			EXTENDED TO MAY 15, 2018					
CON Return of Organization Exempt From Income Tax								
For	Form 990 Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.							
Depa	Open to Public							
		enue Service	Information about Form 990 and its instructions is at ww processor to your beginning TITE 1 2016 and	JUN 30, 2017	Inspection			
-								
Bc	heck if		f organization S COUNTY COMMUNITY COLLEGE	D Employer identificati	on number			
	⊐Addre							
	_chang _Name _chang		DATION, INC. usiness as	22-245	6105			
	Initial return			uite E Telephone number	0100			
	Final Final	275	SWAMP ROAD		8-8224			
	termin ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,665,096.			
	Amen	ded NT LTATT	OWN, PA 18940	H(a) Is this a group retur				
		^{ca-} F Name a	nd address of principal officer: TOBIAS BRUHN	for subordinates?				
	pendi	^{ng} 275 S	WAMP ROAD, NEWTOWN, PA 18940	H(b) Are all subordinates includ				
11	ax-ex	empt status:	X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or	527 If "No," attach a list				
			BUCKS.EDU/FOUNDATION	H(c) Group exemption n	umber 🕨			
κF	orm of	f organization: [X Corporation Trust Association Other ► L Y	/ear of formation: 1982 M St	ate of legal domicile: PA			
Pa		Summary						
ø	1	Briefly describ	be the organization's mission or most significant activities: $egin{array}{c} {\sf ASSIST} & {\sf B} \end{array}$	UCKS COUNTY COM	MUNITY			
anc.		COLLEGE	BY PROVIDING EXPANDED RESOURCES FOR	THE COLLEGE'S G	ROWTH AND			
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of n	nore than 25% of its net asset				
Ň	3	Number of vo	ting members of the governing body (Part VI, line 1a)		25 25			
ۍ م	4	Number of inc	umber of independent voting members of the governing body (Part VI, line 1b)					
Activities &	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)		0			
viti	6	Total number	of volunteers (estimate if necessary)		0			
Acti	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated	business taxable income from Form 990-T, line 34		0.			
				Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)	635,041.	1,184,675.			
Revenue		•	ce revenue (Part VIII, line 2g)	0.	0.			
Bev			come (Part VIII, column (A), lines 3, 4, and 7d)	375,924.	176,079.			
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,637.	92,981.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,061,602.	1,453,735.			
			milar amounts paid (Part IX, column (A), lines 1-3)	915,607.	867,513.			
			to or for members (Part IX, column (A), line 4)	0.	0.			
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
eng	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 278, 479.	0.				
Expenses				112,375.	369,286.			
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,027,982.	1,236,799.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,620.	216,936.			
-s	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year				
Net Assets or Fund Balances	20	Total accete //	Part X line 16)	6,696,647.	End of Year 7,738,071.			
Asse Bal	20 21	Total assets (I		672,118.	626,099.			
Net / und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	6,024,529.	7,111,972.			
	art II	Signature		0,021,020				
		_	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the hest of my kn	owledge and helief it is			
			. Declaration of preparer (other than officer) is based on all information of which prep		e			
	,							

Sign Here	Signature of officer Date TOBIAS BRUHN, EXECUTIVE DIRECTOR Type or print name and title								
	Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid	JAMES D. KEISER III			self-employed P00718732					
Preparer	Firm's name 🕞 GIORDANO & ASSOC			Firm's EIN 23-3099625					
Use Only	Firm's address ⊾ ONE NORTH WILSON	AVENUE-SUITE 2							
	BRISTOL, PA 19007 Phone no. (215) 785-2600								
May the IRS discuss this return with the preparer shown above? (see instructions)									
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	BUCKS COUNTY COMMUNITY COLLEGE		
	n 990 (2016) FOUNDATION, INC. 22-245	6105	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ASSIST BUCKS COUNTY COMMUNITY COLLEGE BY PROVIDING EXPANDED RE		ES
	FOR THE COLLEGE'S GROWTH AND DEVELOPMENT. FOUNDATION FUNDS SUP		
	INSTRUCTIONAL RESOURCES, CAMPUS FACILITITIES, SCHOLARSHIPS AND	AWAR	DS,
	CULTURAL ACTIVITIES, AND SPECIAL COLLEGE PROJECTS.		
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	XNo
	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	XNo
	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 e		
	revenue if any for each program service reported		
4a		277,	197.)
	STUDENT SCHOLARSHIPS FOR RECIPIENTS		,
4b	(Code:) (Expenses \$ 236,179. including grants of \$ 236,179.) (Revenue \$		160.)
40	(Code:) (Expenses \$ 236, 179. including grants of \$ 236, 179.) (Revenue \$) (Revenue \$)		<u> </u>
4c	(Code:) (Expenses \$179,474. including grants of \$179,474. (Revenue \$))
	ACADEMIC SUPPORT		
4d	Other program services (Describe in Schedule O.)		
Ψu	(Expenses \$ 46,276 • including grants of \$ 46,276 •) (Revenue \$ 62,058	•)	
4e	Total program service expenses ► 867,513.	-)	
-+0		F aura O	

