



**BUTTE COLLEGE FOUNDATION BOARD
Notice of Finance-Audit-Investment Committee Meeting**

Tuesday, May 26, 2026, 7:30 a.m.
Butte College Skyway Center - SC147
2480 Notre Dame Blvd. Chico, CA 95926

The mission of the Butte College Foundation is to help ensure the academic development and excellence of students through financial and other forms of support; to establish scholarship programs and services that benefit our students; to constantly evaluate our funding priorities to identify areas critical to our success; and to create fundraising initiatives that will support the programs and services of Butte College.

AGENDA

Call to Order

Patrick Christensen, AS Rep, Sec/Treas. Chair
Dan Alexander
Farshad Azad
Troy Kidd
Jessica Snelling, BC Vice President of Administration
Neil Yelland

Staff and Guests

Suzanne Watroba, Executive Director
Tristan Bosch, Program Administrator
Robert Parker, Director - Fiscal Services

1. Agenda Approval

1.1. Action Item: Approval of Agenda

2. Communications from the Public

Public Comments – Informational Only – No Action Taken

3. Approval of Minutes

3.1. Action Item: Approval of Meeting Minutes – February 24, 2026

4. Financial Report Updates

- 4.1. 2025-2026 3rd Quarter Budget Report -- March 31, 2026
- 4.2. Payden & Rygel Quarterly Report – March 31, 2026
- 4.3. 2024-2025 IRS Filed 990 Tax Return

5. Business

- 5.1. Review of Draft 2026-2027 Annual Budget
 - Recommendation: Approval to recommend to the Board of Directors

6. Next Meetings

Tuesday, August 25, 2026 at 7:30 a.m.

7. Adjournment

7.1. Action Item: Motion to adjourn

For information concerning this agenda, please contact:
Butte College Foundation Office
3536 Butte Campus Drive, Oroville, CA 95965
(530) 895-2359

Persons requiring disability accommodation, please notify this office 48 hours prior to the scheduled meeting. Meetings are held in wheelchair accessible locations.

Any public records distributed to the Board of Directors less than 72 hours in advance of the meeting, and relating to an open session item, are available for public inspection at the Foundation Office during normal business hours.



**BUTTE COLLEGE FOUNDATION BOARD
Finance-Audit-Investment Committee Meeting Minutes**

Tuesday, February 24, 2026, 7:30 a.m.
Butte College Skyway Center - SC147
2480 Notre Dame Blvd. Chico, CA 95926

The mission of the Butte College Foundation is to help ensure the academic development and excellence of students through financial and other forms of support; to establish scholarship programs and services that benefit our students; to constantly evaluate our funding priorities to identify areas critical to our success; and to create fundraising initiatives that will support the programs and services of Butte College.

The meeting was called to order at 7:32 a.m.

Board Members Present

Patrick Christensen, AS Rep, Sec/Treas. Chair
Jessica Snelling, BC Vice President for Administration
Neil Yelland

Staff and Guests Present

Suzanne Watroba, Executive Director
Tristan Bosch, Program Administrator
Robert Parker, Director - Fiscal Services

1. Agenda Approval

Director Yelland moved, seconded by BC Vice President for Administration Jessica Snelling, to approve the agenda. The motion passed unanimously.

2. Communications from the Public

There were no public comments.

3. Approval of Minutes

Director BC Vice President for Administration Jessica Snelling moved, seconded by Director Yelland, to approve the Meeting Minutes – October 27, 2025. The motion passed unanimously.

4. Financial Report Updates

4.1. 2025-2026 2nd Quarter Budget Report – December 31, 2025

4.2. Payden & Rygel Quarterly Report – December 31, 2025

Financial Reports provided for review.

5. Business

5.1. Discussion of Endowment Management

Director of Fiscal Services Robert Parker reported that the Foundation is exploring engagement with a consultant to help refine and strengthen its endowment management practices. These efforts are intended to enhance transparency for the Board and donors, strengthen stewardship practices, and establish consistent operational guidance for staff.

5.2. Discussion of Annual Budget Preparation

Director of Fiscal Services Robert Parker reported that the Foundation is beginning its 2026-27 budget planning process. Staff would like to meet with agency funds contacts to research how different areas on campus are using their agency funds. The budget draft is due May 12, 2026, ahead of the Finance and Board Meeting in June.

5.3. Review of June 30, 2025 & 2024 Annual Audit

The committee reviewed the June 30, 2025 & 2024 Annual Audit, which had no findings. Director Christensen moved, seconded by Director Yelland, to recommend the June 30, 2025 & 2024 Annual Audit to the Board of Directors.

6. Next Meetings

Tuesday, May 26, 2026, at 7:30 a.m.

7. Adjournment

Director Christensen moved, seconded by BC Vice President for Administration Jessica Snelling, to adjourn the meeting. The motion passed unanimously. The meeting was adjourned at 8:10 a.m.

BUTTE COLLEGE FOUNDATION

Budget to Actual

All Funds

For the Nine Months Ending March 31, 2026

| | FY2026 YTD Mar Actuals | | FY2026 YTD Mar Budget | | Variance | % Variance |
|---------------------------------------|---------------------------|-----------|--------------------------|-----------|------------------|---------------|
| Beginning Fund Balance | \$ 10,427,145 | \$ | 10,427,145 | \$ | - | - |
| Revenues | | | | | | |
| Gifts, Grants, and Bequests | \$ 1,398,979 | \$ | 637,811 | \$ | 761,169 | 119.3% |
| Event & Earned Income | 379,977 | | 253,746 | | 126,231 | 49.7% |
| Investments - Interest & Dividends | 297,881 | | 332,284 | | (34,403) | -10.4% |
| Investments - Gain/(Loss) | 200,670 | | 289,735 | | (89,064) | -30.7% |
| Other Income | 64,716 | | 156,287 | | (91,571) | -58.6% |
| Total Revenues | \$ 2,342,224 | \$ | 1,669,863 | \$ | 672,361 | 40.3% |
| Expenses | | | | | | |
| Scholarships & Grants | \$ 18,526 | \$ | 552,912 | \$ | 534,386 | 2884.5% |
| Supplies and Materials | 29,085 | | 218,863 | | 189,778 | 652.5% |
| Purchased Services | 17,043 | | 57,180 | | 40,137 | 235.5% |
| Rents and Leases | 25,960 | | 28,144 | | 2,184 | 8.4% |
| Repairs and Maintenance | 3,071 | | - | | (3,071) | -100.0% |
| Management Fees | 40,021 | | 118,111 | | 78,089 | 195.1% |
| Other Operating Expenses | 562,440 | | 330,181 | | (232,259) | -41.3% |
| Other Outgo | 98,880 | | 10,922 | | (87,958) | -89.0% |
| Total Expenses | \$ 795,026 | \$ | 1,316,312 | \$ | 521,286 | 65.6% |
| Other Financing Sources (Uses) | | | | | | |
| Transfer In | 209,249 | | - | | | |
| Transfer Out | (240,517) | | - | | | |
| Net Transfers | \$ (31,267) | \$ | - | | | |
| Change in Net Position | \$ 1,515,931 | \$ | 353,551 | \$ | 1,162,379 | 328.8% |
| Reserve Funds | 60,076 | | 60,076 | | | |
| Ending Fund Balance | \$ 11,882,999 | \$ | 10,720,619 | \$ | 1,162,379 | 10.8% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

All Funds

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|------------------------------------|---|---------------------------|--------------------------|------------|------------|
| Beginning Fund Balance | | \$ 10,427,145 | \$ 10,427,145 | \$ - | - |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 1,398,979 | 637,811 | 761,169 | 119.3% |
| Event & Earned Income | 070 - Auction Sales | 19,884 | 8,258 | 11,626 | 140.8% |
| Event & Earned Income | 090 - Membership Dues | 7,150 | 8,369 | (1,219) | -14.6% |
| Event & Earned Income | 100 - Raffle | 16,342 | 996 | 15,346 | 1540.4% |
| Event & Earned Income | 140 - Sales Income | 18,919 | 16,340 | 2,579 | 15.8% |
| Event & Earned Income | 110 - Sponsors/Advertising Income | 147,040 | 103,722 | 43,318 | 41.8% |
| Event & Earned Income | 080 - Tickets/Gate Sales | 147,224 | 93,929 | 53,295 | 56.7% |
| Event & Earned Income | 120 - T-Shirt & Water Sales | 13,016 | 22,132 | (9,116) | -41.2% |
| Event & Earned Income | 130 - Vendor/Booth Fees | 10,403 | - | 10,403 | - |
| Investments - Interest & Dividends | 020 - Interest & Dividends | 297,881 | 332,284 | (34,403) | -10.4% |
| Investments - Gain/(Loss) | 030 - Realized Gain/(Loss) | 275,479 | 289,735 | (14,255) | -4.9% |
| Investments - Gain/(Loss) | 040 - Unrealized Gain/(Loss) | (74,809) | - | (74,809) | - |
| Other Income | 050 - Other Income & Fees | 64,716 | 156,287 | (91,571) | -58.6% |
| Total Revenues | | \$ 2,342,224 | \$ 1,669,863 | \$ 672,361 | 40.3% |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships | 18,526 | 552,912 | 534,386 | 2884.5% |
| Supplies and Materials | 260 - Materials & Supplies | 15,846 | 218,863 | 203,016 | 1281.1% |
| Supplies and Materials | 290 - Merchandise | 293 | - | (293) | -100.0% |
| Supplies and Materials | 310 - Prize Items/Materials | 12,945 | - | (12,945) | -100.0% |
| Purchased Services | 411 - Accounting Software Expense | 2,000 | 16,811 | 14,811 | 740.6% |
| Purchased Services | 412 - Award Management Software Expense | 11,749 | 11,267 | (482) | -4.1% |
| Purchased Services | 280 - Legal & Accounting Fees | 2,435 | 9,248 | 6,813 | 279.8% |
| Purchased Services | 330 - Professional Service | 859 | 19,853 | 18,994 | 2211.5% |
| Rents and Leases | 370 - Rental Equipment | 3,673 | 2,350 | (1,324) | -36.0% |
| Rents and Leases | 380 - Rental Facilities | 22,287 | 25,794 | 3,508 | 15.7% |
| Repairs and Maintenance | 390 - Repair & Maintenance | 3,071 | - | (3,071) | -100.0% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

All Funds

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|---------------------------------------|-------------------------------------|---------------------------|--------------------------|---------------------|---------------|
| Management Fees | 285 - Management Fees | 40,021 | 118,111 | 78,089 | 195.1% |
| Other Operating Expenses | 220 - Bank Charges | 60,001 | 8,589 | (51,412) | -85.7% |
| Other Operating Expenses | 245 - CNA Scrubs, Livescans, Exams | 11,553 | 10,183 | (1,370) | -11.9% |
| Other Operating Expenses | 935 - DEV-Donor Acquisition | 139,111 | 4,125 | (134,986) | -97.0% |
| Other Operating Expenses | 905 - DEV-Dues, Fees & Subscription | 12,500 | 3,000 | (9,500) | -76.0% |
| Other Operating Expenses | 940 - DEV-Training & Development | 27,877 | 22,500 | (5,377) | -19.3% |
| Other Operating Expenses | 945 - DEV-Travel & Entertainment | 29,761 | - | (29,761) | -100.0% |
| Other Operating Expenses | 250 - Dues & Subscriptions | 741 | 7,107 | 6,366 | 859.5% |
| Other Operating Expenses | 325 - Food/Refreshments | 17,625 | 88,537 | 70,912 | 402.3% |
| Other Operating Expenses | 300 - Miscellaneous Expenses | 26,879 | 104,347 | 77,468 | 288.2% |
| Other Operating Expenses | 320 - Postage & Delivery | 92 | 375 | 283 | 305.7% |
| Other Operating Expenses | 340 - Publicity & Promotion | 408 | - | (408) | -100.0% |
| Other Operating Expenses | 350 - Purchased Auction Items | 3,448 | 1,875 | (1,573) | -45.6% |
| Other Operating Expenses | 360 - Recognitions & Awards | 11,990 | 450 | (11,540) | -96.2% |
| Other Operating Expenses | 365 - Refunds | 8,875 | 25,207 | 16,333 | 184.0% |
| Other Operating Expenses | 355 - Rebates | (66) | - | 66 | -100.0% |
| Other Operating Expenses | 410 - Taxes, Licenses & Permits | 2,396 | 2,074 | (322) | -13.4% |
| Other Operating Expenses | 420 - Travel & Entertainment | 10,705 | 37,095 | 26,389 | 246.5% |
| Other Operating Expenses | 430 - Wage & Tax Reimbursement | 198,544 | 14,717 | (183,827) | -92.6% |
| Other Outgo | 335 - Payments To/For Students | 98,880 | 10,922 | (87,958) | -89.0% |
| Total Expenses | | \$ 795,026 | \$ 1,316,312 | \$ 521,286 | 65.6% |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfers In | 209,249 | - | | |
| Transfer Out | 200 - Transfers Out | (240,517) | - | | |
| Net Transfers | | \$ (31,267) | \$ - | | |
| Change in Net Position | | \$ 1,515,931 | \$ 353,551 | \$ 1,162,379 | 328.8% |
| Reserve Funds | | 60,076 | 60,076 | | |
| Ending Fund Balance | | \$ 11,882,999 | \$ 10,720,619 | \$ 1,162,379 | 10.8% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

