** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A I</u>	or the	e 2022 calendar year, or tax year beginning 001 1, 2022 and e	enaing U	<u>UN 30, 2023</u>	
B (Check if applicable	BUILER COUNTI COMMUNITI COLLEGE		D Employer identifi	cation number
	Addre				
	Name chang	e Doing business as		25-15554	37
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	□Final return	107 COLLEGE DRIVE		(724) 28	
	termir ated			G Gross receipts \$	9,861,786.
	Amen return	BUILER, PA 10002-3807		H(a) Is this a group re	
	Application pendi	F Name and address of principal officer: MEGAN COVAL		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u></u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1985 N	M State of legal domicile: PA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE FRIVATE GIFTS TO SUPPORT THE COLLEGE'S MIS			AND MANAGES
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			eate
/err	3			1	15
ဇ္ဗ်	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
٥ŏ	5	Total number of individuals employed in calendar year 2022 (Part V, line 1a)			0
ties	6	Total number of volunteers (estimate if necessary)			28
ڐؘۣ	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Not difficiated business taxable income from 1 or 1, 1 art 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,064,254.	4,695,876.
Revenue	9	Program service revenue (Part VIII, line 2g)		12,721.	35,256.
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		802,904.	736,427.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		114,535.	131,980.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,994,414.	5,599,539.
	 	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		879,517.	3,713,098.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 27, 40	7.		
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		363,747.	441,249.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,243,264.	4,154,347.
	19	Revenue less expenses. Subtract line 18 from line 12		751,150.	1,445,192.
or or	3			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		22,949,870.	24,116,198.
ASS	21	Total liabilities (Part X, line 26)		8,548,909.	7,771,458.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		14,400,961.	16,344,740.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	MEGAN COVAL, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		ELIZABETH E. KRISHER		self-employ	
	parer	Firm's name MAHER DUESSEL, CPA'S		Firm's EIN 2	5-1622758
Use	Only	Firm's address 503 MARTINDALE STREET, SUITE 600			0 484
		PITTSBURGH, PA 15212		Phone no. 4 1	2-471-5500
May	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 ((2022) EDUCATION FOUNDATION	25-1555437	Page 2
Part III	Statement of Program Service Accomplishments		
	Obselvit Cabadyla O santaina a managana ay nata ta any lina in thia Bart III		V

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION ENHANCES THE
	EXPERIENCES OF BC3 STUDENTS BY PROVIDING EXTERNAL RESOURCES TO SUPPORT
	THE COLLEGE'S MISSION. THE FOUNDATION IS A DRIVING FORCE THAT LINKS
	THE COMMUNITY, STUDENTS, ALUMNI, BUSINESSES, ORGANIZATIONS, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program 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.
4-	2 000 002 2 012 000 156 000
4a	(Code:) (Expenses \$3,928,973. including grants of \$3,713,098.) (Revenue \$\$ 156,020.) THE FOUNDATION PROMOTES EDUCATIONAL EFFORTS OF BUTLER COUNTY COMMUNITY
	COLLEGE (BC3) THROUGH STUDENT SCHOLARSHIPS, ACADEMIC ENHANCEMENT AND
	CAPITAL GRANTS.
4b	(Code:) (Expenses \$
	, (100000)
4c	(Code:) (Expenses \$
4-1	Other pregram comities (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,928,973.

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BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Form 990 (2022)

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	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	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (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	_ <u></u>		<u> </u>
.5		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	13		
13	,	19		X
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
	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	X	

EDUCATION FOUNDATION

Page 4 Part IV Checklist of Required Schedules (continued)

BUTLER COUNTY COMMUNITY COLLEGE

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	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	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-21	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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 non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 /f "You " complete School to B. Bort I.	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
٠.	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	NI-
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

DO22) EDUCATION FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 Part V

				Yes	No			
2 a	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						
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b					
			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	١.		37			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac	, ,	-		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the second of the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30					
ua	and the contract of the contra	e organization solicit	6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		- Ou					
-	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).		6b					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х				
			7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required						
	to file Form 8282?	,	7c		X			
d	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 co	ontract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		00					
a b	Did the appropriate propriation and to a distribution to a depart depart of the propriate and appropriate and		9a 9b					
10	Section 501(c)(7) organizations. Enter:		30					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	•						
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	406						
_	organization is licensed to issue qualified health plans	13b	-					
	Enter the amount of reserves on hand	13c	110		Х			
			14a 14b		- 22			
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei		140					
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.		10					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		Х			
	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 ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	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 Revenue Code.)	<u> </u>		
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
·		12c	х	
12	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14		14	25	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		Х
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		41
160				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avallal	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LYNN ISMAIL - (724) 287-8711			
	107 COLLEGE DRIVE, BUTLER, PA 16002			

Form 990 (2022) EDUCATION FOUNDATION 25-3 Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

