noncash (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 DIANE PFAHLER X Person Payroll 11711 SAND CANYON RD. 25,250. Noncash (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 BARBARA LOUISE SMITH X Person Payroll 24,990. 11711 SAND CANYON RD. Noncash \$ (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 GLORIA HARRISON X Person Payroll 11711 SAND CANYON RD. 20,290. Noncash \$ (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 BANK OF AMERICA X Person Payroll 11711 SAND CANYON RD. 15,000. Noncash (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 FORREST GREEK AND VALORIE MCLAUGHLIN X Person Payroll 11711 SAND CANYON RD. 11,000. Noncash \$ (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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

CRAFTON HILLS COLLEGE FOUNDATION

Page 2

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Schedule B (Form 990) (2023)

2023.05010 CRAFTON HILLS COLLEGE FOU 93633.01

Schedule B (Form 990) (2023)

CRAFTON HILLS COLLEGE FOUNDATION

Name of organization

Employer identification number

23-7314077

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NATIONAL BOARD FOR RESPIRATORY CARE 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u>	INLAND EMPIRE COMMUNITY FOUNDATION 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$8,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	PHONG NGUYEN 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$8,340.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	PAULINE KIMBROUGH 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$7,838.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	WILLIAM AND PAULA AHLBORN 11711 SAND CANYON RD. YUCAIPA, CA 92399	\$7,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	YUCAIPA ROTARY CLUB <u>11711 SAND CANYON RD.</u> YUCAIPA, CA 92399	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

20	DONALD AND CAROL AVERILL				
	11711 SAND CANYON RD.	\$			
	<u>YUCAIPA, CA 92399</u>				
(a) No.	(b) Name, address, and ZIP + 4	Total			
21	REBECCAH K. WARREN-MARLATT				
	11711 SAND CANYON RD.	\$			
	<u>YUCAIPA, CA 92399</u>				
(a) No.	(b) Name, address, and ZIP + 4	Total			
22	JOHN BURTON ADVOCATES FOR YOUTH				
	11711 SAND CANYON RD.	\$			
	<u>YUCAIPA, CA 92399</u>				
(a) No.	(b) Name, address, and ZIP + 4	Total o			
23	ED YARNELLE				

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

(b)

Name, address, and ZIP + 4

SAN BERNARDINO COMMUNITY COLLEGE

Schedule B (Form 990) (2023) Name of organization

DISTRICT

Part I

(a)

No.

19

(a)

No.

(a) No.

24

323452 12-26-23

Employer identification number

(d)

Type of contribution

X

23-7314077

Person Payroll

(c)

Total contributions

11711 SAND CANYON RD. 6,200. Noncash \$ (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** X Person Payroll 5,964. Noncash (Complete Part II for noncash contributions.) (c) (d) contributions Type of contribution X Person Payroll 5,500. Noncash (Complete Part II for noncash contributions.) (c) (d) Type of contribution contributions X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) contributions Type of contribution X Person Payroll 11711 SAND CANYON RD. 5,000. Noncash (Complete Part II for YUCAIPA, CA 92399 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution EDWARD JONES X Person Payroll 5,000. 11711 SAND CANYON RD. Noncash \$ (Complete Part II for YUCAIPA, CA 92399 noncash contributions.)

CRAFTON HILLS COLLEGE FOUNDATION

Page 2

Schedule B (Form 990) (2023)

SARA CLOPINE		Person X
11711 SAND CANYON RD. YUCAIPA, CA 92399	\$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
	—	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
P2S ENGINEERING, INC.	_	Person X Payroll
11711 SAND CANYON RD.	\$5,000.	Noncash
YUCAIPA, CA 92399	_	(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
23		Schedule B (Form 990) (20

CRAFTON HILLS COLLEGE FOUNDATION

11711 SAND CANYON RD.

11711 SAND CANYON RD.

YUCAIPA, CA 92399

YUCAIPA, CA 92399

WILFRID LEMANN

SOCAL GAS

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

25

(a)

No.

26

(a)

No.

27

(a) No.

28

(a) No.

(a) No.

23-7314077

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

5,000.

5,000.

(d)

Type of contribution

X

X

Page 2 Employer identification number

Form 990) (2023)

27 2023.05010 CRAFTON HILLS COLLEGE FOU 93633.01

323452 12-26-23

Part I	Description of noncash property given	(See instructions.)	Date received			
_						
		<u> </u>				
		\$				
(a)		(0)				
No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
		<u> </u>				
		\$				
(a) No.	(b)	(c)	(d)			
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received			
Part I						
		<u> </u>				
—						
		\$				
(a)		(c)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I		(See instructions.)				
		<u> </u>				
		\$				
(a)						
No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
		—				
		\$				
(2)						
(a) No.	(b)	(c)	(d)			
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received			
Part I						
		<u> </u>				
—		¢				
323453 12-26-23		\$	 Schedule B (Form 990) (2023)			

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CRAFTON HILLS COLLEGE FOUNDATION

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

(b)

Description of noncash property given

Schedule B (Form 990) (2023)

Name of organization

(a)

No.

from

Employer identification number

(d)

Date received

23 - 7314077

(c)

FMV (or estimate)

Schedule I	B (Form 990) (2023)		Page 4						
Name of o	organization		Employer identification number						
		MION	22 7214077						
Part III	ON HILLS COLLEGE FOUNDA Exclusively religious, charitable, etc., contribut	tions to organizations described in se	23-7314077 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entre	try. For organizations						
	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(-,	(0) 000 01 g	(4) 2 9 9						
		(e) Transfer of gif	ft						
	Transferee's name, address, a	and ZID + 4	Relationship of transferor to transferee						
(a) No.			<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee						
		[
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
			-						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee						
323454 12-26	6-23		Schedule B (Form 990) (2023)						

09531210 600349 93633.000

SCHEDULE D)
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(Form	990)
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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.