01 - General Fund

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|------------------------------------|---|---------------------------|--------------------------|------------|------------|
| Beginning Fund Balance | | \$ 1,347,482 | \$ 1,347,482 | \$ - | - |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 6,967 | 17,255 | (10,288) | -59.6% |
| Event & Earned Income | 090 - Membership Dues | 120 | - | 120 | - |
| Event & Earned Income | 110 - Sponsors/Advertising Income | 95,000 | 86,250 | 8,750 | 10.1% |
| Event & Earned Income | 080 - Tickets/Gate Sales | 6,450 | 6,000 | 450 | 7.5% |
| Investments - Interest & Dividends | 020 - Interest & Dividends | 41,190 | 42,550 | (1,360) | -3.2% |
| Investments - Gain/(Loss) | 030 - Realized Gain/(Loss) | 102 | - | 102 | - |
| Investments - Gain/(Loss) | 040 - Unrealized Gain/(Loss) | 96,254 | - | 96,254 | - |
| Other Income | 050 - Other Income & Fees | 18,737 | 1,521 | 17,216 | 1131.9% |
| Total Revenues | | \$ 264,820 | \$ 153,575 | \$ 111,245 | 72.4% |
| Expenses | | | | | |
| Supplies and Materials | 260 - Materials & Supplies | 2,158 | 10,500 | 8,342 | 386.6% |
| Purchased Services | 411 - Accounting Software Expense | 2,000 | 16,811 | 14,811 | 740.6% |
| Purchased Services | 412 - Award Management Software Expense | 11,749 | 11,267 | (482) | -4.1% |
| Purchased Services | 280 - Legal & Accounting Fees | 2,435 | 9,248 | 6,813 | 279.8% |
| Purchased Services | 330 - Professional Service | 737 | 11,250 | 10,513 | 1426.5% |
| Rents and Leases | 370 - Rental Equipment | 160 | 1,500 | 1,340 | 836.8% |
| Rents and Leases | 380 - Rental Facilities | 190 | 7,500 | 7,310 | 3850.5% |
| Management Fees | 285 - Management Fees | 35,160 | 2,217 | (32,943) | -93.7% |
| Other Operating Expenses | 220 - Bank Charges | 103 | 4,981 | 4,877 | 4717.4% |
| Other Operating Expenses | 935 - DEV-Donor Acquisition | 139,111 | 4,125 | (134,986) | -97.0% |
| Other Operating Expenses | 905 - DEV-Dues, Fees & Subscription | 12,500 | 3,000 | (9,500) | -76.0% |
| Other Operating Expenses | 940 - DEV-Training & Development | 27,877 | 22,500 | (5,377) | -19.3% |
| Other Operating Expenses | 945 - DEV-Travel & Entertainment | 29,761 | - | (29,761) | -100.0% |
| Other Operating Expenses | 250 - Dues & Subscriptions | 79 | 1,875 | 1,796 | 2283.7% |
| Other Operating Expenses | 325 - Food/Refreshments | 6,000 | 26,250 | 20,250 | 337.5% |
| Other Operating Expenses | 300 - Miscellaneous Expenses | 20 | 3,974 | 3,955 | 20033.0% |
| Other Operating Expenses | 320 - Postage & Delivery | 92 | 375 | 283 | 305.7% |
| Other Operating Expenses | 350 - Purchased Auction Items | 2,143 | 1,875 | (268) | -12.5% |
| Other Operating Expenses | 360 - Recognitions & Awards | 324 | 450 | 126 | 39.0% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

01 - General Fund

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|---------------------------------------|---------------------------------|---------------------------|--------------------------|---------------------|----------------|
| Other Operating Expenses | 355 - Rebates | (66) | - | 66 | -100.0% |
| Other Operating Expenses | 410 - Taxes, Licenses & Permits | 421 | 1,050 | 629 | 149.3% |
| Other Operating Expenses | 420 - Travel & Entertainment | 2,996 | 2,168 | (827) | -27.6% |
| Other Operating Expenses | 430 - Wage & Tax Reimbursement | 40,377 | 188 | (40,190) | -99.5% |
| Other Outgo | 335 - Payments To/For Students | 4,146 | - | (4,146) | -100.0% |
| Total Expenses | | \$ 320,473 | \$ 143,104 | \$ (177,369) | -55.3% |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | - | - | - | - |
| Transfer Out | 200 - Transfers Out | (5,565) | - | (5,565) | - |
| Net Transfers | | \$ (5,565) | \$ - | \$ 5,565 | -100.0% |
| Change in Net Position | | \$ (61,218) | \$ 10,471 | \$ (71,689) | -684.7% |
| Reserve Funds | | 60,076 | 60,076 | - | - |
| Ending Fund Balance | | \$ 1,226,187 | \$ 1,297,876 | \$ (71,689) | -5.5% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

02 - Temporarily Restricted

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|---------------------------------------|------------------------------------|---------------------------|--------------------------|--------------------|----------------|
| Beginning Fund Balance | | \$ 803,854 | \$ 803,854 | \$ - | - |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 10,735 | 68,874 | (58,139) | -84.4% |
| Investments - Interest & Dividends | 020 - Interest & Dividends | 256,691 | 289,735 | (33,044) | (0) |
| Total Revenues | | \$ 267,426 | \$ 358,609 | \$ (91,183) | -25.4% |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships | 15,746 | 119,789 | 104,044 | 660.8% |
| Supplies and Materials | 260 - Materials & Supplies | 11,220 | 13,059 | 1,839 | 16.4% |
| Management Fees | 285 - Management Fees | 4,861 | 115,894 | 111,032 | 2283.9% |
| Other Operating Expenses | 220 - Bank Charges | 17,138 | 499 | (16,638) | -97.1% |
| Other Operating Expenses | 245 - CNA Scrubs, Livescans, Exams | 11,553 | 10,183 | (1,370) | -11.9% |
| Other Operating Expenses | 300 - Miscellaneous Expenses | 3,524 | 34,868 | 31,344 | 889.5% |
| Other Operating Expenses | 360 - Recognitions & Awards | 4,951 | - | (4,951) | -100.0% |
| Other Operating Expenses | 355 - Rebates | - | - | - | - |
| Total Expenses | | \$ 68,994 | \$ 294,292 | \$ 225,299 | 326.6% |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 2,996 | - | 2,996 | - |
| Transfer Out | 200 - Transfers Out | (220,825) | - | (220,825) | - |
| Net Transfers | | \$ (217,829.66) | \$ - | \$ 217,830 | -100.0% |
| Change in Net Position | | \$ (19,397) | \$ 64,316 | \$ (83,714) | -130.2% |
| Ending Fund Balance | | \$ 784,457 | \$ 868,171 | \$ (83,714) | -9.6% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

03 - Student Scholarships

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|---------------------------------------|-----------------------------------|---------------------------|--------------------------|------------|------------|
| Beginning Fund Balance | | \$ 115,719 | \$ 115,719 | \$ - | - |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 659,825 | 331,340 | 328,485 | 99.1% |
| Other Income | 050 - Other Income & Fees | 36,238 | 683 | 35,554 | 5205.1% |
| Total Revenues | | \$ 696,063 | \$ 332,023 | \$ 364,039 | 109.6% |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships | 2,280 | 429,177 | 426,897 | 18723.6% |
| Other Operating Expenses | 220 - Bank Charges | 19,860 | 13 | (19,847) | -99.9% |
| Other Operating Expenses | 300 - Miscellaneous Expenses | 18,764 | 6,909 | (11,855) | -63.2% |
| Other Operating Expenses | 365 - Refunds | 7,533 | 25,020 | 17,487 | 232.1% |
| Other Outgo | 335 - Payments To/For Students | 87,620 | - | (87,620) | -100.0% |
| Total Expenses | | \$ 136,057 | \$ 461,118 | \$ 325,061 | 238.9% |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 7,710 | - | 7,710 | - |
| Transfer Out | 200 - Transfers Out | - | - | - | - |
| Net Transfers | | \$ 7,709.84 | \$ - | \$ (7,710) | -100.0% |
| Change in Net Position | | \$ 567,716 | \$ (129,095) | \$ 696,810 | -539.8% |
| Ending Fund Balance | | \$ 683,434 | \$ (13,376) | \$ 696,810 | -5209.4% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

04 - Endowments

For the Nine Months Ending March 31, 2026

| | | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|---------------------------------------|-----------------------------------|--|---------------------------|--------------------------|--------------------|----------------|
| Beginning Fund Balance | | | | | | |
| | | | \$ 7,369,702 | \$ 7,369,702 | \$ - | - |
| Revenues | | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | | 557,815 | 102,461 | 455,354 | 444.4% |
| Investments - Gain/(Loss) | 030 - Realized Gain/(Loss) | | 275,378 | 289,735 | (14,357) | -5.0% |
| Investments - Gain/(Loss) | 040 - Unrealized Gain/(Loss) | | (171,063) | - | (171,063) | - |
| Total Revenues | | | \$ 662,130 | \$ 392,196 | \$ 269,934 | 68.8% |
| Expenses | | | | | | |
| Total Expenses | | | \$ - | \$ - | \$ - | - |
| Other Financing Sources (Uses) | | | | | | |
| Transfer In | 199 - Transfer In | | 40,377 | - | 40,377 | - |
| Transfer Out | 200 - Transfers Out | | (12,781) | - | (12,781) | - |
| Net Transfers | | | \$ 27,596.32 | \$ - | \$ (27,596) | -100.0% |
| Change in Net Position | | | \$ 689,727 | \$ 392,196 | \$ 297,531 | 75.9% |
| Ending Fund Balance | | | \$ 8,059,428 | \$ 7,761,898 | \$ 297,531 | 3.8% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

05 - Agency Funds

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|-------------------------------|-----------------------------------|---------------------------|--------------------------|-----------|------------|
| Beginning Fund Balance | | \$ 790,388 | \$ 790,388 | \$ - | - |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 163,637 | 117,881 | 45,756 | 38.8% |
| Event & Earned Income | 070 - Auction Sales | 19,884 | 8,258 | 11,626 | 140.8% |
| Event & Earned Income | 090 - Membership Dues | 7,030 | 8,369 | (1,339) | -16.0% |
| Event & Earned Income | 100 - Raffle | 16,342 | 996 | 15,346 | 1540.4% |
| Event & Earned Income | 140 - Sales Income | 18,919 | 16,340 | 2,579 | 15.8% |
| Event & Earned Income | 110 - Sponsors/Advertising Income | 52,040 | 17,472 | 34,568 | 197.9% |
| Event & Earned Income | 080 - Tickets/Gate Sales | 140,774 | 87,929 | 52,845 | 60.1% |
| Event & Earned Income | 120 - T-Shirt & Water Sales | 13,016 | 22,132 | (9,116) | -41.2% |
| Event & Earned Income | 130 - Vendor/Booth Fees | 10,403 | - | 10,403 | - |
| Other Income | 050 - Other Income & Fees | 9,741 | 154,083 | (144,342) | -93.7% |
| Total Revenues | | \$ 451,785 | \$ 433,460 | \$ 18,325 | 4.2% |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships | 501 | 3,945 | 3,445 | 688.1% |
| Supplies and Materials | 260 - Materials & Supplies | 2,468 | 195,304 | 192,835 | 7812.1% |
| Supplies and Materials | 290 - Merchandise | 293 | - | (293) | -100.0% |
| Supplies and Materials | 310 - Prize Items/Materials | 12,945 | - | (12,945) | -100.0% |
| Purchased Services | 330 - Professional Service | 122 | 8,603 | 8,481 | 6956.4% |
| Rents and Leases | 370 - Rental Equipment | 3,513 | 850 | (2,663) | -75.8% |
| Rents and Leases | 380 - Rental Facilities | 22,097 | 18,294 | (3,803) | -17.2% |
| Repairs and Maintenance | 390 - Repair & Maintenance | 3,071 | - | (3,071) | -100.0% |
| Other Operating Expenses | 220 - Bank Charges | 22,900 | 3,096 | (19,803) | -86.5% |
| Other Operating Expenses | 250 - Dues & Subscriptions | 662 | 5,232 | 4,570 | 690.3% |
| Other Operating Expenses | 325 - Food/Refreshments | 11,625 | 62,287 | 50,662 | 435.8% |
| Other Operating Expenses | 300 - Miscellaneous Expenses | 4,572 | 58,597 | 54,025 | 1181.7% |
| Other Operating Expenses | 340 - Publicity & Promotion | 408 | - | (408) | -100.0% |