X

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25-1555437

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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	T an			1		from the	from related	other
	(list any hours for	ndividual trustee or director				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	/idual	tution	er	Key employee	loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) MS. MEGAN COVAL	40.00								_	
EXECUTIVE DIRECTOR				Х				130,492.	0.	12,795.
(2) MR. TONY W. SHAKELY	1.00	1								_
CHAIR		Х		Х				0.	0.	0.
(3) MS. CATHY BRONDER	0.75									
DIRECTOR		Х						0.	0.	0.
(4) MR. WILLIAM BELLIS	0.28									
DIRECTOR	0.05	Х						0.	0.	0.
(5) MS. CATHY GLASSGOW	0.25									•
DIRECTOR	0 00	Х						0.	0.	0.
(6) MS. JEANNIE GILKEY	0.20								_	•
DIRECTOR	0.05	Х						0.	0.	0.
(7) MR. ROBERT M. HOVANEC	0.25	.,								•
DIRECTOR	1 00	Х						0.	0.	0.
(8) MR. JAMES A. TAYLOR	1.00	. ,							0	0
DIRECTOR	0.15	Х						0.	0.	0.
(9) MR. THOMAS MARTIN (THROUGH 6/23 DIRECTOR	0.15	Х						0.	0.	0.
(10) MR. DAVID C. HUSEMAN	0.50	Λ						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(11) MS. CAROL J. ACHEZINSKI	0.25	Λ						0.	0.	0.
DIRECTOR	0.25	Х						0.	0.	0.
(12) MRS. KELLY A. GILES	0.75							•	•	•
DIRECTOR	00,3	х						0.	0.	0.
(13) MR. MATTHEW REITLER	0.25							•		•
DIRECTOR	0020	х						0.	0.	0.
(14) MR. JAY G. SHAFFER	0.60								•	•
SECRETARY		х		x				0.	0.	0.
(15) MR. GARY C. RAUSCHENBERGER	1.00									
TREASURER		Х		х				0.	0.	0.
(16) MRS. NANCY HUNTER MYCKA	1.00									
VICE CHAIR		Х		х				0.	0.	0.

Form **990** (2022)

	990 (2022) EDUCATIO	N FOUNDA	TI	ON						25-155	554	137	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ነ than c	one	Reportable	Reportable		Es	timate	d
		hours per					is both or/trust		compensation	compensation			ount o	of
		week (list any				l	1741431		from	from related			other	
		hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC	,		oensat om the	
		related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	'		anizati	
		organizations	ruste	trus		ee	npeu		1099-NEC)	1000 NEO)		_	relate	
		below	dual t	rtiona	_	nploy	st coi	<u></u>	1000 (120)				nizatio	
		line)	ndivi	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			_	_	_	_	1				\top			
											十			
			•											
											十			
			-											
											\top			
											+			
											+			
											+			
											\top			
			•											
											十			
1b	Subtotal	1				I			130,492.	C).	12	2,79	95.
	Total from continuation sheets to Part VI								0.).		•	0.
	Total (add lines 1b and 1c)								130,492.).	12	2,79	
2	Total number of individuals (including but n								•		<u> </u>		- ,	
_	compensation from the organization	ot minica to th	000	11010	u u.	,000	,, •••••	010	socived more than \$100,	ooo or reportable				1
	compensation from the organization												Yes	No
3	Did the organization list any former officer.	director trusto	ee k	ev e	mnl	ove	e or	hia	hest compensated emp	lovee on	Г			
	line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•	•	•		•	F	3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$150										F	4	Х	
5	Did any person listed on line 1a receive or a										··			
Ū	rendered to the organization? If "Yes." com							nacc	od organization of marvi	dadi for dervices	F	5		Х
Sec	tion B. Independent Contractors	ipiete Schedule	<i>- U 1</i> (JI SL	1011	Jers	<u> </u>				<u> </u>			
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than 9	3100.000 of comper	 ısati	on fro	m	
-	the organization. Report compensation for													
	(A)								(B)			(C	:)	
	Name and business	address	NO	ONE	3				Description of s	services	Cc		, nsatior	ı
								П						
								_						
2	Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than				

\$100,000 of compensation from the organization

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BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Form 990 (2022) EDUCATI
Part VIII Statement of Revenue