-

Department of the Treasury Internal Revenue Service

Nam	e of the organization CRAFTON HILLS COLLI		Employer identification number $23 - 7314077$				
Par				ar Funde /			
T ai	organizations Maritaning Donor Advised		Sinni			Complete il trie	
		(a) Donor advi	sod fur	nde	(b)	Funds and other accounts	
	Table work on the distance		Seu lui		(0)		
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year			L			
5	Did the organization inform all donors and donor advisors in v	-					
-	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o		•				
Par	impermissible private benefit? t II Conservation Easements. Complete if the orgonality	nonization anoward "	/		ort IV / lin	Yes No	
				I FOITH 990, P	art iv, iir		
1	Purpose(s) of conservation easements held by the organization	· · · ·	<u></u>		- h:-t-::		
	Preservation of land for public use (for example, recrea	tion or education)				cally important land area d historic structure	
	Protection of natural habitat Preservation of open space	L		eservation of	a certine	a historic structure	
•			.: In 1	in the s farmer a	.		
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contr	IDULION	in the form o		Held at the End of the Tax Year	
a h	- · · · · · · · · · ·					2a 2b	
b	Number of conservation easements on a certified historic stru	icture included on line	•			20 2c	
с Ь	Number of conservation easements included on line 2c acqu				······ '		
d	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel						
5	year	eased, extinguished, c		lated by the	Jiyaniza	tion during the tax	
4	Number of states where property subject to conservation eas	ement is located					
5	Does the organization have a written policy regarding the per		ection	handling of			
Ŭ	violations, and enforcement of the conservation easements it	la a la la O				Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,						
-		5		5		3 ,	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforci	ng conservati	on easer	ments during the year	
		•		•			
8	Does each conservation easement reported on line 2d above	satisfy the requirement	nts of s	ection 170(h)	4)(B)(i)		
	and section 170(h)(4)(B)(ii)?					Yes 🗌 No	
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	ote to the organizatior	n's fina	ncial stateme	nts that	describes the	
	organization's accounting for conservation easements.						
Par			reasu	res, or Oth	ner Sin	nilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	evenue	statement ar	id baland	ce sheet works	
	of art, historical treasures, or other similar assets held for pub					e of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education,	or rese	earch in furthe	erance o	f public service,	
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical trea				gain, pro	ovide	
	the following amounts required to be reported under FASB A	-				•	
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 TOF FORM 990.				Schedule D (Form 990) 2023	

332051 09-28-23

Schedule D (Form 990) 2023 CRAFTON HILLS COLLEGE FOUNDATION 23-7314077 Page							_{age} 2			
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that make s	signifi	cant u	use of its			
	collection items (check all that apply).									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	empt p	ourpos	se in Part :	XIII.		
5	During the year, did the organization solicit or i									
	to be sold to raise funds rather than to be main	ntained as part of the	e organization's col	llection?				Yes		No
Par	t IV Escrow and Custodial Arrange	ements Complete	e if the organization	answered "Yes" on	Form	n 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodiar	n, or other intermedi	ary for contribution	s or other assets no	t inclu	ided				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:		_					
					L			Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance				L	1f		_		
2a	Did the organization include an amount on For	m 990, Part X, line 2	1, for escrow or cu	istodial account liab	ility?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII. C									
Par										
	E E	(a) Current year	(b) Prior year	(c) Two years back	-		ears back			
1a	Beginning of year balance	4,677,825.	2,954,845.	2,615,564.					1,697,820.	
b	Contributions	1,306,878.	1,795,940.	, ,					972,271.	
С	Net investment earnings, gains, and losses	508,267.	419,417.	-357,516.						
d	Grants or scholarships									
е	Other expenditures for facilities					_			450 044	
	and programs	497,265.	492,377.	362,666.		4	64,076.	459,344.		
f	Administrative expenses			0.054.045						
g	End of year balance	5,995,705.	4,677,825.			2,6	15,564.	2	,210,	747.
2	Provide the estimated percentage of the curren	nt year end balance) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment 88.0000	%								
с	Term endowment 12.0000 %									
•	The percentages on lines 2a, 2b, and 2c should	•	·	al a destatata a diferent	L					
за	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	id administered for t	ne			1	Yes	No
	organization by:							3a(i)	X	
	(i) Unrelated organizations?(ii) Related organizations?							3a(ii)	- 23	x
h	If "Yes" on line 3a(ii), are the related organization							3b		- 23
4	Describe in Part XIII the intended uses of the o							30		L
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part X	, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accun	nulate	bd	(d) Boo	k valu	e
		basis (investm	• •		epreci			(u) 200	it valu	•
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must eau		line 10c column	(B))						0.
				,= <i>//</i>			Schedule	D (Forn	n 990)	