BUTTE COLLEGE FOUNDATION

Budget to Actual Detail

05 - Agency Funds

For the Nine Months Ending March 31, 2026

| | | FY2026 YTD Mar Actuals | FY2026 YTD Mar Budget | Variance | % Variance |
|---------------------------------------|---------------------------------|---------------------------|--------------------------|---------------------|----------------|
| Other Operating Expenses | 350 - Purchased Auction Items | 1,305 | - | (1,305) | -100.0% |
| Other Operating Expenses | 360 - Recognitions & Awards | 6,715 | - | (6,715) | -100.0% |
| Other Operating Expenses | 365 - Refunds | 1,342 | 188 | (1,155) | -86.0% |
| Other Operating Expenses | 410 - Taxes, Licenses & Permits | 1,975 | 1,024 | (951) | -48.1% |
| Other Operating Expenses | 420 - Travel & Entertainment | 7,710 | 34,926 | 27,217 | 353.0% |
| Other Operating Expenses | 430 - Wage & Tax Reimbursement | 158,167 | 14,530 | (143,637) | -90.8% |
| Other Outgo | 335 - Payments To/For Students | 7,113 | 10,922 | 3,808 | 53.5% |
| Total Expenses | | \$ 269,502 | \$ 417,797 | \$ 148,294 | 55.0% |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 158,167 | - | 158,167 | - |
| Transfer Out | 200 - Transfers Out | (1,346) | - | (1,346) | - |
| Net Transfers | | \$ 156,820.91 | \$ - | \$ (156,821) | -100.0% |
| Change in Net Position | | \$ 339,104 | \$ 15,663 | \$ 323,440 | 2065.0% |
| Ending Fund Balance | | \$ 1,129,491 | \$ 806,051 | \$ 323,440 | 40.1% |



40 YEARS OF INSPIRING
CONFIDENCE WITH AN
UNWAVERING COMMITMENT
TO CLIENT NEEDS.

LOS ANGELES | BOSTON | LONDON | MILAN

PAYDEN.COM

U.S. DOMICILED MUTUAL FUNDS

CASH BALANCE

Managed Income Fund

EQUITY

Equity Income Fund

GLOBAL FIXED INCOME

Emerging Markets Bond Fund

Emerging Markets Corporate Bond Fund

Emerging Markets Local Bond Fund

Global Fixed Income Fund

Global Low Duration Fund

TAX-EXEMPT INCOME

California Municipal Income Fund

U.S. FIXED INCOME

Absolute Return Bond Fund

Cash Reserves Money Market Fund

Core Bond Fund

Corporate Bond Fund

Floating Rate Fund

GNMA Fund

High Income Fund

Limited Maturity Fund

Low Duration Fund

Strategic Income Fund

U.S. Government Fund

LOS ANGELES

333 South Grand Avenue
Los Angeles, California

90071

213 625-1900

BOSTON

265 Franklin Street
Boston, Massachusetts

02110

617 807-1990

LONDON

1 Bartholomew Lane
London EC2N 2AX

United Kingdom

+ 44 (0) 20-7621-3000

MILAN

Corso Matteotti, 1
20121 Milan

Italy

+39 02 76067111

BUTTE COMMUNITY COLLEGE FOUNDATION 1st QUARTER 2026 PORTFOLIO DASHBOARD

Payden & Rygel

LOS ANGELES | BOSTON | LONDON | MILAN

PORTFOLIO CHARACTERISTICS - AS OF 3/31/2026

BUTTE COLLEGE FOUNDATION - ENDOWMENT

| MARKET VALUE | PORTFOLIO YIELD |
|---------------|-----------------|
| \$9.0 MILLION | 2.4% |

STOCKS

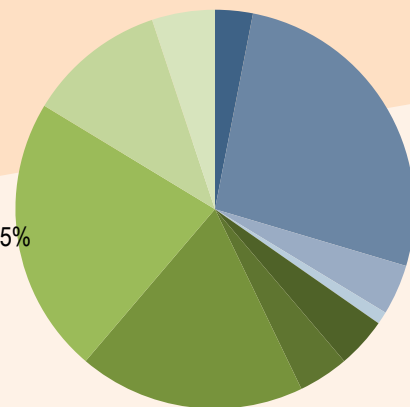
| | |
|-----------------|------------|
| P/E RATIO | 26.3x |
| AVG. MARKET CAP | \$670.6 BN |
| DIVIDEND YIELD | 1.5% |

BONDS

| | |
|---------------------|---------|
| AVG. CREDIT QUALITY | A |
| AVG. DURATION | 6.4 YRS |
| SEC YIELD | 4.3% |

STOCKS 66%

- INVESCO NASDAQ 100 ETF 4%
- ISHARES CORE S&P MID-CAP ETF 4%
- ISHARES S&P 500 GROWTH ETF 18%
- PAYDEN EQUITY INCOME 22%
- SCHWAB S&P 500 INDEX 11%
- VANGUARD TOTAL INTERNATIONAL STOCK 5%



BONDS 34%

- ISHARES 10-20 YEAR TREASURY BOND ETF 3%
- PAYDEN CORE BOND 26%
- PAYDEN STRATEGIC INCOME INVESTOR 4%
- SCHWAB US TREASURY MONEY INVESTOR 1%

PERFORMANCE

| | 1ST QUARTER | TRAILING 1 YEAR | TRAILING 3 YEARS | TRAILING 5 YEARS |
|------------------------|-------------|-----------------|------------------|------------------|
| Portfolio Total Return | -2.3% | 13.2% | 11.6% | 6.2% |
| Benchmark | -2.6% | 12.3% | 12.3% | 7.4% |

Returns for periods over one year are annualized

Benchmark: 60% S&P 500 Index, 40% Bloomberg U.S. Aggregate Bond Index

MARKET OVERVIEW

- » The U.S. economy continued to expand at a moderate pace in the first quarter of 2026, with growth supported by resilient consumer spending and continued investment in technology despite ongoing policy and geopolitical headwinds.
- » Labor market conditions remained weak with limited job growth and a gradual rise in unemployment, reinforcing expectations for further softening over the course of the year.
- » While inflation showed signs of moderation, it remained somewhat elevated due to tariff-related pressures and higher energy prices in connection with the Middle East conflict.
- » The Federal Reserve held rates steady during the quarter as policymakers balanced persistent but moderating inflation with growing downside risks to the labor market. Meanwhile, markets experienced periods of volatility driven by geopolitical developments and commodity price movements.

PORTFOLIO REVIEW

- » Fixed income markets faced a challenging quarter amid increased volatility. After declining in the first two months of the quarter, interest rates rose significantly in March due to inflation fears linked to the Middle East conflict. With the exception of the very front end most bonds, especially those with longer duration, posted negative returns for the quarter.
- » Macro headwinds created a challenging quarter for equities, with performance broadly negative aside from a few pockets of resilience. Growth stocks experienced a meaningful drawdown, while value stocks delivered moderately positive returns.

ASSET CLASS RETURNS FOR Q1 2026 AND TRAILING 1 YEAR



Source: Bloomberg

BUTTE COMMUNITY COLLEGE FOUNDATION

1st QUARTER 2026 PORTFOLIO DASHBOARD

PORTFOLIO CHARACTERISTICS - AS OF 3/31/2026

BUTTE COLLEGE FOUNDATION - GENERAL

| MARKET VALUE | PORTFOLIO YIELD |
|---------------|-----------------|
| \$1.3 MILLION | 3.4% |

STOCKS

| | |
|-----------------|------------|
| P/E RATIO | 28.0x |
| AVG. MARKET CAP | \$754.7 BN |
| DIVIDEND YIELD | 1.3% |

BONDS

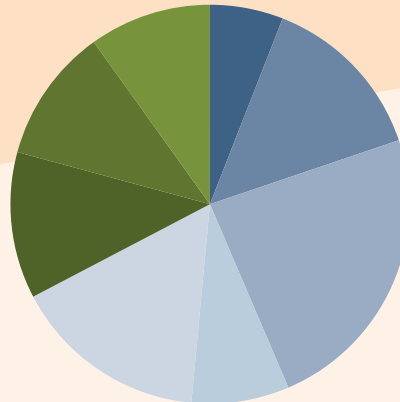
| | |
|---------------------|---------|
| AVG. CREDIT QUALITY | A |
| AVG. DURATION | 3.1 YRS |
| SEC YIELD | 4.3% |

STOCKS 32%

- ISHARES S&P 500 GROWTH ETF 12%
- PAYDEN EQUITY INCOME 11%
- SCHWAB S&P 500 INDEX 10%

BONDS 68%

- ISHARES 1-5 YEAR INVESTMENT GRADE 6%
- PAYDEN CORE BOND 14%
- PAYDEN LIMITED MATURITY 24%
- PAYDEN LOW DURATION FUND 8%
- PAYDEN STRATEGIC INCOME INVESTOR 16%



PERFORMANCE

| | 1ST QUARTER | TRAILING 1 YEAR | TRAILING 3 YEARS | TRAILING 5 YEARS |
|------------------------|-------------|-----------------|------------------|------------------|
| Portfolio Total Return | -1.3% | 8.2% | 8.1% | 4.2% |
| Benchmark | -0.4% | 7.6% | 8.3% | 5.8% |

Returns for periods over one year are annualized

Benchmark: 25% S&P 500 Index, 75% FTSE 3-Month Treasury Index

2024 TAX RETURN

GOVERNMENT COPY

Client: 1010

Prepared for: BUTTE COMMUNITY COLLEGE FOUNDATION
3536 BUTTE CAMPUS DRIVE
OROVILLE, CA 95965
530-895-2359

Prepared by: JOHN DOMINGUEZ, CPA
CWDL CPAS
3131 CAMINO DEL RIO N STE 820
SAN DIEGO, CA 92108
858-565-2700

Date: MAY 13, 2026

Comments:

Route to: _____

**CWDL CPAS
3131 CAMINO DEL RIO N STE 820
SAN DIEGO, CA 92108
858-565-2700**

May 13, 2026

BUTTE COMMUNITY COLLEGE FOUNDATION
3536 BUTTE CAMPUS DRIVE
OROVILLE, CA 95965

Dear Client:

Your 2024 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2024 California Exempt Organization Annual Information Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$200 payable by May 15, 2026. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2026 to:

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

Please be sure to call us if you have any questions.

Sincerely,

JOHN DOMINGUEZ, CPA

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

OMB No. 1545-0047

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

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

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

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

Part I – Identification

| | | |
|--|--|--------------------------------------|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
| | BUTTE COMMUNITY COLLEGE FOUNDATION | 94-3153995 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | 3536 BUTTE CAMPUS DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | OROVILLE, CA 95965 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of THE DISTRICT 3536 BUTTE CAMPUS DRIVE OROVILLE CA 95965

Telephone No. 530-879-6154 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 box.

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.

1 I request an automatic 6-month extension of time until 5/15, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning 7/01, 20 24, and ending 6/30, 20 25.

2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b 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. | 3b | \$ | 0. |
| c 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. | 3c | \$ | 0. |

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C BUTTE COMMUNITY COLLEGE FOUNDATION, 3536 BUTTE CAMPUS DRIVE, OROVILLE, CA 95965. D Employer identification number 94-3153995. E Telephone number 530-895-2359. F Name and address of principal officer: SUZANNE WATROBA, SAME AS C ABOVE. G Gross receipts \$ 3,082,516. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. J Website: WWW BUTTE.EDU/FOUNDATION. K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1992. M State of legal domicile: CA.

Part I Summary

Table with 22 rows and 3 columns. Rows include: 1 Briefly describe the organization's mission or most significant activities; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances. Columns include: Description, Prior Year, Current Year, Beginning of Current Year, End of Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer SUZANNE WATROBA, EXECUTIVE DIRECTOR. Date. Preparer's name JOHN DOMINGUEZ, CPA, Preparer's signature JOHN DOMINGUEZ, CPA, Date, Check self-employed, PTIN P01955973. Firm's name CWDL CPAS, Firm's address 3131 CAMINO DEL RIO N STE 820, SAN DIEGO, CA 92108, Firm's EIN 90-0916070, Phone no. 858-565-2700.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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.