		Check if Schedule O co	ontains a resr	onse	or note to any line	e in this Part VIII			
		Cricon il Coricadie C di	Oritaino a reop	701100		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1					Sections 512 - 514
nts nts	1 a	Federated campaigns							
ir our	b	Membership dues	1b						
S, G	c	Fundraising events	1c		93,409.				
ar /	d	Related organizations	1d						
s, G	е	Government grants (contrib							
Sign	f	All other contributions, gifts, g							
uti her		similar amounts not included a			4,602,467.				
o Ei		Noncash contributions included in lin		4	156,210.				
Contributions, Gifts, Grants and Other Similar Amounts	9		iles ia-ii [19	ļΨ		4,695,876.			
O a		Total. Add lines 1a-1f			Business Code	1,033,070.			
	_	OWITED INCOME			900099	25 256	25 256		
ce	2 a	OTHER INCOME			900099	35,256.	35,256.		
e Z	b								
S	c	:							
ar	d								
Program Service Revenue	е	·							
P	f	All other program service re	evenue						
		Total. Add lines 2a-2f				35,256.			
	3	Investment income (includi	ina dividends	intere	st. and				
	•					751,964.			751,964.
	4	Income from investment of				,			,,,,,,,,,,
			•	-	[
	5	Royalties	(i) Re						
			222		(ii) Personal				
	6 a			,000.					
	b	Less: rental expenses		,699.					
	C	Rental income or (loss)	6c 136	,301.					
	d	Net rental income or (loss)	<u></u>			136,301.	136,301.		
	7 a	Gross amount from sales of	om sales of (i) Securitie		(ii) Other				
		assets other than inventory	7a 4,039	,652.					
	b	Less: cost or other basis							
<u>o</u>		and sales expenses	7b 4,055	189.					
)ue	_	Gain or (loss)		,537.					
Revenue		Net gain or (loss)				-15,537.	-15,537.		
E E						13,337.	13,337.		
ther	8 a	Gross income from fundraising							
ŏ			93,409. of						
		contributions reported on li	•						
		Part IV, line 18							
	b	Less: direct expenses		. 8b	43,359.				
	C	Net income or (loss) from fu	undraising ev	ent <u>s</u>		-4,321.			-4,321.
	9 a	Gross income from gaming	g activities. Se	e					
		Part IV, line 19		. 9a					
	b	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le							
	.0 0	and allowances		10a					
	la.								
		Less: cost of goods sold			1				
		Net income or (loss) from s	sales of invent	ory					
S					Business Code				
e e	11 a	·							
Miscellaneous Revenue	b								
e el	c								
Alsc B	d	All other revenue							
_	е	Total. Add lines 11a-11d							
		Total revenue See instruction				5 599 539.	156 020.	0.	747 643.

Form 990 (2022

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon		this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,310,686.	3,310,686.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	402,412.	402,412.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management	112,943.		112,943.	
	Legal				
	Accounting	10,555.		10,555.	
d	Lobbying				
۰ م	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,901.		32,901.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0_,00_0		0=700=1	
9	column (A), amount, list line 11g expenses on Sch 0.)	4,858.		4,858.	
12	Advertising and promotion	1,191.		,	1,191.
13	Office expenses	·			•
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,534.	7,534.		
23	Insurance	5,553.		5,553.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) EDUCATIONAL PROGRAM EXP	199,991.	199,991.		
a b	COMMUNITY SUPPORT	26,216.	± , , , , , , ± •		26,216.
C	HOSPITALITY	11,041.	1,780.	9,261.	20,210.
d		,,	_,	-,	
	All other expenses	28,466.	6,570.	21,896.	
25	Total functional expenses. Add lines 1 through 24e	4,154,347.	3,928,973.	197,967.	27,407.
26	Joint costs. Complete this line only if the organization		•		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			7,022,830.	2	2,464,625.
	3	Pledges and grants receivable, net			80,562.	3	3,302,252.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied per				
		under section 4958(f)(1)), and persons described		6			
S.	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	B			7,133.	9	1,298.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,367,845.			
	b	Less: accumulated depreciation	10b	1,459,274.	2,030,457.	10c	1,908,571.
	11	Investments - publicly traded securities	6,918,150.	11	10,140,684.		
	12	Investments - other securities. See Part IV, line 1	6,890,738.	12	6,298,768.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			22,949,870.	16	24,116,198.
	17	Accounts payable and accrued expenses		220,510.	17	179,812.	
	18	Grants payable		18			
	19	Deferred revenue			113,891.	19	105,435.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	1,323,770.	23	1,187,443.
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	6 000 500		6 000 760
		of Schedule D			6,890,738.		6,298,768.
	26	Total liabilities. Add lines 17 through 25			8,548,909.	26	7,771,458.
"		Organizations that follow FASB ASC 958, che	ck her	e X			
če		and complete lines 27, 28, 32, and 33.		ļ	0.006.040		0.005.616
alan	27	Net assets without donor restrictions			2,896,048.	27	2,875,616.
B	28	Net assets with donor restrictions			11,504,913.	28	13,469,124.
ū		Organizations that do not follow FASB ASC 95	58, che	eck here			
ΥF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
ΪÀ	31	Retained earnings, endowment, accumulated inc			14 400 001	31	16 244 740
Š	32	Total net assets or fund balances			14,400,961.	32	16,344,740.
	33	Total liabilities and net assets/fund balances			22,949,870.	33	24,116,198.