332052 09-28-23

Complete	if the organization answered "	Tes OITFOIII 990, Fait IV, I	Ine Thb. See Form 990, Fait 7	λ, iiiie 12.
(a) Description of securi	ty or category (including name of secu	rity) (b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
Financial derivative	s			
Closely held equity	interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equa	l Form 990, Part X, line 12, col. (B)))		
art VIII Investm	ents - Program Related	d.		
Complete	if the organization answered ""	Yes" on Form 990, Part IV, I	ine 11c. See Form 990, Part >	K, line 13.
(a) Desc	ription of investment	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) al. (Col. (b) must equa	l Form 990, Part X, line 13, col. (B)))		
(9) al. (Col. (b) must equa art IX Other A	I Form 990, Part X, line 13, col. (B) ssets if the organization answered "`		ine 11d. See Form 990, Part >	K, line 15. (b) Book value
(9) al. (Col. (b) must equa art IX Other A	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) al. (Col. (b) must equa art IX Other A Complete	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) al. (Col. (b) must equa art IX Other A Complete (1)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) al. (Col. (b) must equa vart IX Other A Complete (1) (2)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) (al. (Col. (b) must equa (b) Other A Complete (1) (2) (3) (4)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) (al. (Col. (b) must equa (b) Other A Complete (1) (2) (3) (4) (5)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) (al. (Col. (b) must equa (b) Other A Complete (1) (2) (3) (4) (5) (6)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) (al. (Col. (b) must equa (art IX) Other A Complete (1) (2) (3) (4) (5) (6) (7)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) (al. (Col. (b) must equa (art IX Other A Complete (1) (2) (3) (4) (5) (6) (7) (8)	ssets	Yes" on Form 990, Part IV, I	ine 11d. See Form 990, Part >	
(9) al. (Col. (b) must equa other A Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must other L	ssets if the organization answered " " " " " equal Form 990, Part X, line 1 " abilities	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) (art IX Other A Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) musi (b) musi (c) musi	ssets if the organization answered " <u>equal Form 990, Part X, line 1</u> if the organization answered "	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa other A Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other L	ssets if the organization answered " " " " " equal Form 990, Part X, line 1 " abilities	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa other A Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must other L	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must Complete (1)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa art IX Other A Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other L Complete (1) Federal income	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other L Complete (1) Federal income (2)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must tal. (Column (b) must Complete (1) Federal income (2) (3)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other L Complete (1) Federal income (2) (3) (4)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other L Complete (1) Federal income (2) (3) (4) (5)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) (al. (Col. (b) must equa (complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must (9) tal. (Column (b) must (1) Federal income (2) (3) (4) (5) (6) (7)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value
(9) al. (Col. (b) must equa Complete (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must (9) tal. (Column (b) must Complete (1) Federal income (2) (3) (4) (5) (6)	ssets if the organization answered " <i>equal Form 990, Part X, line 1</i> iabilities if the organization answered " (a) Description of liability	Yes" on Form 990, Part IV, I (a) Description 5, col. (B))		(b) Book value

Schedule D (Form 990) 2023

23-7314077 Page 3

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Schedule D (Form 990) 2023

	edule D (Form 990) 2023 CRAFTON HILLS COLLEGE FOUN				7314077 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,644,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	····· ································		412,116.		
b	Donated services and use of facilities	2b	371,425.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	804,435.
3	Subtract line 2e from line 1			3	1,840,127.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
					1 0/0 107
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,840,127.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		
5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		n
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	letur	n
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per R	letur	n
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per R	letur	n
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per R	letur	n 1,003,462.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per R 371,425. 20,894.	letur	n <u>1,003,462.</u> 392,319.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 371,425. 20,894.	1	n 1,003,462.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R 371,425. 20,894.	1 2e	n <u>1,003,462.</u> 392,319.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per R 371,425. 20,894.	1 2e	n <u>1,003,462.</u> 392,319.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	ents With 2a 2b 2c 2c 2d 4a	Expenses per R 371,425. 20,894.	1 2e	n <u>1,003,462.</u> 392,319.
] 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d	Expenses per R 371,425. 20,894.	1 2e	n <u>1,003,462.</u> <u>392,319.</u> <u>611,143.</u> 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 2d 4a 4b	Expenses per R 371,425. 20,894.	1 2e 3	n <u>1,003,462.</u> 392,319.

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

PART X, LINE 2:

THE	FC	UND	ATION	I IS	EXE	MPT	FROM	FEDER	AL Z	AND	STATE	INCOME	TAX	UNDER	SECTI	ON
5010	(C)	(3)	0F 1	יאד י	INTE	RNAI	. REV	ENILE CO	ODE	(TR	с) алі) SECTI	ON 2	ת) 3701)	не
<u> </u>	(0)	(3)	01 1			1/14/11				(11(<u> </u>	/ 01 1.	
CAL	IFC	RNI	Α ΤΑΣ	c coi	DE.'	THE	FOUN	DATION	IS	NOT	CONS	IDERED	A PR	IVATE	FOUNDA	TION
UNDE	ER	SEC	FION	509	(A) (OF 1	CHE II	TERNA	L RI	EVEN	UE COI	DE.				

CONSEQUENTLY, THE FINANCIAL STATEMENTS DO NOT REFLECT ANY PROVISION FOR

INCOME TAXES. THE FOUNDATION USES THE SAME ACCOUNTING METHODS FOR TAX AND

FINANCIAL REPORTING WITH THE EXCEPTION OF INVESTMENT, WHICH ARE VALUED AT

33

COST FOR TAX PURPOSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

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Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

DIRECT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TEMPORARILY RESTRICTED NET ASSETS:

THE FOUNDATION CONSIDERS ALL GIFTS OF CASH AND OTHER ASSETS RECEIVED WITH DONOR STIPULATIONS THAT LIMIT THE USE OF THE DONATED ASSETS AS TEMPORARILY RESTRICTED. WHEN A DONOR RESTRICTION EXPIRES, THAT IS WHEN A STIPULATED TIME RESTRICTION ENDS OR THE PURPOSE OF THE RESTRICTION IS ACCOMPLISHED, TEMPORARILY RESTRICTED ASSETS ARE CLASSIFIED TO UNRESTRICTED NET ASSETS.