4a (Code:) (Expenses \$ 2,060,884. including grants of \$) (Revenue \$)

THE FOUNDATION PROMOTED AND ASSISTED THE EDUCATIONAL SERVICES OF BUTTE COMMUNITY COLLEGE BY ADMINISTERING SCHOLARSHIP AND FUNDRAISING ACTIVITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,060,884.

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)? <i>If "Yes," complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions..... | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | 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? <i>If "Yes," complete Schedule C, Part II.</i> | | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | 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? <i>If "Yes," complete Schedule D, Part I.</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | X |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | 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)? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?..... | | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions..... | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 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). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| | 2a 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | X |
| 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 | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | 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 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | |

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**

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. 1a 22 If there are material differences in voting rights among members SEE SCH. O 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 18 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | 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? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official. | | X |
| b | Other officers or key employees of the organization. | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 THE DISTRICT 3536 BUTTE CAMPUS DRIVE OROVILLE CA 95965 530-879-6154

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JULIE BOSS CHAIRMAN | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (2) DAN ALEXANDER PAST CHAIRMAN | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (3) NEIL YELLAND VICE CHAIRMAN | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (4) PATRICK CHRISTENSEN SEC/TREAS. | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (5) TOM SNYDER LANDO MEMBER AT LARGE | 1 0 | X | | | | | | 0. | 0. | 0. |
| (6) STAN THOMPSON MEMBER AT LARGE | 1 0 | X | | | | | | 0. | 0. | 0. |
| (7) RICK KREPRELKA TRUSTEE REP | 1 0 | X | | | | | | 0. | 0. | 0. |
| (8) JOHN NOCK TRUSTEE REP | 1 0 | X | | | | | | 0. | 0. | 0. |
| (9) FARSHAD AZAD DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (10) ROBIN COOK DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (11) MARGARET HUGHES DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (12) TROY KIDD DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (13) ANNETTE MARIOTTINI DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (14) RENEE MICHEL DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |

BAA

TEEA0107L 09/05/24

Form 990 (2024)

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | | | | | | | | | | |
| (16) ----- | | | | | | | | | | |
| (17) ----- | | | | | | | | | | |
| (18) ----- | | | | | | | | | | |
| (19) ----- | | | | | | | | | | |
| (20) ----- | | | | | | | | | | |
| (21) ----- | | | | | | | | | | |
| (22) ----- | | | | | | | | | | |
| (23) ----- | | | | | | | | | | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |

| | | | |
|--|----|----|----|
| 1b Subtotal | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 0. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 20,817. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 829,625. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | | | | | |
| | h Total. Add lines 1a-1f | | 850,442. | | | | |
| | Program Service Revenue | 2a Business Code | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| Miscellaneous Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,558,226. | 1,558,226. | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| Other Revenue | 8a Gross income from fundraising events (not including \$ 20,817. of contributions reported on line 1c). See Part IV, line 18 | 8a | 215,009. | | | | |
| | | b Less: direct expenses | 8b | 132,089. | | | |
| | | c Net income or (loss) from fundraising events | | 82,920. | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | 11a TRANSFERS IN | | 900099 | 164,954. | 164,954. | |
| b MANAGEMENT FEE INCOME | | 900099 | 155,262. | 155,262. | | | |
| c OTHER INCOME | | 900099 | 138,623. | 138,623. | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 458,839. | | | | |
| 12 Total revenue. See instructions | | | 2,950,427. | 2,017,065. | 0. | 0. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 688,723. | 688,723. | | |
| 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 | 0. | 0. | 0. | 0. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | | | | |
| 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): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 8,908. | | 8,908. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 633. | 200. | 433. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | 35,609. | | 35,609. | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 251. | | 251. | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>ENDOWMENT FEES</u> | 837,537. | 837,537. | | |
| b <u>MANAGEMENT FEES</u> | 201,734. | 198,715. | 3,019. | |
| c <u>GRANTS</u> | 165,814. | 165,814. | | |
| d <u>TRANSFERS OUT</u> | 90,249. | 36,523. | 53,726. | |
| e All other expenses | 181,858. | 133,372. | 48,486. | |
| 25 Total functional expenses. Add lines 1 through 24e. | 2,211,316. | 2,060,884. | 150,432. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash – non-interest-bearing | 282,266. | 1 | 533,176. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 75,000. | 4 | 84,416. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 11,408. | 9 | 58,195. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | 10c |
| | 11 Investments – publicly traded securities | 8,914,113. | 11 | 9,756,773. |
| | 12 Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 49,901. | 15 | 53,701. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 9,332,688. | 16 | 10,486,261. | |
| Liabilities | 17 Accounts payable and accrued expenses | 23,133. | 17 | 59,117. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 768,103. | 25 | 906,103. |
| | 26 Total liabilities. Add lines 17 through 25 | 791,236. | 26 | 965,220. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 815,197. | 27 | 1,190,479. |
| | 28 Net assets with donor restrictions | 7,726,255. | 28 | 8,330,562. |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 8,541,452. | 32 | 9,521,041. | |
| 33 Total liabilities and net assets/fund balances | 9,332,688. | 33 | 10,486,261. | |

Part 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 | 2,950,427. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,211,316. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 739,111. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,541,452. |
| 5 | Net unrealized gains (losses) on investments | 5 | 240,478. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 9,521,041. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2024

Open to Public Inspection

| | |
|---|---|
| Name of the organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 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).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 588,723. | 671,899. | 790,218. | 610,732. | 829,625. | 3,491,197. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 588,723. | 671,899. | 790,218. | 610,732. | 829,625. | 3,491,197. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 3,491,197. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|------------|-----------|----------|------------|------------|--------------------------|
| 7 Amounts from line 4. | 588,723. | 671,899. | 790,218. | 610,732. | 829,625. | 3,491,197. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 1,651,209. | -492,148. | 709,968. | 1,343,165. | 1,558,226. | 4,770,420. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 8,261,617. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)). | 14 | 42.26 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14. | 15 | 49.68 % |
| 16a 33-1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input checked="" type="checkbox"/> | |
| b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described on line 11a above? | 11b | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | 11c | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i> | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 2a | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

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

| Section D – Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|---|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

BAA

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

| | |
|---|---|
| Name of the organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | E TEAMS PONSOR INC 1390 WILLOW PASS RD, STE 210 CONCORD, CA 94520-5248 | \$ 68,406. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ANONYMOUS 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965 | \$ 22,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ARTHUR N. RUPE FOUNDATION 3700 STATE STREET SUITE 300 SANTA BARBARA, CA 93105-3128 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FOUNDATION FOR CALIFORNIA COMMUNITY 1102 Q ST, STE 3500 SACRAMENTO, CA 95811-6565 | \$ 30,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET STE 260 CHICO, CA 95928-5374 | \$ 23,227. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | SUSAN DONOHUE 1568 KAUNALA PL HILO, HI 96720-5524 | \$ 21,733. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | N/A ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

Name of organization **BUTTE COMMUNITY COLLEGE FOUNDATION** Employer identification number **94-3153995**

Part III 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 information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| N/A | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

(Rev. December 2024)

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

Employer identification number

BUTTE COMMUNITY COLLEGE FOUNDATION

94-3153995

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included on line 2a, Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 0.

Part VII Investments – Other Securities N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, column (B)) | | |

Part VIII Investments – Program Related N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, column (B)) | | |

Part IX Other Assets N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, column (B)) | |

Part X Other Liabilities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) AMOUNT HELD BY OTHERS | 115,718. |
| (3) DEPOSITORY LIABILITY | 790,385. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, column (B)) | 906,103. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,818,338. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,818,338. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) SEE PART XIII | 4b | 132,089. | |
| | c Add lines 4a and 4b | | 4c | 132,089. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 2,950,427. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,079,227. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,079,227. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) SEE PART XIII | 4b | 132,089. | |
| | c Add lines 4a and 4b | | 4c | 132,089. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 2,211,316. |

Part XIII Supplemental Information

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

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HOW AN UNCERTAIN TAX POSITION IS RECONGNIZED IN FINANCIAL STATEMENTS. THE FOUNDATION ANALYZES TAX POSITIONS TAKEN IN PREVIOUSLY FILED RETURNS AND TAX POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. BASED ON THIS ANALYSIS, A LIABILITY IS RECORDED IF UNCERTAIN TAX BENEFITS HAVE BEEN RECEIVED. THE FOUNDATION'S PRACTICE IS TO RECOGNIZE INTEREST AND

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS IN THE TAX EXPENSE. THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED OR RELATED INTEREST AND PENALTIES RECORDED AS OF JUNE 30, 2025, AND THE FOUNDATION DOES NOT EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE NEXT 12 MONTHS.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

| | |
|---------------------------------------|--------------------|
| DIRECT EXPENSES - SPECIAL EVENTS..... | \$ 132,089. |
| TOTAL | <u>\$ 132,089.</u> |

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

| | |
|---------------------------------------|--------------------|
| DIRECT EXPENSES - SPECIAL EVENTS..... | \$ 132,089. |
| TOTAL | <u>\$ 132,089.</u> |

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

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** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of nongovernment grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|--|--------------|------------------------|---------------------------------|----------|
| | | SPRING GALA (event type) | (event type) | NONE (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 235,826. | | 235,826. | |
| | 2 | Less: Contributions | 20,817. | | 20,817. | |
| | 3 | Gross income (line 1 minus line 2) | 215,009. | | 215,009. | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 4,276. | | 4,276. | |
| | 7 | Food and beverages | 23,002. | | 23,002. | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 104,811. | | 104,811. | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 132,089. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 82,920. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming | |
|-----------------|---|--|---|---|---|--|
| | | (add col. (a) through col. (c)) | | | | |
| Revenue | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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 No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name -----

Address -----

16 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? Yes No

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... \$ _____

Part IV 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.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 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 |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ----- ----- | | | | | | | |
| (2) ----- ----- | | | | | | | |
| (3) ----- ----- | | | | | | | |
| (4) ----- ----- | | | | | | | |
| (5) ----- ----- | | | | | | | |
| (6) ----- ----- | | | | | | | |
| (7) ----- ----- | | | | | | | |
| (8) ----- ----- | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 0

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 SCHOLARSHIPS | 882 | 688,723. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE BUTTE COLLEGE FOUNDATION SUPPORTS BUTTE COLLEGE THROUGH FUNDRAISING AND OTHER FORMS OF SUPPORT. ITS MOST SIGNIFICANT ACHIEVEMENT IS ITS SCHOLARSHIP PROGRAM THAT AWARDS APPROXIMATELY 250 INTERNAL SCHOLARSHIPS TO 170 STUDENTS AND ADMINISTERS 250 EXTERNAL SCHOLARSHIPS.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 WILL BE PRESENTED TO THE FOUNDATION BOARD OF DIRECTORS AT ITS NEXT MEETING.

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

THE EXECUTIVE DIRECTOR AND MANAGEMENT OF RELATED ENTITIES FILE FORM 700 OF CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION, AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST.

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

DOCUMENTS ARE AVAILABLE AT THE BUTTE COLLEGE FOUNDATION OFFICE BY APPOINTMENT.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) BUTTE-GLENN COMMUNITY COLLEGE DIST 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965 94-1637174 | EDUCATION | CA | 115 (1) | | NA | | X |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- ----- ----- | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ----- ----- ----- | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) ----- ----- ----- | | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | | |
| (4) ----- ----- ----- | | | | | | | | | | | | | |
| (5) ----- ----- ----- | | | | | | | | | | | | | |
| (6) ----- ----- ----- | | | | | | | | | | | | | |
| (7) ----- ----- ----- | | | | | | | | | | | | | |
| (8) ----- ----- ----- | | | | | | | | | | | | | |

Part VII **Supplemental Information**

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

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 7/01/2024, and ending (mm/dd/yyyy) 6/30/2025. Corporation/Organization name BUTTE COMMUNITY COLLEGE FOUNDATION. California corporation number 1815122. FEIN 94-3153995. Street address (suite or room) 3536 BUTTE CAMPUS DRIVE. City OROVILLE. State CA. ZIP code 95965.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption. I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), Payments (11-15), and Balance due (16). Total receipts: 2,232,074. Total expenses: 2,343,405. Balance due: 0.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: EXECUTIVE DIRECTOR. Title: EXECUTIVE DIRECTOR. Date: [blank]. Telephone: 530-895-2359. Preparer's Use Only: Preparer's signature: JOHN DOMINGUEZ, CPA. Firm's name: CWDL CPAS. Address: 3131 CAMINO DEL RIO N STE 820, SAN DIEGO, CA 92108. Telephone: 858-565-2700. May the FTB discuss this return with the preparer shown above? [X] Yes [] No.