Form **990** (2022)

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	5,59	9.5	39.	
2 Total expenses (must equal Part IX, column (A), line 25)							
3		3		,15			
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,40			
5		5				87.	
6	Net unrealized gains (losses) on investments	6			<i>3</i> , <i>3</i>	<u> </u>	
	Donated services and use of facilities	7					
7	Investment expenses						
8	Prior period adjustments	<u>8</u> 9				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				<u> </u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	16	,34	1 7	4 O	
Pai	column (B)) rt XIII Financial Statements and Reporting	10		,,,,,	± , /	40.	
· u						X	
	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				103	140	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			<u> </u>			
	separate basis, consolidated basis, or both:	ona					
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			2.0			
	consolidated basis, or both:	basis,					
	Separate basis Consolidated basis X Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit					
٠	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 Sche			20			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Jaule C	•				
Ja	W.Y 0.11 - 0.05 B.B. 1000 B.L. 150			3a		x	
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.			Ja		 	
J	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ou auu		3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION 25-1555437 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	764,415.	2160443.	1767649.	1063634.	4695876.	10452017.
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		21.12.112	1-1-11	1010101		
4	Total. Add lines 1 through 3	764,415.	2160443.	1767649.	1063634.	4695876.	10452017.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3433481.
	Public support. Subtract line 5 from line 4.						7018536.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	764,415.	2160443.	1767649.	1063634.	4695876.	10452017.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	770 001	600 560	660 000	1100004	1051064	4005001
	and income from similar sources	770,801.	699,560.	660,002.	1102904.	1051964.	4285231.
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.)						1 4 7 2 7 2 4 0
	Total support. Add lines 7 through 10		,				14737248.
	Gross receipts from related activities,					12	913,695.
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
800	organization, check this box and storetion C. Computation of Publi	_					
	-			- L (f)		44	47.62 %
	Public support percentage for 2022 (I					15	
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
IOa							
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o						
D		•		•			
17~	and stop here. The organization qual 10% -facts-and-circumstances test						
1 <i>1</i> a	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-		· ·	
L	10% -facts-and-circumstances test	•	•			7a, and line 15 is:	
D	more, and if the organization meets the	_					10/0 UI
	organization meets the facts-and-circu		·		•		
18	Private foundation. If the organization				•		
		on look u i		., ,	,		

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
3	furnished by a governmental unit to						
	the organization without charge						
6	·						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 22/2	# N 00 / 0	() 0000	1 (0 000 ((),,,,,,,,,	(n =
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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.
- 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.)

	Yes	No
	100	110
1		
2		
0-		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
_		
9b		
-		
9c		
10a		
104		
10b	- 000	2022

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Schedule A (Form 990) 2022

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
<u> </u>	ation 6. Type it Supporting Organizations		V	
	Mare a majority of the expeniention's divectors by twistons during the toy year along a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, , , , , , , , , , , , , , , , , , ,			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	<i>y</i> , 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	· 1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
~	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		_

EDUCATION FOUNDATION

Schedule A (Form 990) 2022

Part V | Type III Non 25-1555437 Page 6

Par	t v Type III Non-Functionally integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see
	instructions).	, 0		,

Schedule A (Form 990) 2022

<u>Schedule A (Form 990) 2022</u> <u>EDUCATION FOUNDATION</u> <u>25-1555437</u> Page **7**

04:-	n D. Dietributions				
Secu	on D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h				
	o				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

25-1555437 Page 8 EDUCATION FOUNDATION Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Employer identification number

25-1555437

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 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 99	0-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: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization
BUTLER COUNTY COMMUNITY COLLEGE
EDUCATION FOUNDATION

Employer identification number

25-1555437

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>257,750</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
2		\$\$	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	rume, dudicos, una En 14	\$\$51,816.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 235,868.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$3,010,971.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BUTLER COUNTY COMMUNITY COLLEGE
EDUCATION FOUNDATION

Employer identification number
25-1555437

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SHARES OF STOCK		
3			
		\$\$	09/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
	-		
		_{&}	

Name of organization **Employer identification number** BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION 25-1555437 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ 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 (e) Transfer of gift Transferee's name, address, 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 (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 (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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Employer identification number 25-1555437

Pai	organizations waintaining borior Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai Fulius	Complete if the
	g, r dictis, iiii	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose	conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ent	forcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	'	,	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tus		hay Cincilay Assats
Pal	t III Organizations Maintaining Collections of		asures, or Ot	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			and the decrease of the advisor disc
та	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			•
	service, provide in Part XIII the text of the footnote to its finan			
D	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance or public service,
	provide the following amounts relating to these items:			Ф
	(i) Revenue included on Form 990, Part VIII, line 1			
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS			Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990 Part V			u·