PERMANENTLY RESTRICTED NET ASSETS:

THE ASSETS RECEIVED FROM DONORS WHO STIPULATE THAT RESOURCES ARE TO BE MAINTAINED PERMANENTLY, BUT PERMITS THE FOUNDATION TO EXPEND ALL OF THE INCOME (OR OTHER ECONOMIC BENEFITS) DERIVED FROM THE DONATED ASSETS.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming Ad	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				19,	or if the	2023
Department of the Treasury	ŭ	Attach to Form 990 of	-					Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information.			Inspection
Name of the organization		HILLS COLLEGE FOU	NDAT		1		Employer id	entification number 4077
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lir	ne 1	7. Form 990-E	Z filers are not
· · · ·	complete this part	t. ed funds through any of the followin	a activ	ition (Check all that apply			
 a Mail solicitat b Internet and c Phone solici d In-person so 	ions email solicitations tations licitations	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover iising	overnment grants nment grants events			
•		or oral agreement with any individual art VII) or entity in connection with pr	•	Ū		ees,	or Ve	s No
		viduals or entities (fundraisers) pursua			•	e fur		
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribi	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified i	t is e	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA			(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	141,985.			141,985.
	2	Less: Contributions	7,209.			7,209.
	3	Gross income (line 1 minus line 2)	134,776.			134,776.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
<u>DIFECT EXPENSES</u>		Food and beverages	7,925.			7,925.
Ē	8	Entertainment				
		Other direct expenses				12,969.
		Direct expense summary. Add lines 4 through				20,894.
		Net income summary. Subtract line 10 from li				113,882.
Т	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Peverine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ř	1	Gross revenue				
es	2	Cash prizes				
	3	Noncash prizes				
<u>DIFECT EXPENSES</u>	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes No
		No," explain:				
)a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	vear?	Yes No
		Yes," explain:				
b						
b	_					

Sch	edule G (Form 990) 2023	CRAFTON HILLS	COLLEGE	FOUNDATION	23-7	314077	Page 3
11	Does the organization conduct ga	aming activities with nonme	mbers?			Yes	No
12	Is the organization a grantor, ben	•				_	
	to administer charitable gaming?					Yes	No
	Indicate the percentage of gamin					40-	07
	The organization's facility					13a 13b	<u>%</u>
	Enter the name and address of th					100	/0
			organization o gai				
	Name						
	Address						
15a	Does the organization have a con	tract with a third party from	whom the organiz	zation receives gaming	revenue?	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by the	organization	\$	and the amount		
	of gaming revenue retained by the				-		
С	If "Yes," enter name and address						
	Name						
	Address						
	Address						
16	Gaming manager information:						
	Name						
	Coming manager companyation	\$					
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		nt contractor			
				nt contractor			
17	Mandatory distributions:						
а	Is the organization required under	r state law to make charitab	le distributions fro	m the gaming proceed	s to		
	retain the state gaming license?					Yes	No No
b	Enter the amount of distributions	•		other exempt organizati	ions or spent in the		
Pa	organization's own exempt activit rt IV Supplemental Infor	mation. Provide the expl	\$ anations required	by Part L line 2b, colum	ns (iii) and (v): and Pa	t III lines Q	9h 10h
		applicable. Also provide al				t III, III 103 0, 1	55, 105,
			,				
_							
					0.1		000) 0000
33208	33 09-13-23		37		Sched	ule G (Form	9 90) 2023

09531210 600349 93633.000

2023.05010 CRAFTON HILLS COLLEGE FOU 93633.01

Schedule G	(Form 990)
Devit IV	0

Part IV Supplemental Information (continued)	
	Schedule G (Form 99
32084 04-01-23	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047 2023 Open to Public Inspection						
Name of the organizati	on			s.gov/Form990 for				Employer identification number
		ILLS COLL	EGE FOUNDAT	ION				23-7314077
	formation on Grants a							
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	tance?	-					
Part II Grants and	d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments. (Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ad	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								I

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

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

3 CRAFTON HILLS COLLEGE FOUNDATION

23-7314077

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUDENT SCHOLARSHIPS	322	250,130.	0.		
TUDENT EMERGENCY GRANTS	62	28,833.	0.		

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

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	n n	
-	-	Compensated Employees		20	Ľ٦)
Dene	terrant of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		nber
_		CRAFTON HILLS COLLEGE FOUNDATION	23-7	731407	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	la dia ata udaia la lifa.					
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation c	ommittee			
			Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с	-	eive payment from an equity-based compensation arrangement?				X
	If "Yes" to any of lir	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	•				
						X
b		ation?		6b		X
-		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
<u> </u>		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x
•				8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
For		53.4958-6(c)?				0000
ror	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	1 990)	2023

LHA 332111 11-06-23

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN HORAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	314,272.	0.	0.	0.	113,284.	427,556.	0.
(2) MIKE STRONG	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	247,656.	0.	0.	0.	101,393.	349,049.	0.
(3) MICHELLE RIGGS	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF INSTITUTIONAL ADVANCEMEN	(ii)	147,984.	0.	0.	0.	71,590.	219,574.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

332113 11-06-23

Schedule J (Form 990) 2023

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

	Schedule J (Form 990) 20)23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-7314077

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CRAFTON HILLS COLLEGE FOUNDATION

ENGAGEMENT, RECOGNITION, AND RECRUITMENT EFFORTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION DISTRIBUTES COPIES OF THE FORM 990 TO EACH BOARD MEMBER WHO

IS GIVEN THE OPPORTUNITY TO REVIEW, QUESTION, AND APPROVE THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS EACH BOARD MEMBER IS REQUIRED TO SIGN A STATEMENT THAT

THEY ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND AGREE TO ABIDE BY IT.