CACA112L 01/14/25

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

| | | | | | |
|------------------------------------|----|---|---|----|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | |
| | 2 | Interest | ● | 2 | |
| | 3 | Dividends | ● | 3 | 1,558,226. |
| | 4 | Gross rents | ● | 4 | |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | ● | 7 | 673,848. |
| Expenses and Disbursements | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | ● | 8 | 2,232,074. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2 | ● | 9 | 688,723. |
| | 10 | Disbursements to or for members | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3 | ● | 11 | 0. |
| | 12 | Other salaries and wages | ● | 12 | |
| | 13 | Interest | ● | 13 | |
| | 14 | Taxes | ● | 14 | |
| | 15 | Rents | ● | 15 | |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | |
| | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 4 | ● | 17 | 1,654,682. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | ● | 18 | 2,343,405. |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|-------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 282,266. | ● | 533,176. |
| 2 | Net accounts receivable | | 75,000. | ● | 84,416. |
| 3 | Net notes receivable | | | ● | |
| 4 | Inventories | | | ● | |
| 5 | Federal and state government obligations | | | ● | |
| 6 | Investments in other bonds | | | ● | |
| 7 | Investments in stock STMT 5 | | 8,914,113. | ● | 9,756,773. |
| 8 | Mortgage loans | | | ● | |
| 9 | Other investments. Attach schedule | | | ● | |
| 10 a | Depreciable assets | | | | |
| b | Less accumulated depreciation | | | | |
| 11 | Land | | | ● | |
| 12 | Other assets. Attach schedule. STM 6 | | 61,309. | ● | 111,896. |
| 13 | Total assets | | 9,332,688. | | 10,486,261. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 23,133. | ● | 59,117. |
| 15 | Contributions, gifts, or grants payable | | | ● | |
| 16 | Bonds and notes payable | | | ● | |
| 17 | Mortgages payable | | | ● | |
| 18 | Other liabilities. Attach schedule. STM 7 | | 768,103. | | 906,103. |
| 19 | Capital stock or principal fund | | 8,541,452. | ● | 9,521,041. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | ● | |
| 21 | Retained earnings or income fund | | | ● | |
| 22 | Total liabilities and net worth | | 9,332,688. | | 10,486,261. |

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|---|---|----------|----|--|---|----------|
| 1 | Net income per books | ● | 739,111. | 7 | Income recorded on books this year not included in this return. Attach schedule | ● | |
| 2 | Federal income tax | ● | | 8 | Deductions in this return not charged against book income this year. Attach schedule | ● | |
| 3 | Excess of capital losses over capital gains | ● | | 9 | Total. Add line 7 and line 8 | | |
| 4 | Income not recorded on books this year. Attach schedule | ● | | 10 | Net income per return. Subtract line 9 from line 6 | | 739,111. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | | | | | |
| 6 | Total. Add line 1 through line 5 | | 739,111. | | | | |

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

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

OMB No. 1545-0047

| | |
|---|---|
| Name of the organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | E TEAMS PONSOR INC 1390 WILLOW PASS RD, STE 210 CONCORD, CA 94520-5248 | \$ 68,406. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ANONYMOUS 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965 | \$ 22,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ARTHUR N. RUPE FOUNDATION 3700 STATE STREET SUITE 300 SANTA BARBARA, CA 93105-3128 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FOUNDATION FOR CALIFORNIA COMMUNITY 1102 Q ST, STE 3500 SACRAMENTO, CA 95811-6565 | \$ 30,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET STE 260 CHICO, CA 95928-5374 | \$ 23,227. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | CHICO FIREFIGHTERS ASSOCIATION 842 SALEM ST CHICO, CA 95928 | \$ 10,327. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | GENERAL MOTORS 100 RENAISSANCE CTR DETROIT, MI 48243-1114 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ANONYMOUS 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | THE DISCOVERY SHOPPE LEAGUE, INC 315 FLUME ST CHICO, CA 95928-5428 | \$ 9,993. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | BENTZ, MATTHEW R 60590 WOODSIDE RD BEND, OR 97702 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | NORCAL CRAWLERS 4 WHEEL DRIVE PO BOX 6271 CHICO, CA 95927-6271 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | HILL PROPERTIES 426 BROADWAY ST, STE. 308 CHICO, CA 95928-5334 | \$ 5,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | ANONYMOUS ----- 3536 BUTTE CAMPUS DRIVE ----- OROVILLE, CA 95965 ----- | \$ 6,354. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | CHICO YOUTH SOCCER LEAGUE ----- PO BOX 1537 ----- CHICO, CA 95927-1537 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | MAINS'L SERVICES ----- 40 LANDING CIR, STE 1 ----- CHICO, CA 95973 ----- | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | VULCAN MATERIALS COMPANY ----- 9800 DEL RD ----- ROSEVILLE, CA 95747-9109 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | SUSAN DONOHUE ----- 1568 KAUNALA PL ----- HILO, HI 96720-5524 ----- | \$ 21,733. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | ALBERT COVELL ----- 5650 CHERRY LN ----- PARADISE, CA 95969-5527 ----- | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | N/A ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

Name of organization **BUTTE COMMUNITY COLLEGE FOUNDATION** Employer identification number **94-3153995**

Part III 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 information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | <i>N/A</i> | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

BUTTE COMMUNITY COLLEGE FOUNDATION

94-3153995

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

| | | |
|---------------------------------|----------|-----------------|
| INCOME FROM SPECIAL EVENTS..... | \$ | 215,009. |
| MANAGEMENT FEE INCOME..... | | 155,262. |
| OTHER INCOME..... | | 138,623. |
| TRANSFERS IN..... | | 164,954. |
| | TOTAL \$ | <u>673,848.</u> |

**STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

TOTAL \$ 0.

**STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|----------------------------|----------------------------------|------------------------------|
| JULIE BOSS 3536 BUTTE CAMPUS DRIVE , | CHAIRMAN 1.00 | \$ 0. | \$ 0. | \$ 0. |
| DAN ALEXANDER 3536 BUTTE CAMPUS DRIVE , | PAST CHAIRMAN 1.00 | 0. | 0. | 0. |
| NEIL YELLAND 3536 BUTTE CAMPUS DRIVE , | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| PATRICK CHRISTENSEN 3536 BUTTE CAMPUS DRIVE , | SEC/TREAS. 1.00 | 0. | 0. | 0. |
| TOM SNYDER LANDO 3536 BUTTE CAMPUS DRIVE , | MEMBER AT LARGE 1.00 | 0. | 0. | 0. |
| STAN THOMPSON 3536 BUTTE CAMPUS DRIVE , | MEMBER AT LARGE 1.00 | 0. | 0. | 0. |
| RICK KREPRELKA 3536 BUTTE CAMPUS DRIVE , | TRUSTEE REP 1.00 | 0. | 0. | 0. |

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|----------------------------|----------------------------------|------------------------------|
| JOHN NOCK 3536 BUTTE CAMPUS DRIVE , | TRUSTEE REP 1.00 | \$ 0. | \$ 0. | \$ 0. |
| FARSHAD AZAD 3536 BUTTE CAMPUS DRIVE , | DIRECTOR 1.00 | 0. | 0. | 0. |
| ROBIN COOK 3536 BUTTE CAMPUS DRIVE , | DIRECTOR 1.00 | 0. | 0. | 0. |
| MARGARET HUGHES 3536 BUTTE CAMPUS DRIVE , | DIRECTOR 1.00 | 0. | 0. | 0. |
| TROY KIDD 3536 BUTTE CAMPUS DRIVE , | DIRECTOR 1.00 | 0. | 0. | 0. |
| ANNETTE MARIOTTINI 3536 BUTTE CAMPUS DRIVE , | DIRECTOR 1.00 | 0. | 0. | 0. |
| RENEE MICHEL 3536 BUTTE CAMPUS DRIVE , | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOTAL | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | |
|-------------------------------------|-----------|
| ACCOUNTING FEES..... | \$ 8,908. |
| ALUMNI OUTREACH..... | 6,860. |
| BANK CHARGES..... | 4,117. |
| CNA SCRUBS, LIVESCAPS AND EXAM..... | 31,152. |
| COPYING AND PRINTING..... | 334. |
| DONOR ACQUISITION..... | 1,562. |
| DUES, FEES AND SUBSCRIPTION..... | 4,605. |
| ENDOWMENT FEES..... | 837,537. |
| EVENT COORDINATION..... | 144. |
| FOOD/REFRESHMENTS..... | 4,121. |
| GRANTS..... | 165,814. |
| INFORMATION TECHNOLOGY..... | 35,609. |
| MANAGEMENT FEES..... | 201,734. |
| MATERIALS AND SUPPLIES..... | 28,134. |
| MISCELLANEOUS..... | 40,105. |

STATEMENT 4 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | |
|---|----------------------|
| OTHER FEES..... | \$ 633. |
| RECOGNITION AND AWARDS..... | 90. |
| REFUND..... | 19,998. |
| SPECIAL EVENT EXPENSES..... | 132,089. |
| TAXES AND LICENSES..... | 230. |
| TRAINING AND DEVELOPMENT..... | 20,950. |
| TRANSFERS OUT..... | 90,249. |
| TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS..... | 251. |
| WAGES AND TAX REIMBURSEMENT..... | 19,456. |
| TOTAL | <u>\$ 1,654,682.</u> |

STATEMENT 5
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

| | |
|------------------|----------------------|
| INVESTMENTS..... | \$ 9,756,773. |
| TOTAL | <u>\$ 9,756,773.</u> |

STATEMENT 6
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | |
|--|--------------------|
| ASSETS HELD BY OTHERS..... | 53,701. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 58,195. |
| TOTAL | <u>\$ 111,896.</u> |

STATEMENT 7
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | |
|----------------------------|--------------------|
| AMOUNT HELD BY OTHERS..... | 115,718. |
| DEPOSITORY LIABILITY..... | 790,385. |
| TOTAL | <u>\$ 906,103.</u> |



MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|--|--|
| <p>BUTTE COMMUNITY COLLEGE FOUNDATION Name of Organization</p> <p>List all DBAs and names the organization uses or has used 3536 BUTTE CAMPUS DRIVE Address (Number and Street)</p> <p>OROVILLE, CA 95965 City or Town, State, and ZIP Code</p> <p>530-895-2359 Telephone Number</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <p>State Charity Registration Number <u>84817</u></p> <p>Corporation or Organization No. <u>1815122</u></p> <p>Federal Employer ID No. <u>94-3153995</u></p> |
|--|--|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/24 ending 6/30/25) list:

Total Revenue \$ (including noncash contributions) 2,950,427. **Noncash Contributions** \$ 0. **Total Assets** \$ 10,486,261.

Program Expenses \$ 2,060,884. **Total Expenses** \$ 2,343,405.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | | |
|-------------------------------|------------------------|---------------------------|------|
| | SUZANNE WATROBA | EXECUTIVE DIRECTOR | |
| Signature of Authorized Agent | Printed Name | Title | Date |

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

OMB No. 1545-0047

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

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

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

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

Part I – Identification

| | | |
|--|--|--------------------------------------|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
| | BUTTE COMMUNITY COLLEGE FOUNDATION | 94-3153995 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | 3536 BUTTE CAMPUS DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | OROVILLE, CA 95965 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of THE DISTRICT 3536 BUTTE CAMPUS DRIVE OROVILLE CA 95965

Telephone No. 530-879-6154 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 box.

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.

1 I request an automatic 6-month extension of time until 5/15, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning 7/01, 20 24, and ending 6/30, 20 25.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
 Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b 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. | 3b | \$ | 0. |
| c 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. | 3c | \$ | 0. |

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C BUTTE COMMUNITY COLLEGE FOUNDATION, 3536 BUTTE CAMPUS DRIVE, OROVILLE, CA 95965. D Employer identification number 94-3153995. E Telephone number 530-895-2359. G Gross receipts \$ 3,082,516.