Schedule D (Form 990) 2022 EDUCATION FOUNDATION

25-1555437 Page	ane	Pa	7	3	4	5	5	5	1	_	5	2
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Pai	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	ner S	imilar As	sets _{(con}	tinued)			
3	Using the organization's acquisition, accessic	on, and other records	, check any of the fo	ollowing that make	e signit	ficant use of	fits				
	collection items (check all that apply):		•	Ū							
а	Public exhibition	d	Loan or exch	nange program							
b	Scholarly research	е		3 1 3							
С											
4	Provide a description of the organization's co	llections and explain	how they further the	e organization's e	xempt	purpose in	Part XIII.				
5	During the year, did the organization solicit or										
•	to be sold to raise funds rather than to be ma						Yes		No		
Pai	rt IV Escrow and Custodial Arrang				on Fo	m 990. Par		or			
	reported an amount on Form 990, Par		to il tilo organization	ranoworoa roo	0111 01	111 000, 1 d.	, ,	J.			
	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contributions	or other assets n	ot incl	uded					
	on Form 990, Part X?		•				Yes		No		
b	If "Yes," explain the arrangement in Part XIII a										
-	ii 100, Oxpiaii iio airangomone iii arexiii c	and complete the follo	owning table.				Amou	unt			
С	Beginning balance					1c					
ď	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an amount on Fo				hility?		Yes		No		
	If "Yes," explain the arrangement in Part XIII.	· ·	•		•		103				
	rt V Endowment Funds. Complete if										
	Complete II	(a) Current year	(b) Prior year	(c) Two years back		Three years t	nack (e) Fo	our years	s back		
10	Beginning of year balance	3,669,262.	3,528,316.	3,497,741	-	3,215,8		3,011			
b		3,434,185.	177,484.	153,941	_	273,2			,511.		
0	Contributions 3,434,185. 177,484. 153,941. 273,23 Net investment earnings, gains, and losses 19,265. -34,607. 47,848. 10,66								,940.		
4		25,255.	01,007.	1,,010	+		• • •		,,,,,,,,		
d	Grants or scholarships										
е	Other expenditures for facilities			169,296	,						
	and programs	2,063.	1,931.	1,918		1,9	60		,172.		
f	Administrative expenses	7,120,649.	3,669,262.	3,528,316		3,497,7		3,215			
g	End of year balance	<u> </u>			··I	3,437,7	41.	3,213	,004.		
2	Provide the estimated percentage of the curre	5.5100		neid as:							
a			_%								
b	Permanent endowment 94.4900	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c shou	•		al a aluaciacia & a al & a	41						
за	Are there endowment funds not in the posses	ssion of the organizat	tion that are neid an	a administered to	rtne			Yes	No		
	organization by:						0-4	_	X		
	(i) Unrelated organizations						3a(X		
	(ii) Related organizations								+~		
D	If "Yes" on line 3a(ii), are the related organizate						<u>3b</u>		<u> </u>		
Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		vment tunas.								
ı uı	Complete if the organization answered		Part IV line 11a Sa	ae Form 990 Part	Y line	10					
			Í	Í	-		(-1) D				
	Description of property	(a) Cost or ot basis (investm	` '		,	mulated	(a) Bo	ook valu	ie		
_	Land	`	,		aepre	ciation	1	55 0	01		
_	Land			5,991.	<i>1</i> E	0 274		<u>55,9</u>			
b	9				,43	9,274.		89,4			
	Leasehold improvements			0,272.				<u>60,2</u>			
	Equipment			2,816.				۷,8	<u> 16.</u>		
	Other						1 0	08.5	71		
Tota	Add lines 1a through 1e (Column (d) must or	word Farms OOO Dart V	(actions (D) line 10	۱۵۱			1 1 9	טאוי	/ 1 .		