NEW MEMBERS WHO JOIN THE BOARD ARE ALSO REQUIRED TO SIGN A STATEMENT

ACKNOWLEDGING THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION WILL MAKE AVAILABLE THE GOVERNING UPON WRITTEN REQUEST, DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

44 2023.05010 CRAFTON HILLS COLLEGE FOU 93633.01

TAXABLE	YEAR California Exempt Organization				328941 12-26- FORM	-23
202	3 Annual Information Return				199	
Calendar Yea	2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023 , and ending (mm/	/dd/yyy	y)	06	/30/2024 .	
Corporation/Org		Calif	ornia corpo	oration r	number	
	N UTILS COLLEGE FOUNDADION		0676	010		
	N HILLS COLLEGE FOUNDATION ation. See instructions.	FEI	0676: N	940		
			23-7	314	077	
Street address (PMB no.			
	SAND CANYON ROAD					
	State		ZIP code	0		
YUCAIP Foreign country		A	Foreign po		de	
· g ,	·					
A First retu	nYes 🔀 No I Did the organization have any	y chang	es to its	guideli	nes	
B Amendee		instruc	tions		• Yes X N	١o
	on 4947(a)(1) trust					
	rmation return? engaged in political activities? Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt un					
	(mm/dd/yyyy) ● If "Yes," enter the gross receipt				•	10
	counting method: (1) cash (2) X Accrual (3) Other L Is the organization a limited li					_ √o
	eturn filed? (1) ● ээот (2) ● ээорг (3) ● sch н (ээо) M Did the organization file Form					
	Other 990 series report taxable income?				• Yes X N	10
	proup filing? See instructions ganization in a group exemption Yes X No IRS audited in a prior year?					No
	/hat is the parent's name?					
	Date filed with IRS					
Part I (omplete Part I unless not required to file this form. See General Information B and C.				1 005 104	
	Gross sales or receipts from other sources. From Side 2, Part II, line 8 Gross dues and assessments from members and affiliates		•••••	1	1,905,194	
	 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received <u>ST</u> 	тMT	1.	2	1,461,925	00
Desident	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				_/	
Receipts and	This line must be completed. If the result is less than \$50,000, see General Information B		•	4	3,367,119	00
Revenues	5 Cost of goods sold 5	<u> </u>	00			
	6 Cost or other basis, and sales expenses of assets sold 6 1,506			-	1,506,098	
	 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 			7	1,861,021	
	9 Total expenses and disbursements. From Side 2, Part II, line 18			9		00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10		00
	11 Total payments			11		00
	 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 			12		00
Payments	 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 		r	13 14		00
' ujinonto	15 Penalties and interest. See General Information J			15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result			16		00
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ar it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h	has any k	nowledge.	/ KNOWIE	edge and beller,	
Here	signature of officer PRESIDENT	Date			• Telephone (909)389-3391	
	of officer PRESIDEN'I'	Check i	if.		● PTIN	-
	Preparer's ROMA SCOTT		iployed 🍉		P01368086	
Paid	Firm's name		r		Firm's FEIN	
Preparer's	(or yours, Fabie AND PAYNE, LLP				95-1754234	
Use Only	employed) P.O. BOX 1529 and address PTVEPCTDE CA 92502 1520				Telephone	
	May the FTB discuss this return with the preparer shown above? See instructions		• X] v	(951)241-7811 □ №	
	יוואט איז די אוויטעטט אוויט דינערד אינוי גווי דינערא אוויט אוויער אוויער אוויער אוויער אוויער אוויער אוויער אינער אוויער		~			

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328941 12-26-23

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

	1 Gr	ross sales or receipts from all t	ousiness acti	ivities. See instru	uctions			•	1	134,776 00
	2 In	terest						•	2	143,813 00
		ividends							3	00
Receipts								•	4	00
from	5 Gr	ross royalties						•	5	00
Other	6 Gr	ross amount received from sale	e of assets (S	See instructions))	1	STA	ATEMENT 2 \bullet	6	1,626,453 00
Sources		ther income				SEE S	STA	ATEMENT 3 •	7	152 00
		otal gross sales or receipts from							8	1,905,194 ₀₀
	9 Co	ontributions, gifts, grants, and	similar amou	unts paid		1	STA	ATEMENT 4 \bullet	9	253,718 00
	10 Di	sbursements to or for member ompensation of officers, directo	S					•	10	00
	11 Co	ompensation of officers, directo	ors, and trus	tees		SEE S	STA	$\mathbf{ATEMENT} \ 5 \ \mathbf{\bullet}$	11	0 00
		ther salaries and wages							12	00
Expenses		terest							13	00
and		axes							14	00
Disburse-	15 Re	ents						•	15	00
ments	16 De	epreciation and depletion (See	instructions))			~ ~ ~ ~	•	16	00
	17 Ot	ther expenses and disbursement	nts			SEE S	STA	$\mathbf{ATEMENT} 6 \bullet$	17	378,319 00
0 a la a ala		otal expenses and disbursemer	nts. Add line				1, Pa		18	632,037 00
Schedu		Balance Sheet		Beginning o	f taxable <u>:</u>				OT TAXA	able year
Assets				(a)		(b)	20	(C)	_	(d)
1 Cash						772,1	.30			• 1,670,806
		ceivable								•
		/able								•
										•
		e government obligations								•
		other bonds								•
		stock								•
8 Mortga	age loans investmer					5,299,3	79			• 6,054,710
		issets				5,255,5	,,,,			• 0,054,710
h less	s accumu	lated depreciation								
										•
12 Other :	assets	STMT 8				63,4	29			• 53,422
						6,134,9	38			7,778,938
Liabilities						- / / -				.,,
		le				1,9	23			• 4,823
		jifts, or grants payable				•				•
16 Bonds										•
		ıble								•
		principal fund								•
20 Paid-in	or capital s	urplus. Attach reconciliation								•
21 Retain	ed earnin	gs or income fund				6,133,0				• 7,774,115 7,778,938
		and net worth				6,134,9	38			<u>7,778,938</u>
Schedu	le M-1	Reconciliation of income p	oer books wi	ith income per r	eturn					
		Do not complete this sched	lule if the an			13, column (d),	is less	s than \$50,000.		
1 Net inc	come per	books	•	1,641,	100	7 Income reco	orded	on books this year		
2 Federa						not included	d in th	nis return. Attach schedul	e *	• 412,116
3 Excess	s of capita	I losses over capital gains	•					s return not charged		
		orded on books this year.						ome this year.		
Attach										•
		ded on books this year not				il bbA letoT 0	ine 7 a	and line 8		412,116
5 Expens		-								
5 Expense deduct	ted in this	return. Attach schedule 1 through line 5		1,641,	1	10 Net income	per re			1,228,984