F Name and address of principal officer: SUZANNE WATROBA, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW BUTTE.EDU/FOUNDATION. H(c) Group exemption number

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1992. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE BUTTE COLLEGE FOUNDATION SUPPORTS BUTTE COLLEGE THROUGH FUNDRAISING AND OTHER FORMS OF SUPPORT. ITS MOST SIGNIFICANT ACHIEVEMENT IS ITS SCHOLARSHIP PROGRAM THAT AWARDS APPROXIMATELY 250 INTERNAL SCHOLARSHIPS TO 170 STUDENTS AND ADMINISTERS 250 EXTERNAL SCHOLARSHIPS.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (22), 4 Number of independent voting members (18), 5 Total number of individuals employed (0), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (610,732 / 850,442), 9 Program service revenue, 10 Investment income (1,343,165 / 1,558,226), 11 Other revenue (828,727 / 541,759), 12 Total revenue (2,782,624 / 2,950,427).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (458,331 / 688,723), 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses (1,932,996 / 1,522,593), 18 Total expenses (2,391,327 / 2,211,316), 19 Revenue less expenses (391,297 / 739,111).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (9,332,688 / 10,486,261), 21 Total liabilities (791,236 / 965,220), 22 Net assets or fund balances (8,541,452 / 9,521,041).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer SUZANNE WATROBA, Date, EXECUTIVE DIRECTOR

Paid Preparer Use Only: Preparer's name JOHN DOMINGUEZ, CPA, Preparer's signature JOHN DOMINGUEZ, CPA, Date, Check self-employed, PTIN P01955973, Firm's name CWDL CPAS, Firm's address 3131 CAMINO DEL RIO N STE 820, SAN DIEGO, CA 92108, Firm's EIN 90-0916070, Phone no. 858-565-2700

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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.

4a (Code:) (Expenses \$ 2,060,884. including grants of \$) (Revenue \$)

THE FOUNDATION PROMOTED AND ASSISTED THE EDUCATIONAL SERVICES OF BUTTE COMMUNITY COLLEGE BY ADMINISTERING SCHOLARSHIP AND FUNDRAISING ACTIVITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,060,884.

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)? <i>If "Yes," complete Schedule A.</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | 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? <i>If "Yes," complete Schedule C, Part II.</i> | | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | 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? <i>If "Yes," complete Schedule D, Part I.</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | X |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | 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)? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions. | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 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). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|--|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | 0 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | X |
| 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 | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | 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 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. 1a 22 If there are material differences in voting rights among members SEE SCH. O 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 18 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | 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? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official. | | X |
| b | Other officers or key employees of the organization. | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 THE DISTRICT 3536 BUTTE CAMPUS DRIVE OROVILLE CA 95965 530-879-6154

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.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JULIE BOSS CHAIRMAN | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (2) DAN ALEXANDER PAST CHAIRMAN | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (3) NEIL YELLAND VICE CHAIRMAN | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (4) PATRICK CHRISTENSEN SEC/TREAS. | 1 0 | X | | X | | | | 0. | 0. | 0. |
| (5) TOM SNYDER LANDO MEMBER AT LARGE | 1 0 | X | | | | | | 0. | 0. | 0. |
| (6) STAN THOMPSON MEMBER AT LARGE | 1 0 | X | | | | | | 0. | 0. | 0. |
| (7) RICK KREPRELKA TRUSTEE REP | 1 0 | X | | | | | | 0. | 0. | 0. |
| (8) JOHN NOCK TRUSTEE REP | 1 0 | X | | | | | | 0. | 0. | 0. |
| (9) FARSHAD AZAD DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (10) ROBIN COOK DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (11) MARGARET HUGHES DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (12) TROY KIDD DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (13) ANNETTE MARIOTTINI DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (14) RENEE MICHEL DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |

BAA

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Form 990 (2024)

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | | | | | | | | | | |
| (16) ----- | | | | | | | | | | |
| (17) ----- | | | | | | | | | | |
| (18) ----- | | | | | | | | | | |
| (19) ----- | | | | | | | | | | |
| (20) ----- | | | | | | | | | | |
| (21) ----- | | | | | | | | | | |
| (22) ----- | | | | | | | | | | |
| (23) ----- | | | | | | | | | | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |

| | | | |
|--|----|----|----|
| 1b Subtotal | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 0. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|--|----------------------|--|---|--|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 20,817. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 829,625. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | | | | | |
| | h Total. Add lines 1a-1f | | 850,442. | | | | |
| | Program Service Revenue | 2a Business Code | | | | | |
| b ----- | | | | | | | |
| c ----- | | | | | | | |
| d ----- | | | | | | | |
| e ----- | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | |
| Miscellaneous Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,558,226. | 1,558,226. | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ 20,817. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 215,009. | | | |
| | | | | 132,089. | | | |
| b Less: direct expenses | | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | 82,920. | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11a TRANSFERS IN | | 900099 | 164,954. | 164,954. | | |
| | b MANAGEMENT FEE INCOME | | 900099 | 155,262. | 155,262. | | |
| | c OTHER INCOME | | 900099 | 138,623. | 138,623. | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 458,839. | | | |
| 12 Total revenue. See instructions | | | 2,950,427. | 2,017,065. | 0. | 0. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 688,723. | 688,723. | | |
| 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 | 0. | 0. | 0. | 0. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | | | | |
| 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): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 8,908. | | 8,908. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 633. | 200. | 433. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | 35,609. | | 35,609. | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 251. | | 251. | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>ENDOWMENT FEES</u> | 837,537. | 837,537. | | |
| b <u>MANAGEMENT FEES</u> | 201,734. | 198,715. | 3,019. | |
| c <u>GRANTS</u> | 165,814. | 165,814. | | |
| d <u>TRANSFERS OUT</u> | 90,249. | 36,523. | 53,726. | |
| e All other expenses | 181,858. | 133,372. | 48,486. | |
| 25 Total functional expenses. Add lines 1 through 24e. | 2,211,316. | 2,060,884. | 150,432. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash – non-interest-bearing | 282,266. | 1 | 533,176. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 75,000. | 4 | 84,416. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 11,408. | 9 | 58,195. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | 10c |
| | 11 Investments – publicly traded securities | 8,914,113. | 11 | 9,756,773. |
| | 12 Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 49,901. | 15 | 53,701. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33). | 9,332,688. | 16 | 10,486,261. | |
| Liabilities | 17 Accounts payable and accrued expenses | 23,133. | 17 | 59,117. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 768,103. | 25 | 906,103. |
| | 26 Total liabilities. Add lines 17 through 25. | 791,236. | 26 | 965,220. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 815,197. | 27 | 1,190,479. |
| | 28 Net assets with donor restrictions | 7,726,255. | 28 | 8,330,562. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 8,541,452. | 32 | 9,521,041. | |
| 33 Total liabilities and net assets/fund balances | 9,332,688. | 33 | 10,486,261. | |

Part 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 | 2,950,427. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,211,316. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 739,111. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,541,452. |
| 5 | Net unrealized gains (losses) on investments | 5 | 240,478. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 9,521,041. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2024

Open to Public Inspection

| | |
|---|---|
| Name of the organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 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).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 588,723. | 671,899. | 790,218. | 610,732. | 829,625. | 3,491,197. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 588,723. | 671,899. | 790,218. | 610,732. | 829,625. | 3,491,197. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 3,491,197. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|------------|-----------|----------|------------|------------|--------------------------|
| 7 Amounts from line 4. | 588,723. | 671,899. | 790,218. | 610,732. | 829,625. | 3,491,197. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 1,651,209. | -492,148. | 709,968. | 1,343,165. | 1,558,226. | 4,770,420. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 8,261,617. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)). | 14 | 42.26 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14. | 15 | 49.68 % |

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described on line 11a above? | 11b | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | 11c | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 2a | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

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

| Section D – Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|---|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

BAA

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

| | |
|---|---|
| Name of the organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | E TEAMS PONSOR INC 1390 WILLOW PASS RD, STE 210 CONCORD, CA 94520-5248 | \$ 68,406. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ANONYMOUS 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965 | \$ 22,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ARTHUR N. RUPE FOUNDATION 3700 STATE STREET SUITE 300 SANTA BARBARA, CA 93105-3128 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FOUNDATION FOR CALIFORNIA COMMUNITY 1102 Q ST, STE 3500 SACRAMENTO, CA 95811-6565 | \$ 30,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET STE 260 CHICO, CA 95928-5374 | \$ 23,227. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | SUSAN DONOHUE 1568 KAUNALA PL HILO, HI 96720-5524 | \$ 21,733. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization BUTTE COMMUNITY COLLEGE FOUNDATION | Employer identification number 94-3153995 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | N/A ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

Name of organization **BUTTE COMMUNITY COLLEGE FOUNDATION** Employer identification number **94-3153995**

Part III 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 information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | <i>N/A</i> | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| ----- | | ----- | |
| ----- | | ----- | |
| ----- | | ----- | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| ----- | | ----- | |
| ----- | | ----- | |
| ----- | | ----- | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| ----- | | ----- | |
| ----- | | ----- | |
| ----- | | ----- | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| ----- | | ----- | |
| ----- | | ----- | |
| ----- | | ----- | |

SCHEDULE D (Form 990)

(Rev. December 2024)

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

Employer identification number

BUTTE COMMUNITY COLLEGE FOUNDATION

94-3153995

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included on line 2a, Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 0.

Part VII Investments – Other Securities N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, column (B)) | | |

Part VIII Investments – Program Related N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, column (B)) | | |

Part IX Other Assets N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, column (B)) | |

Part X Other Liabilities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) AMOUNT HELD BY OTHERS | 115,718. |
| (3) DEPOSITORY LIABILITY | 790,385. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, column (B)) | 906,103. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,818,338. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,818,338. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) SEE PART XIII | 4b | 132,089. | |
| | c Add lines 4a and 4b | | 4c | 132,089. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 2,950,427. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,079,227. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,079,227. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | b Other (Describe in Part XIII.) SEE PART XIII | 4b | 132,089. | |
| | c Add lines 4a and 4b | | 4c | 132,089. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 2,211,316. |

Part XIII Supplemental Information

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

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HOW AN UNCERTAIN TAX POSITION IS RECONGNIZED IN FINANCIAL STATEMENTS. THE FOUNDATION ANALYZES TAX POSITIONS TAKEN IN PREVIOUSLY FILED RETURNS AND TAX POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. BASED ON THIS ANALYSIS, A LIABILITY IS RECORDED IF UNCERTAIN TAX BENEFITS HAVE BEEN RECEIVED. THE FOUNDATION'S PRACTICE IS TO RECOGNIZE INTEREST AND

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS IN THE TAX EXPENSE. THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED OR RELATED INTEREST AND PENALTIES RECORDED AS OF JUNE 30, 2025, AND THE FOUNDATION DOES NOT EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE NEXT 12 MONTHS.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

| | |
|---------------------------------------|--------------------|
| DIRECT EXPENSES - SPECIAL EVENTS..... | \$ 132,089. |
| TOTAL | <u>\$ 132,089.</u> |

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

| | |
|---------------------------------------|--------------------|
| DIRECT EXPENSES - SPECIAL EVENTS..... | \$ 132,089. |
| TOTAL | <u>\$ 132,089.</u> |

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

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** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of nongovernment grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|--|--------------|------------------------|---------------------------------|----------|
| | | SPRING GALA (event type) | (event type) | NONE (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 235,826. | | 235,826. | |
| | 2 | Less: Contributions | 20,817. | | 20,817. | |
| | 3 | Gross income (line 1 minus line 2) | 215,009. | | 215,009. | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 4,276. | | 4,276. | |
| | 7 | Food and beverages | 23,002. | | 23,002. | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 104,811. | | 104,811. | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 132,089. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 82,920. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming | |
|-----------------|---|--|---|---|---|--|
| | | (add col. (a) through col. (c)) | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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 No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name -----

Address -----

16 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? Yes No

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. . . \$ _____

Part IV 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.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 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 |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ----- ----- | | | | | | | |
| (2) ----- ----- | | | | | | | |
| (3) ----- ----- | | | | | | | |
| (4) ----- ----- | | | | | | | |
| (5) ----- ----- | | | | | | | |
| (6) ----- ----- | | | | | | | |
| (7) ----- ----- | | | | | | | |
| (8) ----- ----- | | | | | | | |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
- Enter total number of other organizations listed in the line 1 table 0

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 SCHOLARSHIPS | 882 | 688,723. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE BUTTE COLLEGE FOUNDATION SUPPORTS BUTTE COLLEGE THROUGH FUNDRAISING AND OTHER FORMS OF SUPPORT. ITS MOST SIGNIFICANT ACHIEVEMENT IS ITS SCHOLARSHIP PROGRAM THAT AWARDS APPROXIMATELY 250 INTERNAL SCHOLARSHIPS TO 170 STUDENTS AND ADMINISTERS 250 EXTERNAL SCHOLARSHIPS.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 WILL BE PRESENTED TO THE FOUNDATION BOARD OF DIRECTORS AT ITS NEXT MEETING.

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

THE EXECUTIVE DIRECTOR AND MANAGEMENT OF RELATED ENTITIES FILE FORM 700 OF CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION, AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST.