Schedule D (Form 990) 2022

EDUCATION FOUNDATION Schedule D (Form 990) 2022

25-1555437 P	age 3
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	nvestments - Other Securities. omplete if the organization answered "Yes" of	on Form 000 Dort IV line 1	11h Soo Form 000 Dort V	lina 10	
	of Security or Category (including name of security)	(b) Book value	(c) Method of valuation		of-vear market value
(1) Financial d	. ,.	(b) Book value	(c) Welliod of Valdation	11. 003t 01 CHU	or year market value
	erivatives d equity interests				
(3) Other	a equity interests				
	ESTMENT AGREEMENT	6,298,768.	END-OF-YEAR	MARKET	VALUE
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		6 000 760			
Total. (Col. (b) n	nust equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related.	6,298,768.			
	omplete if the organization answered "Yes" o	on Form 000 Port IV line 1	110 Coo Form 000 Dort V	lino 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation		of vear market value
	ay bescription of investment	(b) Book value	(c) Welliod of Valdation	11. 003t 01 CHU	or year market value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nust equal Form 990, Part X, col. (B) line 13.)				
	other Assets.	Farmer 000 Bart IV line of	11d Coo Farms 000 Dart V	U 45	
	omplete if the organization answered "Yes" o	Description	Tid. See Form 990, Part X,	illie 15.	(b) Book value
(1)	(a) i	Description			(b) Dook value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line	15.)			
	ther Liabilities.	E 000 B 1 N/ II 4			
	omplete if the organization answered "Yes" o	on Form 990, Part IV, line 1	11e or 11f. See Form 990, F	Part X, line 25.	(h) Deale value
1.	(a) Description of liability				(b) Book value
	l income taxes PORT AGREEMENT PAYABLE				6,298,768.
	ORI AGREEMENT PATABLE				0,290,700.
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line	25.)			6,298,768.
•	uncertain tax positions. In Part XIII, provide				at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Par	Reconciliation of Revenue per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts With	Revenue per Re	turn.	
1	Total revenue, gains, and other support per audited financial statements			1	6,272,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	498,587.		
b	Donated services and use of facilities	2b	-		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	174,157.		
е	Add lines 2a through 2d			2e	672,744.
3	Subtract line 2e from line 1			3	5,599,539.
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.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,599,539.
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per R	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,328,504.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		174,157.		
е	Add lines 2a through 2d			2e	174,157. 4,154,347.
3	Subtract line 2e from line 1			3	4,154,347.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,154,347.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IN 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part X	., line 2; Part XI,
PAF	T V, LINE 4:				
THE	ENDOWMENT INCLUDES THE BOARD ENDOWMENT WHI	ICH IS	S SPENT AT	THE	
DIS	CRETION OF THE BOARD FOR THE PURPOSES STATI	ED IN	THE GOVERN	ING	DOCUMENTS
OF	THE FOUNDATION. IT ALSO INCLUDES THE GENER	RAL SO	CHOLARSHIP	ENDO	DWMENT
WHI	CH IS USED TO PROVIDE SCHOLARSHIPS TO STUDI	ENTS A	ATTENDING B	UTLE	ER COUNTY
COL	MUNITY COLLEGE.				
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	CIAL EVENTS EXPENSE				
	TAL EXPENSES				
INV	ESTMENT MANAGEMENT FEES				-32,901.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				174,157.

PART XII Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE 43,359 RENTAL EXPENSES 163,699 INVESTMENT MANAGEMENT FEES -32,901	Schedule D (Form 990) 2022 EDUCATION FOUNDATION	25-1555437 Page 5
SPECIAL EVENTS EXPENSE 43,359 RENTAL EXPENSES 163,699 INVESTMENT MANAGEMENT FEES -32,901	Part XIII Supplemental Information (continued)	
SPECIAL EVENTS EXPENSE 43,359 RENTAL EXPENSES 163,699 INVESTMENT MANAGEMENT FEES -32,901	DADE VIT IINE 2D _ OMUED ADIICEMMENTO.	
RENTAL EXPENSES 163,699 INVESTMENT MANAGEMENT FEES -32,901		
INVESTMENT MANAGEMENT FEES -32,901	SPECIAL EVENTS EXPENSE	43,359.
	RENTAL EXPENSES	163,699.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 174,157	INVESTMENT MANAGEMENT FEES	-32,901.
	TOTAL TO SCHEDULE D, PART XII, LINE 2D	174,157.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BUTLER COUNTY COMMUNITY COLLEGE

EDUCATION FOUNDATION

Employer identification number 25-1555437

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i)										
		Yes	No							
		<u> </u>								
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit o			or has been notified	it is exempt from re	<u> </u> gistration				
or noorising.										

Schedule G (Form 990) 2022

EDUCATION FOUNDATION

25-1555437 Page 2

Pa	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
		of fundraising event contributions and gro		EZ, I				ts greater than \$5,000.			
			(a) Event #1		(b) Event #2	(0) Other events	(d) Total events			
			FOUNDATION		PIONEER			(add col. (a) through			
				PUI	RSUIT		1	col. (c))			
Φ			(event type)		(event type)		(total number)	33(5)/			
Revenue											
Zev	1	Gross receipts	107,363.		17,939.		7,145.	132,447.			
			60 205		15 020		F 145	02.400			
	2	Less: Contributions	68,325.		17,939.	-	7,145.	93,409.			
	_	Over the same (the distribute time O)	39,038.					39,038.			
_	3	Gross income (line 1 minus line 2)	39,030.					39,030.			
	4	Cash prizes									
	•	CdS(1 p1/200									
	5	Noncash prizes	13,649.		800.		1,025.	15,474.			
es			,				•	,			
ens	6	Rent/facility costs	13,090.					13,090.			
Direct Expenses											
ect	7	Food and beverages	7,158.					7,158.			
چَ											
	8	Entertainment			4 262		1 501	7 (27			
	9	Other direct expenses			4,263.		1,581.	7,637.			
	10	Direct expense summary. Add lines 4 through						-4,321.			
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990	Part IV line 19 or	repor	ted more than	-4,321.			
		\$15,000 on Form 990-EZ, line 6a.	anowered red on rem	000	, 1 are 10, 1110 10, 01	горог	ica more triari				
		·	(a) Din na	(k) Pull tabs/instant) Other management	(d) Total gaming (add			
nue			(a) Bingo	bing	go/progressive bingo	(0	e) Other gaming	col. (a) through col. (c))			
Revenue											
	1	Gross revenue									
es	2	Cash prizes									
ens	_	Namanah miinaa									
Direct Expenses	3	Noncash prizes									
ect	4	Rent/facility costs									
Ë	•										
	5	Other direct expenses									
			Yes %		Yes %		Yes %				
	6	Volunteer labor	No No		No		No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)								
	_										
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)								
۵	En	ter the state(s) in which the organization condu	cte gaming activities:								
		the organization licensed to conduct gaming ac	_					Yes No			
		No," explain:									
-											
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rmina	ated during the tax	year?		Yes No			
b	If "	Yes," explain:									