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CA 199	99 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3			S.	TATEMENT 1
CONTRIBUTOR'S NAME					AMOUNT
SAN MANUEL BAND OF MISSION INDIANS	11711 SANI CA 92399	O CANYON RD	• YUCAIPA,		800,000.
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES	11711 SANI CA 92399	O CANYON RD	• YUCAIPA,		135,150.
EDISON INTERNATIONAL	11711 SANI CA 92399	O CANYON RD	• YUCAIPA,		50,000.
ELAINE ROSEN	11711 SANI CA 92399	O CANYON RD	• YUCAIPA,		35,000.
PAUL AND JOANN BARICH	11711 SANI CA 92399	O CANYON RD	• YUCAIPA,		32,883.
RAYMOND PRYKE FOUNDATION	11711 SANI CA 92399	O CANYON RD	• YUCAIPA,		30,000.
PEPSI BOTTLING GROUP	11711 SANI CA 92399	O CANYON RD	. YUCAIPA,		26,533.
DIANE PFAHLER	11711 SANI CA 92399	O CANYON RD	. YUCAIPA,		25,250.
BARBARA LOUISE SMITH	11711 SANI CA 92399	O CANYON RD	. YUCAIPA,		24,990.
GLORIA HARRISON	11711 SANI CA 92399	O CANYON RD	. YUCAIPA,		20,290.
BANK OF AMERICA	11711 SANI CA 92399	O CANYON RD	. YUCAIPA,		15,000.
FORREST GREEK AND VALORIE MCLAUGHLIN	11711 SANI CA 92399	O CANYON RD	. YUCAIPA,		11,000.
NATIONAL BOARD FOR RESPIRATORY CARE INLAND EMPIRE COMMUNITY FOUNDATION	CA 92399	D CANYON RD D CANYON RD	-		10,000. 8,692.
531210 600349 93633.000		3 2023.05010	CRAFTON HI		TATEMENT(S) E FOU 93633

CRAFTON HILLS COLLEGE FOU	NDATION				23-7314077
PHONG NGUYEN	11711 SAND CA 92399	CANYON	RD.	YUCAIPA,	8,340.
PAULINE KIMBROUGH	11711 SAND CA 92399	CANYON	RD.	YUCAIPA,	7,838.
WILLIAM AND PAULA AHLBORN	11711 SAND CA 92399	CANYON	RD.	YUCAIPA,	7,700.
YUCAIPA ROTARY CLUB	11711 SAND CA 92399	CANYON	RD.	YUCAIPA,	7,000.
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT	CA 92399				6,200.
DONALD AND CAROL AVERILL	CA 92399				5,964.
REBECCAH K. WARREN-MARLATT	11711 SAND CA 92399				5,500.
JOHN BURTON ADVOCATES FOR YOUTH	CA 92399				5,000.
ED YARNELLE	11711 SAND CA 92399				5,000.
EDWARD JONES WILFRID LEMANN	11711 SAND CA 92399 11711 SAND				5,000.
SOCAL GAS	CA 92399 11711 SAND			-	5,000.
SARA CLOPINE	CA 92399 11711 SAND				5,000.
P2S ENGINEERING, INC.	CA 92399 11711 SAND				5,000.
F25 ENGINEERING, INC.	CA 92399		κυ.	IUCAIPA,	5,000.
TOTAL INCLUDED ON LINE 3					1,308,330.

CA 199	GROSS AM	IOUNT FROM SAL	E OF	ASSETS	S	TATEMENT 2
DESCRIPTION		DA' ACQU		DATE SOLI		THOD UIRED
MERRILL LYNCH #74001		06/30)/23	06/30/	24 PUR	CHASED
		COST OR OTHER BASIS	DEP	REC.	EXPENSE OF SALE	GROSS SALES PRICE
		1,506,098.		0.	0.	1,626,453.
TOTAL TO FORM 199, PAGE	2, LN 6	1,506,098.		0.	0.	1,626,453.

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253,718.

CA 199	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
OTHER INCOME		152.
TOTAL TO FORM 199,	PART II, LINE 7	152.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS	STATEMENT 4
	AND SIMILAR AMOUNTS PAID	

ACTIVITY CLASSIFICATION: STUDENT SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS STUDENTS	11711 SAND CANYON RD -	NONE	
	YUCAIPA, CA 92399		253,718.

TOTAL FOR THIS ACTIVITY

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 253,718.

CA 199	COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND A	DDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KEVIN HORA 11711 SAND YUCAIPA, C	CANYON ROAD		SECRETARY 2.00	0.
MIKE STRON 11711 SAND YUCAIPA, C	CANYON ROAD		CHIEF FINANCIAL OFFICER 4.00	0.
MICHELLE R 11711 SAND YUCAIPA, C	CANYON ROAD		DIRECTOR OF INSTITUTIONAL 20.00	0.
CARRIE AUD 11711 SAND YUCAIPA, C	CANYON ROAD		DEVELOPMENT COORDINATOR 40.00	0.
DR. PHONG 1 11711 SAND YUCAIPA, C	CANYON ROAD		PRESIDENT 4.00	0.
AMY MINJAR 11711 SAND YUCAIPA, C	CANYON ROAD		1ST VICE PRESIDENT 4.00	0.
DAVID AVIL 11711 SAND YUCAIPA, C	CANYON ROAD		VICE PRESIDENT 4.00	0.
WYNONA DUV 11711 SAND YUCAIPA, C	CANYON ROAD		VICE PRESIDENT 4.00	0.
BARBARA SM 11711 SAND YUCAIPA, C	CANYON ROAD		VICE PRESIDENT 4.00	0.
LESLIE WES 11711 SAND YUCAIPA, C	CANYON ROAD		VICE PRESIDENT 4.00	0.
JUNE YAMAM 11711 SAND YUCAIPA, C	CANYON ROAD		VICE PRESIDENT 4.00	0.