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

DOCUMENTS ARE AVAILABLE AT THE BUTTE COLLEGE FOUNDATION OFFICE BY APPOINTMENT.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

BUTTE COMMUNITY COLLEGE FOUNDATION

Employer identification number

94-3153995

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Sec 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) BUTTE-GLENN COMMUNITY COLLEGE DIST 3536 BUTTE CAMPUS DRIVE OROVILLE, CA 95965 94-1637174 | EDUCATION | CA | 115 (1) | | NA | | X |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- ----- ----- | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ----- ----- ----- | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) ----- ----- ----- | | | | | | | | | | | | | |
| (2) ----- ----- ----- | | | | | | | | | | | | | |
| (3) ----- ----- ----- | | | | | | | | | | | | | |
| (4) ----- ----- ----- | | | | | | | | | | | | | |
| (5) ----- ----- ----- | | | | | | | | | | | | | |
| (6) ----- ----- ----- | | | | | | | | | | | | | |
| (7) ----- ----- ----- | | | | | | | | | | | | | |
| (8) ----- ----- ----- | | | | | | | | | | | | | |

Part VII **Supplemental Information**

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

BUTTE COLLEGE FOUNDATION

Proposed Budget

All Funds

| | Unaudited | | | |
|---------------------------------------|---------------------|----------------------|----------------------|----------------------|
| | FY23-24 Actuals | FY24-25 Actuals | FY25-26 Projected | FY26-27 Budget |
| Beginning Fund Balance | \$ 8,062,662 | \$ 9,309,555 | \$ 10,427,145 | \$ 11,871,973 |
| Revenues | | | | |
| Gifts, Grants, and Bequests | \$ 759,103 | \$ 1,038,780 | \$ 1,483,823 | \$ 1,046,366 |
| Event & Earned Income | 422,532 | 480,254 | 389,249 | 285,500 |
| Investments - Interest & Dividends | 1,227,299 | 1,244,552 | 340,382 | 330,051 |
| Investments - Gain/(Loss) | 901,360 | 554,151 | 859,127 | - |
| Other Income | 472,757 | 458,072 | 244,989 | 160,000 |
| Total Revenues | \$ 3,783,052 | \$ 3,775,808 | \$ 3,317,569 | \$ 1,821,918 |
| Expenses | | | | |
| Scholarships & Grants | \$ 542,882 | \$ 864,237 | \$ 927,872 | \$ 958,846 |
| Payments to Students | 11,284 | 23,255 | 32,817 | 57,200 |
| Supplies & Materials | 289,590 | 292,997 | 291,936 | 189,000 |
| Purchased Services | 54,433 | 79,979 | 113,007 | 159,170 |
| Rents & Leases | 24,490 | 34,266 | 16,776 | 22,000 |
| Repairs & Maintenance | - | - | 2,468 | - |
| Management Fees | 182,223 | 203,150 | 208,678 | 211,500 |
| Communications & Outreach | 132,810 | 115,434 | 96,453 | 80,500 |
| Travel & Professional Development | 59,812 | 36,171 | 26,996 | 55,500 |
| Administrative & Operating | 126,711 | 82,621 | 77,208 | 59,425 |
| Other Expenses | 1,111,924 | 926,109 | 18,454 | 500 |
| Total Expenses | \$ 2,536,158 | \$ 2,658,219 | \$ 1,812,664 | \$ 1,793,641 |
| Other Financing Sources (Uses) | | | | |
| Transfer In | 489,772 | 372,089 | 1,916,268 | 850,000 |
| Transfer Out | (489,772) | (372,089) | (1,916,268) | (850,000) |
| Net Transfers | \$ - | \$ - | \$ - | \$ - |
| Change in Net Position | \$ 1,246,894 | \$ 1,117,589 | \$ 1,504,905 | \$ 28,276 |
| Reserve Funds | - | - | 60,076 | 59,275 |
| Ending Fund Balance | \$ 9,309,555 | \$ 10,427,145 | \$ 11,871,973 | \$ 11,840,974 |

BUTTE COLLEGE FOUNDATION

Proposed Budget by Fund

All Funds

| | Fund 1 Unrestricted General | Fund 2 Endowment Disbursements | Fund 3 Scholarships & Grants | Fund 4 Endowment Principle | Fund 5 Program Support & Fundraising | FY26-27 Budget |
|------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|----------------------------------|--|---------------------|
| Beginning Fund Balance | \$ 1,646,891 | \$ 2,722,141 | \$ 126,862 | \$ 6,441,952 | \$ 934,127 | \$ 11,871,973 |
| Revenues | | | | | | |
| Gifts, Grants, and Bequests | \$ 20,000 | \$ - | \$ 746,366 | \$ 100,000 | \$ 180,000 | \$ 1,046,366 |
| Event & Earned Income | 163,000 | - | - | - | 122,500 | 285,500 |
| Investments - Interest & Dividends | 42,915 | 287,136 | - | - | - | 330,051 |
| Investments - Gain/(Loss) | - | - | - | - | - | - |
| Other Income | 160,000 | - | - | - | - | 160,000 |
| Total Revenues | \$ 385,915 | \$ 287,136 | \$ 746,366 | \$ 100,000 | \$ 302,500 | \$ 1,821,918 |
| Expenses | | | | | | |
| Scholarships & Grants | \$ - | \$ 212,480 | \$ 746,366 | \$ - | \$ - | \$ 958,846 |
| Payments to Students | - | - | 37,200 | - | 20,000 | 57,200 |
| Supplies & Materials | 19,000 | - | 10,000 | - | 160,000 | 189,000 |
| Purchased Services | 133,000 | - | 16,170 | - | 10,000 | 159,170 |
| Rents & Leases | 12,000 | - | - | - | 10,000 | 22,000 |
| Repairs & Maintenance | - | - | - | - | - | - |
| Management Fees | 3,500 | 208,000 | - | - | - | 211,500 |
| Communications & Outreach | 20,000 | - | - | - | 60,500 | 80,500 |
| Travel & Professional Development | 30,500 | - | - | - | 25,000 | 55,500 |
| Administrative & Operating | 18,600 | 300 | 25 | - | 40,500 | 59,425 |
| Other Expenses | 500 | - | - | - | - | 500 |
| Total Expenses | \$ 237,100 | \$ 420,780 | \$ 809,761 | \$ - | \$ 326,000 | \$ 1,793,641 |

BUTTE COLLEGE FOUNDATION

Proposed Budget by Fund

All Funds

| | Fund 1 Unrestricted General | Fund 2 Endowment Disbursements | Fund 3 Scholarships & Grants | Fund 4 Endowment Principle | Fund 5 Program Support & Fundraising | FY26-27 Budget |
|---------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|----------------------------------|--|----------------------|
| Other Financing Sources (Uses) | | | | | | |
| Transfer In | - | 850,000 | - | - | - | 850,000 |
| Transfer Out | - | - | - | (850,000) | - | (850,000) |
| Net Transfers | \$ - | \$ 850,000 | \$ - | \$ (850,000) | \$ - | \$ - |
| Change in Net Position | \$ 148,815 | \$ 716,356 | \$ (63,395) | \$ (750,000) | \$ (23,500) | \$ 28,276 |
| Reserve Funds | 59,275 | - | - | - | - | 59,275 |
| Ending Fund Balance | \$ 1,736,431 | \$ 3,438,497 | \$ 63,467 | \$ 5,691,952 | \$ 910,627 | \$ 11,840,974 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

Fund 1 - Unrestricted General Operating

| | | | | Unaudited | Proposed |
|------------------------------------|--|-------------------|-------------------|---------------------|---------------------|
| | | FY23-24 | FY24-25 | FY25-26 | FY26-27 |
| | | Actuals | Actuals | Projected | Budget |
| Beginning Fund Balance | | \$ 622,275 | \$ 965,594 | \$ 1,347,482 | \$ 1,646,891 |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | \$ 27,907 | \$ 44,235 | \$ 7,750 | \$ 20,000 |
| Event & Earned Income | 070 - Auction Sales | 84,586 | 70,417 | - | 35,000 |
| Event & Earned Income | 080 - Tickets & Event Sales | 12,120 | 23,259 | 12,974 | 8,000 |
| Event & Earned Income | 100 - Opportunity Drawing | 9,873 | 10,100 | 1,300 | 10,000 |
| Event & Earned Income | 110 - Sponsors/Advertising Income | 130,825 | 108,508 | 106,500 | 110,000 |
| Investments - Interest & Dividends | 020 - Interest & Dividends | 42,917 | 63,340 | 44,018 | 42,915 |
| Investments - Gain/(Loss) | 030 - Realized Gain/(Loss) | 3,405 | (5,878) | 107 | - |
| Investments - Gain/(Loss) | 040 - Unrealized Gain/(Loss) | 66,301 | 51,245 | 143,316 | - |
| Other Income | 050 - Other Income & Fees | 7,666 | 12,663 | 18,862 | - |
| Other Income | 055 - Misc Income | 1,193 | 688 | 120 | - |
| Other Income | 160 - Annual Mgmt Fee Income | 136,548 | 155,262 | 158,000 | 160,000 |
| Total Revenues | | \$ 523,341 | \$ 533,838 | \$ 492,947 | \$ 385,915 |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships & Student Aid | 2,000 | - | - | - |
| Payments to Students | 335 - Payments To/For Students | - | - | 2,525 | - |
| Supplies & Materials | 240 - Printing, Copying & Postage | 88 | 112 | 122 | 6,500 |
| Supplies & Materials | 260 - Supplies & Materials | 3,198 | 8,533 | 4,431 | 10,000 |
| Supplies & Materials | 350 - Merchandise / Auction Items | 3,233 | 3,295 | 3,074 | 2,500 |
| Purchased Services | 280 - Legal & Accounting Services | 8,485 | 8,908 | 103 | 12,000 |
| Purchased Services | 330 - Professional Services | 5,249 | 11,915 | 39,128 | 75,000 |
| Purchased Services | 411 - Information Technology & Software | 30,052 | 35,610 | 37,746 | 46,000 |
| Rents & Leases | 370 - Equipment & Facility Rentals | - | 4,276 | 4,394 | 12,000 |
| Management Fees | 285 - Management Fees | 2,721 | 3,019 | 3,276 | 3,500 |
| Communications & Outreach | 325 - Food/Refreshments | 6,304 | 26,687 | 7,113 | 15,000 |
| Communications & Outreach | 340 - Advertising & Promotion | 21,274 | - | - | 5,000 |
| Communications & Outreach | 351 - Stewardship & Donor Relations | 26,163 | 8,566 | 501 | - |
| Travel & Professional Development | 415 - Conferences, Conventions, & Meetings | - | - | - | 5,500 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

Fund 1 - Unrestricted General Operating

| | | | | Unaudited | Proposed |
|---------------------------------------|---------------------------------------|--------------------|---------------------|---------------------|---------------------|
| | | FY23-24 | FY24-25 | FY25-26 | FY26-27 |
| | | Actuals | Actuals | Projected | Budget |
| Travel & Professional Development | 420 - Travel & Education | 1,161 | 21,518 | 2,586 | 25,000 |
| Administrative & Operating | 220 - Bank & Merchant Fees | 5,431 | 6,671 | 5,289 | 6,600 |
| Administrative & Operating | 250 - Dues & Memberships | 4,404 | 4,605 | 7,148 | 7,000 |
| Administrative & Operating | 315 - Telecommunications | - | - | 20 | - |
| Administrative & Operating | 360 - Awards & Recognition | - | 414 | 324 | 600 |
| Administrative & Operating | 365 - Refunds & Adjustments | 333 | - | (138) | - |
| Administrative & Operating | 410 - Taxes, Licenses & Permits | 1,471 | 898 | 858 | 1,400 |
| Administrative & Operating | 430 - Wage & Tax Reimbursement | - | 144 | 3,071 | 3,000 |
| Other Expenses | 300 - Miscellaneous Operating Expense | 3,293 | 2,773 | 92 | 500 |
| Other Expenses | 205 - Endowment Allocation | - | - | - | - |
| Total Expenses | | \$ 124,860 | \$ 147,942 | \$ 121,661 | \$ 237,100 |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 238,519 | 211,422 | 700 | - |
| Transfer Out | 200 - Transfers Out | (293,680) | (215,430) | (12,500) | - |
| Net Transfers | | \$ (55,161) | \$ (4,008) | \$ (11,800) | \$ - |
| Change in Net Position | | \$ 343,319 | \$ 381,888 | \$ 359,486 | \$ 148,815 |
| Reserve Funds | | - | - | 60,076 | 59,275 |
| Ending Fund Balance | | \$ 965,594 | \$ 1,347,482 | \$ 1,646,891 | \$ 1,736,431 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