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

EDUCATION FOUNDATION 25-1555437 Schedule G (Form 990) 2022 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a **b** An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes **b** If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) EDUCATION FOUNDATION	25-1555437 Page 4
Schedule G (Form 990) EDUCATION FOUNDATION Part IV Supplemental Information (continued)	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
BUTLER COUNTY COMMUNITY COLLEGE

OMB No. 1545-0047 **2022**

Open to Public Inspection

Employer identification number

EDUCATION	FOUNDATI	ON					25-1555437
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BUTLER COUNTY COMMUNITY COLLEGE 107 COLLEGE DRIVE BUTLER, PA 16002	25-1154027	IRC SECTION 115	3,307,405.	0.			REIMBURSEMENT FOR COLLEGE PROGRAMS FROM AVAILABLE GRANTS AND CAPITAL CONSTRUCTION SUPPORT
2 Enter total number of section 501(c)(3) a	I and government or	nanizations listed in the	l e line 1 table				0.
3 Enter total number of other organization	-	-	e iiile i table				1.
Enter total hamber of other organization	C IICCO III CITO IIIIC						

EDUCATION FOUNDATION 25-1555437

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
					ANNUAL, ENDOWED, AND
NNUAL & DONOR ENDOWED SCHOLARSHIPS	209	281,073.	0.		VARSCHETTI SCHOLARSHIPS
					GED APPLICATION TESTS, IXL LEARNING, BURLINGTON ENGLISH,
GED APPLICATION FEE GRANTS	131	7,880.	0.		AND NEW READERS PRESS
					FIREFIGHTER CERTIFICATION TEST CLASSES & HAZMAT AWARENESS
IREFIGHTER'S FUND	173	47,986.	0.		CERTIFICATION
PIONEER FOOD PANTRY	838	12,298.	0.		FOOD PANTRY
					PURCHASE LAB EQUIPMENT FOR
STEM PROGRAM	49	16,500.	0.		INDIVIDUALS USE

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

PART I, LINE 2:

THE GRANT FUNDS ARE PROVIDED TO THE BUTLER COUNTY COMMUNITY COLLEGE WHO IS

AUDITED ANNUALLY BY AN INDEPENDENT AUDITOR. THE FOUNDATION MONITORS THE

GRANT EXPENSES BY REVIEWING INVOICES PROVIDED BY THE COLLEGE. THE

FOUNDATION EXECUTIVE DIRECTOR CONFERS WITH THE PERTINENT COLLEGE

DEAN/FACULTY BEFORE AUTHORIZING THE SPECIFIC GRANT-RELATED EXPENSES. THE

COLLEGE THEN INVOICES THE FOUNDATION FOR PAYMENT.

1 ago 2			0), Part III.)	(Schedule I (Form 99	tic Individuals	Part III Continuation of Grants and Other Assistance to Domes
assistance	(f) Description of noncash a	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance
	CERTIFICATE ENTREPRENEUM PROGRAM FOR HIGH SCHOOL STUDENTS		0.	22,892.	9.	RIV-ELLL ENTREPRENEURSHIP PROGRAM
	EARLY COLLEGE PIONEER TU TRANSPORTATION, AND MATE		0.	6,625.	27.	BUTLER SD. EARLY COLLEGE PIONEERS

Screenie (Form 990)	ZJ IJJJ4J1 Page Z
Part IV Supplemental Information	
PROGRAM DIRECTORS. PROGRAM DIRECTORS SUBMIT BILLING TO THE	E FOUNDATION. EACH
BILLING IDENTIFIES THE STUDENT AND THE COST. EACH MONTH O	R UPON REQUEST THE
FOUNDATION PROVIDES PROGRAM DIRECTORS WITH THE AMOUNT OF	GRANT FUNDS
REMAINING TO MONITOR THE REMAINING DOLLARS IN THE PROGRAM	•

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Employer identification number 25-1555437

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 EDU	JCATION FOUNDATION		25-1555437	Page 3
Part III Supplemental Information				
Provide the information, explanation, or des	criptions required for Part I, lines 1a, 1b, 3, 4	4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also	complete this part for any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 25 - 1555437 \end{array}$