CRAFTON HILLS COLLEGE FOUNDATION			23-7314077
GLORIA MACIAS HARRISON 11711 SAND CANYON ROAD YUCAIPA, CA 92399		DIRECTOR 1.00	0.
CHRIS MARKARIAN 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
WILLIAM NASSAR 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
COL. DAVID E. RALEY 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
CELESTE REID 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
RICH SESSLER 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
MICHAEL SMITH 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
MARK SNOWHITE 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
ROSAURA SOLIS-PARSONS 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
LILLIAN VASQUEZ 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
GREG WESSELS 11711 SAND CANYON ROAD YUCAIPA, CA 92399	ELECTED	DIRECTOR 1.00	0.
MERIDYTH MCLAREN 11711 SAND CANYON ROAD YUCAIPA, CA 92399	APPOINT	ED DIRECTOR 1.00	0.

11711 SAND CANYON ROAD YUCAIPA, CA 92399	1.00	
ENGGIE OCAMPO 11711 SAND CANYON ROAD YUCAIPA, CA 92399	APPOINTED DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11	-	0.

APPOINTED DIRECTOR

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
SPECIALIZED TRAINING ENGAGEMENT DIRECT STUDENT SUPPORT MATERIALS AND SUPPLIES DIRECT EXPENSES OF FUNDR ACCOUNTING FEES INVESTMENT MANAGEMENT FE OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTIO TRAVEL ALL OTHER EXPENSES	ES	127,443. 54,956. 39,817. 6,491. 20,894. 20,431. 61,481. 37,919. 2,159. 130. 6,598.
TOTAL TO FORM 199, PART	II, LINE 17	378,319.

CA 199 OTHER INVESTMENTS	 	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY INVESTMENTS SECURITY INVESTMENTS	5,031,302. 268,077.	5,766,206. 288,504.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	5,299,379.	6,054,710.

CRAFTON HILLS COLLEGE FOUNDATION

KAREN PETERSON

23 - 7314077

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	STATEMENT 8
BEG. OF YEAR	END OF YEAR
63,429.	53,422.
63,429.	53,422.
	63,429.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
UNREALIZED GAINS		412,116.
TOTAL TO FORM 199, SC	HEDULE M-1, LINE 7	412,116.

TAXABL											_{ЕОРМ} 8453-ЕО					
Exempt Org	ganizatio	n name											Identif	fying numb	er	
CRAF	TON	нттл	S CC	LLEGE H	FOUND	ΑΤΤΟΝ							23	-731	4077	
Part I				formation (w										/01	10//	
1 Tot	al gro	ss receipt	s or unr	elated busine	ss taxable	e income (F	orm 199, line	4 or For	m 109, l	ine 5)				1	3,30	67,119
2 Tot	al gros	ss income	e or tota	l tax (Form 19	99, line 8 c	or Form 109), line 14)						2	2	1,80	51,021
3 Tot	al exp	enses an	d disbur	rsements (For	m 199, lin	e 9)							;	3	63	<u>32,037</u>
4 Tax	due (Form 109), line 23	3)									4	4		
	erpayr	nent (For	m 109, l	ine 24) Electronical	by for Toy	able Veer							!	5		
Part II 6	-					able fear	2023									
6 7	-	tronic fur		nd (Form 109 drawal 7	'a Amour	h t			7 b \\/i	thdrawal	data (mi	m/dd/w	ممر			
/ Part III	_			Tax Payments										exempt o	rganizatio	n owes.)
				First Paymen		1	cond Paymer			Third Pa					rth Paym	, , , , , , , , , , , , , , , , , , , ,
8 Amo	unt															
9 With																
Part IV	Ban	king Info	rmatior	n (Have you v	erified the	exempt or	ganization's b	anking i	nformati	on?)						
10 Rout	•	_											_			
11 Accord Part V		umber Iaration	of Office	or				12 T	ype of a	ccount:	Cr	necking		Sav	ngs	
direct dep and any e Under per transmitte California a balance organizati statement delayed, Sign Here Part VI I declare t am only a accurately provided 1 345, 202 the exemp I declare t	bosit re stimatu nalties rr, or ir electrr due re on will s be tr I autho Dec Dec that I h n inter y reflect the org 3 Han to orga that I h	fund agree ed paymen of perjury, itermediat onic return turn, I unc remain lia ansmitted orize the F Signature of laration of ave review mediate se ts the data anization of abook for nization re ave exami	es with the t amount I declare e service . To the t lerstand to ble for th to the FT TB to dis officer of Elect red the at ervice pro- to officer wi Authoriz turn is fill ned the a	's account to be e authorization is listed on Part e that I am an oi provider and th best of my know that if the Franc the tax liability ar B by the ERO, t close to the ER ronic Return pove exempt or ovider, I undersi eturn.) I have o th a copy of all ed e-file Provid led, whichever i bove exempt or this declaration	stated on r t III, line 8 f fficer of the ne amounts vledge and hise Tax Bo nd all applic transmitter, Originato ganization's tand that 1 a btained the forms and rers. I will ke s later, and rganization'	ny return. If rom the ban above exem in Part I abo belief, the es- bard (FTB) du cable interessi or intermed nediate serv Date or (ERO) ar is return and am not respo organization information seep form FTE I will make is s return and	I check Part II, k account spec pt organization we agree with i cempt organization bes not receive and penalties. iate service pro- ice provider the dPaid Prepa that the entries nsible for revie officer's signa that I will file w 8 453-EO on fa a copy available accompanying	box 7, I a fifed in Pa and that the amount tion's return full and ti I authoriz vider. If t e reason Title arer. on form I wing the ture on for tith the FT ischedule ave knowle	uthorize int IV. the information of the information	an electron mation I pro- correspon , correct, a ment of the mpt organi ssing of th e delay or t NT -EO are con rganization 8453-EO be nave follows om the due equest. If I tements, an	by ided to ding line nd compe e exempt zation re e exemp he date mplete an 's return fore tran ed all oth a date of a m also	withdrav o my elec so of the olete. If the organize turn and to organize turn and to organize turn and to organize when the nd corree . I declause semitting uer requilit the return the paid best of	val foi exem action ¹ : acco zation e refu ct to t tre, ho this i remer n or f prepa	r the amo c return o pt organ empt orgs s tax liab mpanyin n's return ind was the best o wever, th return to nts descr four year arer, und nowledge	ount listed priginator zation's 2 anization i ility, the e g schedul or refunc sent. of my know at form F the FTB. I bed in FT s from the er penaltic and belie	(ERO), 023 s filing xempt es and t is wledge. (If I TB 8453-EO have B Pub. e date es of perjury,
ERO	ERO's signatu							Date		Check if also paid preparer	X	Check if self- employe		P0	¹ 'S PTIN	
Must Sign	if self-e	name (or you employed)	irs	EADIE			LLP						Firm	's FEIN 9	5-17	54234
Sign	and ad	dress	•	RIVERS									ZIP o	code 92	502-1	1529
				e that I have exa d complete. I m	mined the	above organ						tements,				
Paid		Paid							Date				Paid preparer's PT		arer's PTIN	
Prepar		preparer's					Date Check if self- employed		ed							
Must Firm's name (or yours										Firm	's FEIN					
Sign		if self-emplo and address											ZIP	code		
															FTB 84	53-EO 2023