Fund 2 - Endowment Earnings & Distributions

| | | | Unaudited | Proposed | |
|---------------------------------------|---------------------------------------|---------------------|---------------------|---------------------|---------------------|
| | | FY23-24 | FY24-25 | FY25-26 | FY26-27 |
| | | Actuals | Actuals | Projected | Budget |
| Beginning Fund Balance | | \$ 852,657 | \$ 646,825 | \$ 803,854 | \$ 2,722,141 |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | \$ 66,050 | \$ 110,027 | \$ 63,945 | - |
| Investments - Interest & Dividends | 020 - Interest & Dividends | 1,184,383 | 1,181,212 | 296,364 | 287,136 |
| Investments - Gain/(Loss) | 030 - Realized Gain/(Loss) | 112,460 | 319,552 | 391,410 | - |
| Investments - Gain/(Loss) | 040 - Unrealized Gain/(Loss) | 719,194 | 189,233 | 324,295 | - |
| Total Revenues | | \$ 2,082,087 | \$ 1,800,023 | \$ 1,076,014 | \$ 287,136 |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships & Student Aid | 82,555 | 165,814 | 47,752 | 212,480 |
| Supplies & Materials | 240 - Printing, Copying & Postage | - | 334 | - | - |
| Supplies & Materials | 260 - Supplies & Materials | 22,321 | 54,800 | 35,145 | - |
| Purchased Services | 330 - Professional Services | - | 200 | 16,170 | - |
| Management Fees | 285 - Management Fees | 172,854 | 43,453 | 205,402 | 208,000 |
| Communications & Outreach | 325 - Food/Refreshments | 629 | 436 | - | - |
| Administrative & Operating | 220 - Bank & Merchant Fees | 370 | 415 | 293 | 300 |
| Administrative & Operating | 360 - Awards & Recognition | - | - | 4,951 | - |
| Administrative & Operating | 430 - Wage & Tax Reimbursement | 32,147 | 19,456 | - | - |
| Other Expenses | 300 - Miscellaneous Operating Expense | 34,535 | 25,141 | 6,000 | - |
| Other Expenses | 205 - Endowment Allocation | 1,010,453 | 837,537 | - | - |
| Total Expenses | | \$ 1,355,864 | \$ 1,147,586 | \$ 315,713 | \$ 420,780 |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 35,799 | 16,876 | 1,502,996 | 850,000 |
| Transfer Out | 200 - Transfers Out | (136,200) | (3,500) | (345,010) | - |
| Net Transfers | | \$ (100,401) | \$ 13,376 | \$ 1,157,986 | \$ 850,000 |
| Change in Net Position | | \$ 625,822 | \$ 665,814 | \$ 1,918,287 | \$ 716,356 |
| Ending Fund Balance | | \$ 1,478,480 | \$ 1,312,639 | \$ 2,722,141 | \$ 3,438,497 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

03 - Restricted Grants & Scholarships

| | | | | Unaudited | Proposed |
|---------------------------------------|---------------------------------------|--------------------|--------------------|-------------------|--------------------|
| | | FY23-24 | FY24-25 | FY25-26 | FY26-27 |
| | | Actuals | Actuals | Projected | Budget |
| Beginning Fund Balance | | \$ 151,191 | \$ 97,085 | \$ 115,719 | \$ 126,862 |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 386,530 | 603,217 | 673,171 | 746,366 |
| Other Income | 050 - Other Income & Fees | 336 | 2,356 | 36,238 | - |
| Other Income | 165 - Endowment Income | 65,200 | 146,455 | - | - |
| Total Revenues | | \$ 452,066 | \$ 752,028 | \$ 709,409 | \$ 746,366 |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships & Student Aid | 458,327 | 688,723 | 879,070 | 746,366 |
| Payments to Students | 335 - Payments To/For Students | - | - | 12,156 | 37,200 |
| Supplies & Materials | 260 - Supplies & Materials | - | - | - | 10,000 |
| Purchased Services | 330 - Professional Services | - | - | - | 16,170 |
| Administrative & Operating | 220 - Bank & Merchant Fees | - | 31 | 23 | 25 |
| Administrative & Operating | 365 - Refunds & Adjustments | 49,282 | 19,998 | 8,301 | - |
| Other Expenses | 300 - Miscellaneous Operating Expense | 9,715 | 12,761 | 11,625 | - |
| Total Expenses | | \$ 517,325 | \$ 721,512 | \$ 911,174 | \$ 809,761 |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 14,955 | 2,508 | 213,609 | - |
| Transfer Out | 200 - Transfers Out | (3,803) | (14,390) | (700) | - |
| Net Transfers | | \$ 11,152 | \$ (11,882) | \$ 212,909 | \$ - |
| Change in Net Position | | \$ (54,106) | \$ 18,634 | \$ 11,143 | \$ (63,395) |
| Ending Fund Balance | | \$ 97,085 | \$ 115,719 | \$ 126,862 | \$ 63,467 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

04 - Endowment Principle

| | | | Unaudited | Proposed | |
|---------------------------------------|-----------------------------------|---------------------|---------------------|-----------------------|---------------------|
| | | FY23-24 | FY24-25 | FY25-26 | |
| | | Actuals | Actuals | Projected | |
| | | | | FY26-27 | |
| | | | | Budget | |
| Beginning Fund Balance | | \$ 5,889,727 | \$ 6,929,035 | \$ 7,369,702 | \$ 6,441,952 |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 130,245 | 72,144 | 559,750 | 100,000 |
| Other Income | 050 - Other Income & Fees | 6,143 | - | - | - |
| Total Revenues | | \$ 136,388 | \$ 72,144 | \$ 559,750 | \$ 100,000 |
| Expenses | | | | | |
| Management Fees | 285 - Management Fees | - | 155,262 | - | - |
| Total Expenses | | \$ - | \$ 155,262 | \$ - | \$ - |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 71,266 | 15,000 | 40,377 | - |
| Transfer Out | 200 - Transfers Out | - | - | (1,527,877) | (850,000) |
| Net Transfers | | \$ 71,266 | \$ 15,000 | \$ (1,487,500) | \$ (850,000) |
| Change in Net Position | | \$ 207,654 | \$ (68,118) | \$ (927,750) | \$ (750,000) |
| Ending Fund Balance | | \$ 6,097,380 | \$ 6,860,917 | \$ 6,441,952 | \$ 5,691,952 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

05 - Restricted Program Support & Fundraising

| | | | | Unaudited | Proposed |
|-----------------------------------|------------------------------------|-------------------|-------------------|-------------------|-------------------|
| | | FY23-24 | FY24-25 | FY25-26 | FY26-27 |
| | | Actuals | Actuals | Projected | Budget |
| Beginning Fund Balance | | \$ 546,812 | \$ 671,017 | \$ 790,388 | \$ 934,127 |
| Revenues | | | | | |
| Gifts, Grants, and Bequests | 010 - Gifts, Grants, and Bequests | 148,370 | 209,156 | 179,206 | 180,000 |
| Event & Earned Income | 070 - Auction Sales | 7,345 | 7,575 | 19,884 | 10,000 |
| Event & Earned Income | 080 - Tickets & Event Sales | 129,401 | 140,981 | 140,774 | 50,000 |
| Event & Earned Income | 100 - Opportunity Drawing | - | 5,385 | 16,342 | 17,500 |
| Event & Earned Income | 110 - Sponsors/Advertising Income | 10,900 | 31,190 | 59,540 | 30,000 |
| Event & Earned Income | 140 - Sales Income | 37,483 | 82,839 | 31,935 | 15,000 |
| Other Income | 050 - Other Income & Fees | 243,761 | 124,778 | 9,741 | - |
| Other Income | 055 - Misc Income | 11,910 | 15,870 | 22,028 | - |
| Total Revenues | | \$ 589,170 | \$ 617,775 | \$ 479,449 | \$ 302,500 |
| Expenses | | | | | |
| Scholarships & Grants | 395 - Scholarships & Student Aid | - | 9,700 | 1,050 | - |
| Payments to Students | 335 - Payments To/For Students | 11,284 | 23,255 | 18,136 | 20,000 |
| Supplies & Materials | 240 - Printing, Copying & Postage | 2,487 | 954 | - | - |
| Supplies & Materials | 260 - Supplies & Materials | 258,262 | 224,970 | 235,079 | 150,000 |
| Supplies & Materials | 350 - Merchandise / Auction Items | - | - | 14,086 | 10,000 |
| Purchased Services | 330 - Professional Services | 10,647 | 23,347 | 19,860 | 10,000 |
| Rents & Leases | 370 - Equipment & Facility Rentals | 24,490 | 29,990 | 12,382 | 10,000 |
| Repairs & Maintenance | 390 - Repairs & Maintenance | - | - | 2,468 | - |
| Management Fees | 285 - Management Fees | 6,648 | 1,416 | - | - |
| Communications & Outreach | 325 - Food/Refreshments | 78,439 | 79,333 | 88,431 | 60,000 |
| Communications & Outreach | 340 - Advertising & Promotion | - | 412 | 408 | 500 |
| Travel & Professional Development | 420 - Travel & Education | 58,651 | 14,653 | 24,410 | 25,000 |
| Administrative & Operating | 220 - Bank & Merchant Fees | 5,114 | 4,302 | 3,673 | 2,500 |
| Administrative & Operating | 250 - Dues & Memberships | 8,858 | 4,303 | 12,945 | 15,000 |
| Administrative & Operating | 360 - Awards & Recognition | - | 1,993 | 8,723 | 5,000 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

05 - Restricted Program Support & Fundraising

| | | | | Unaudited | Proposed |
|---------------------------------------|---------------------------------------|-------------------|--------------------|-------------------|--------------------|
| | | FY23-24 | FY24-25 | FY25-26 | FY26-27 |
| | | Actuals | Actuals | Projected | Budget |
| Administrative & Operating | 365 - Refunds & Adjustments | 150 | 75 | 1,342 | - |
| Administrative & Operating | 410 - Taxes, Licenses & Permits | 1,168 | 1,824 | 2,972 | 3,000 |
| Administrative & Operating | 430 - Wage & Tax Reimbursement | 17,982 | 17,493 | 17,413 | 15,000 |
| Other Expenses | 300 - Miscellaneous Operating Expense | 53,928 | 47,898 | 737 | - |
| Total Expenses | | \$ 538,110 | \$ 485,917 | \$ 464,116 | \$ 326,000 |
| Other Financing Sources (Uses) | | | | | |
| Transfer In | 199 - Transfer In | 129,233 | 126,283 | 158,587 | - |
| Transfer Out | 200 - Transfers Out | (56,089) | (138,770) | (30,181) | - |
| Net Transfers | | \$ 73,144 | \$ (12,487) | \$ 128,405 | \$ - |
| Change in Net Position | | \$ 124,204 | \$ 119,371 | \$ 143,739 | \$ (23,500) |
| Ending Fund Balance | | \$ 671,017 | \$ 790,388 | \$ 934,127 | \$ 910,627 |

BUTTE COLLEGE FOUNDATION

Statement of Activity - Budget Projection

| Fund | Description |
|---|---|
| Fund 1 - Unrestricted General Operating | Accounts for net assets without donor restrictions that support the Foundation’s general operations, administration, fundraising activities, and strategic priorities. Resources in this fund may be used at the discretion of Foundation leadership and the Board in support of the Foundation’s mission. |
| Fund 2 - Endowment Earnings & Distributions | Accounts for expendable donor-restricted resources related to endowment activity, including released investment earnings appropriated for expenditure, scholarship awards, and programmatic expenditures supported by endowment funds. This fund reflects activity associated with the spending and administration of donor-restricted endowment resources. |
| Fund 3 - Restricted Grants & Scholarships | Accounts for donor-restricted and externally funded resources intended for scholarships, grants, and other restricted disbursement purposes that are not associated with endowment funds. Resources are administered and expended in accordance with donor, grantor, or contractual restrictions. |
| Fund 4 - Endowment Principle | Accounts for donor-restricted endowment corpus in which the principal is required to be maintained in perpetuity in accordance with donor intent and applicable laws, including the California Uniform Prudent Management of Institutional Funds Act (UPMIFA). Investment earnings are managed and appropriated in accordance with Foundation spending policies and donor restrictions. |
| Fund 5 - Program Support & Fundraising | Accounts for donor-restricted and Foundation-administered fundraising resources raised to support specific campus programs, departments, student activities, fundraising initiatives, and department-supported scholarships and aid to students. Activities within this fund must be charitable, philanthropic, or fundraising-related in nature and conducted under the oversight and approval of the Foundation in accordance with Foundation fundraising policies, donor intent, and applicable Foundation procedures. |