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion ar	nounts	3
1	Art - Works of art	X	1		FAIR MARKET	VAI	LUE	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
, 8	Boats and planes							
_	Intellectual property	X	1	151 816	SELLING PRI	CE		
9	Securities - Publicly traded			131,010.	BELLING LKI	<u> </u>		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	X	1	1,500.	FAIR MARKET	VAI	LUE	
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	-	•					
	· ·	, ,	J				Yes	No
30a	During the year, did the organization receive by	contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of t			· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period?			•		30a		X
b	If "Yes," describe the arrangement in Part II.							
31							Х	
	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
JŁU			-			32a		Х
h	contributions? If "Yes," describe in Part II.					02a		
33	If the organization didn't report an amount in co	olumn (c) for	a type of proporty	for which column (a) is choo	rked			
55	describe in Part II.	J.G. 101	a type of property	, ioi willon column (a) is chec	,,,,,			

Schedule M	(Form 990) 2022 EDUCATION FOUNDATION	25-1555437	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or	and 33, and whether the organiza	tion
	this part for any additional information.		
		_	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION

Employer identification number 25-1555437

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATIONS TO AN ENVIRONMENT OF INNOVATION, ENERGY, CREATIVITY, AND ACCOMPLISHMENT.

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

THE DRAFT 990 IS PROVIDED TO ALL FOUNDATION BOARD OF DIRECTORS FOR REVIEW. THE FINANCE COMMITTEE REVIEWS THE 990 WITH THE INDEPENDENT TAX PREPARERS AND AFTER ANY REVISIONS RECOMMENDS ITS APPROVAL TO THE EXECUTIVE COMMITTEE TO TAKE ACTION.

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

EACH BOARD MEMBER AND OFFICER OF BC3 EDUCATION FOUNDATION SHALL BE REQUESTED ANNUALLY BY BC3 EDUCATION FOUNDATION TO SUBMIT A DISCLOSURE STATEMENT LISTING ASSOCIATIONS WITH ENTITIES THAT COULD BE CONSIDERED A CONFLICT OF INTEREST AND DESCRIBING THE NATURE OF THE AFFILIATION. ALL DISCLOSURES REQUIRED UNDER THIS POLICY AND AMENDMENTS THERETO SHALL BE DIRECTED IN WRITING TO THE CHAIR OF THE BOARD. THE CHAIR OF THE BOARD AND THE DIRECTOR SHALL BE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY. ISSUES UNDER THIS POLICY SHALL BE REPORTED TO THE CHAIR OF THE BOARD FOR APPROPRIATE ACTION. INFORMATION DISCLOSED UNDER THIS POLICY SHALL BE HELD IN CONFIDENCE BY THE PERSONS AUTHORIZED TO RECEIVE AND ACT UPON IT EXCEPT IN THE JUDGMENT OF ANY OF SUCH PERSONS, THE BEST INTEREST OF THE FOUNDATION REQUIRES FURTHER DISCLOSURE. THIS REVIEW PROCESS SHALL BE REPORTED ANNUALLY TO THE BOARD BY THE CHAIR.

Schedule O (Form 990) 2022 Page 2 BUTLER COUNTY COMMUNITY COLLEGE Name of the organization **Employer identification number EDUCATION FOUNDATION** 25-1555437 INQUIRING PERSONS CAN CONTACT THE FOUNDATION OR COLLEGE AND SPEAK TO LYNN ISMAIL, AT WHICH TIME THE DOCUMENTS WILL BE MADE AVAILABLE. PART VII, SECTION A. THE BC3 EDUCATION FOUNDATION'S EXECUTIVE DIRECTOR IS PAID AS A BC3 EMPLOYEE AND THE FOUNDATION REIMBURSES THE COLLEGE FOR A PORTION OF THE SALARY PAID. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or BUTLER COUNTY COMMUNITY COLLEGE print EDUCATION FOUNDATION 25-1555437 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 107 COLLEGE DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 16002-3807 BUTLER, PA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) LYNN ISMAIL The books are in the care of ► 107 COLLEGE DRIVE - BUTLER, PA 16002 Telephone No. ▶ (724) 287-8711 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ $\underline{\hspace{0.5cm}}$ JUN $\underline{\hspace{0.5cm}}$ 30 , $\underline{\hspace{0.5cm}}$ 2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

https://efile.prosystemfx.com/

Product: Exempt Extension Category: IRS Center: Ogden e-Postmark: 10/2/2023 5:39 PM

Name: Butler County Community College

Education Foundation

FEIN: ****5437 Plan Number: Notification:

Bank Info:

Fiscal Year Begin Date: 7/1/2022 Fiscal Year End Date: 6/30/2023 eSigned:

IRS Message:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
10/02/2023	22X:260:V1	Upload Started			Clever,Kathy	
10/02/2023	22X:260:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
10/02/2023	22X:260:V1	Ready to transmit - Validation Complete				
10/02/2023	22X:260:V1	Transmitted to FD	2557092023275035be14			
10/02/2023	22X:260:V1	Accepted by FD on 10/2/2023				

ID **Status Date** Status State/Other **State Category FBAR FBAR BSA ID**

1/1 about:blank