STATE OF CALIFORNIA					DEPARTMENT			
RRF-1 (Rev. 01/2024)		IUAL REGISTRATION RENEW	AL FEE	REPORT	(For Registry Use Only)	PAGE	1 01 8	
MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447		TO ATTORNEY GENERAL OF						
Sacramento, CA 94203-4470 STREET ADDRESS:	3	ections 12586 and 12587, California 11 Cal. Code Regs. sections 301						
1300 I Street Sacramento, CA 95814	Street Eailure to submit this report annually no later than four months and fifteen days after the end of the							
WEBSITE ADDRESS:	minimum tax	of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS exter	s. Revenue & T	axation Code section				
www.oag.ca.gov/charities		23703, Government Code Section 12586. 1. IPS exte		nonored.				
			Check if					
CRAFTON HILLS CO	OLLEGE I	OUNDATION		nange of address mended report				
Name of Organization				ganization requests e	mail notifications			
List all DBAs and names the organization	uses or has used							
11711 SAND CANY			State Ch	narity Registration Nur	nber 15610			
Address (Number and Street)				any negletation na				
YUCAIPA, CA 92 City or Town, State, and ZIP Code	399		Corpora	tion or Organization N	o. <u>0676948</u>			
(909)389-3391		S@CRAFTONHILLS.EDU	Federal	Employer ID No. 23	-7314077			
Telephone Number	E-mail Addres		rederari		,0110,,			
ANNUAL	REGISTRATIC	ON RENEWAL FEE SCHEDULE (11 C Make Check Payable to Departm		-)7, and 310)			
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		Fee		
Less than \$50,000 Between \$50,000 and \$100,0	\$25 00 \$50	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million	\$100 1 \$200		001 and \$100 million),001 and \$500 millior	\$800 1\$1,0		
Between \$100,001 and \$250,	,000 \$75	Between \$5,000,001 and \$20 millio	on \$400	Greater than \$500	million	\$1,2		
PART A - ACTIVITIES			<u></u>		0.0.4			
For your most recent fu	ull accounting	period (beginning 07/01/20	<u> 23</u> en	ding 06/30/2	<u>024</u>)list:			
Total Revenue (including noncash contributions) \$	1,840,	127 Noncash Contributions \$		0 Total Asse	ets \$ 7,77	8,93	8	
Program Expen	ises \$	482,881	Total Exp	oenses \$	611,143			
PART B - STATEMENTS REG	GARDING ORG	GANIZATION DURING THE PERIOD (OF THIS R	EPORT				
		you answer "yes" to any of the ques						
		Is for each "yes" response. Please re				Yes	No	
		any contracts, loans, leases or other fi of, either directly or with an entity in w						
any financial interest?							Х	
During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or n	nisuse of th	he organization's char	itable property		х	
		rganization funds used to pay any pen	aity, inte of				Х	
4. During this reporting period commercial coventurer us		ervices of a commercial fundraiser, fundraiser	draising co	ounsel for charitable p	urposes, or		x	
5. During this reporting period	od, did the org	anization receive any governmental fur	nding?				х	
6. During this reporting period	od, did the org	anization hold a raffle for charitable pu	rposes?				x	
7. Does the organization co	nduct a vehicle	e donation program?					x	
0		ndent audit and prepare audited financ	cial stateme	ents in accordance wi	th			
		es for this reporting period? he organization hold restricted net ass	ets, while r	reporting negative unr	estricted net assets?		<u>x</u>	
· · ·		ve examined this report, including ac				· · ·	X	
and belief, the content is true	e, correct and	complete, and I am authorized to sig	gn.					
	DR			PRESIDENT	2			
Signature of Authorized Agent	Pri	nted Name		Title	Date			