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

22-2456105	Page 3
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Part M Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization required to complete Schedule B, Schedule of Contributors? 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) deciden in effect during the taxy part If Yes, 'complete Schedule C, Part I 3 X 5 Is the organization a section 501(c)(4), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or isminar annuts as defined in Pareura Proceedings 801-991 Yes, 'complete Schedule D, Part II 6 X 6 Did the organization required to investimate of thirds or accounts for which donore have the right to provide advised on maintain any done advised funds or any similar funds or accounts for Wes, 'complete Schedule D, Part II 6 X 7 Did the organization report an anount in Part X, ine 21, for escrow or custodial account lability, serve as a custodian for annotatin and the inter structures? If Yes, 'complete Schedule D, Part II 7 X 7 Did the organization report an anount in Part X, ine 21, for escrow or custodial account lability, serve as a custodian for anount in uset interestreprotes Schedule D, Part II<	Form	990 (2016) FOUNDATION, INC. 22-2456	5105	Р	age 3
1 Is the organization described in section 501(c)(3) or 4947(q)(1) (dher than a private foundation)? I X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Dd the organization required to complete Schedule B, Schedule of Contributors? 3 X 4 Section 501(c)(3) organizations. Dd the organization engage in lobbying activities on bahaff of or in opposition to candidates for public office? 3 X 5 Is the organization angage in direct or indirect political campaign activities on bahaff of or in opposition to candidates for animicar mounts as defined in Pervene Procedule C, Part II 4 X 6 Do the organization maintain any denor advised funds or any similar funds or accounts for which denors have the pint to provide advice on the distribution or investment of amouts in such funds or accounts for which denors have the pint to provide advice on the distribution or investment of amouts in such funds or accounts for which denors have the pint to provide advice on the distribution or investment or damouts in such funds or accounts for which denors have the pint to provide advice on the distribution or investment or damouts in such funds or accounts for which denors have the pint to another to mice transpare in the daw funds or accounts for which denors have the pint to another to mice transpare in the daw funds or accounts for which denors have the pint to another to mice transpare constraints or provide advice D, Part I 7 X 7 Dd the organiza	Pa	t IV Checklist of Required Schedules			
If "Yes," complete Schedule A. 1 X 2 Is the organization requires to complete Schedule B, Schedule of Contributoral 2 X 3 Did the organization requires to complete Schedule C, Part I 3 X 4 Sectors 01(c)(8) organizations. Did the organization engage in lobbying activities, or have a sectors 03(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a sectors 01(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 X 6 Did the organization nearing any donor advised india or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization region of bid a conservation easement, including easements, not preserve pane pase, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization region of bid a conservation consensing, did transportery, or onglet activity, serve as a custedian for amounts no listed in Part X, inc 21, for secrew or custodial account liability, serve as a custedian for amounts no listed in Part X, inc 21, for secrew or custodial account liability, serve as a custedian for amounts no listed in Part X, inc 21, for secrew or custodial account liability, serve as a custedian for amounts no listed in Part X, inc 21, for secrew or custodial account liability, serve as a custedian for amounts no listed in Part X, inc 21, for secrew or custodial account l				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Ves, 'complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for similar amounts as defined in Revenue Proceedings CP and I. 4 X 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the pills to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the pills to provide advice on the distribution calement, including easements to preserve open space. The environment, historical areas, or historic attructures? If 'Yes,' complete Schedule D, Part I 6 X 10 Did the organization maintain callections of vives of a rt, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I 7 X 10 Did the organization maintain any donor any similar funds or account regulation resources? 7 X 10 Did the organization maintain any donor advised funds or account regulation resource or polar account institution servers? 7 X 10 Did the organization maintain any donor organin related aresource insolin deaccount itability, serve as a cus	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization requires the Schedule P, Schedule O Contributors? 2 X 3 Didt the organization requires indirect or indirect political campaign advities on behaft of or in opposition to candidates for public office? If ''res,' complete Schedule Q, Part I 3 X 4 Section 501(kg) organizations. Ddt the organization engage in lobbying advities, or have a section 501(k) election in effect any engr I ''res,' complete Schedule Q, Part II 4 X 5 Is the organization ascient of S10(kg) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 84-191 I''res,' complete Schedule Q, Part II 6 X 6 Did the organization requires of amazs, or historic structures? I''res,' complete Schedule Q, Part II 6 X 7 X B Did the organization requires and area, or historic and thends or account liability, serve as a custodian for amounts no tiber of parization's answer to any of the following questions is 'vs,' then complete Schedule Q, Part II 10 X 10 Did the organization report an amount no fund refines estimated organization, heid assets in temporarily restricted andowments, permanent endowments, permanent endowments, or quested owners, serves, complete Schedule D, Part IV 10		If "Yes," complete Schedule A	1		
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(k)3/ organizations. Dit the organization argues in lobbying activities, or have a section 501(h) election in effect during the tax year' II 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization assection 501(h)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar armuts as defined in Revenue Proceedure B-1971 'Wes,' complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for Wish', complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to proserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization regort an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide redit counseling, debt management, credit repair, or debt negotiation service? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(h), 5010(c), 60 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II 6 X 7 Did the organization maintain any doner advised funds or any summary thirds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to schedule D, Part II 6 X 9 Did the organization report an amount in Part X, line 21, for serow or custodial account liability, serve as a custodian for amounts no tilsed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 7 X 10 Did the organization report an amount for investments - ordinate sets in terp. 7 X 11 the organization report an amount for investments - ordinate sets in terp. 9 X 10 Did the organization report an amount for investments - ordinate sets. 11 X	3				
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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 marcuins. Including easements to preserve open space, the environment, historic land areas, or historic structures? If "Nes," complete Schedule D, Part II 6 X 7 X X 6 X 8 Did the organization resorts or sold a conservation easement, including easements to preserve open space, the environment, historic istructures? If "Nes," complete Schedule D, Part II 7 X 9 Did the organization resort an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Permanent endowments, Permanent for lang, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 The organization report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part X 10 X 11 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 X 2 Did the organization report an amount for investmen	5				
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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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, ion provide credit counseling, debt management, credit repair, or debt negotiation services? 9 If 'Yes," complete Schedule D, Part V 9 Did the organization, report an amount for land, buildings, and equipment in Part X, line 100 HT 'Yes," 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 107 H 'Yes," complete Schedule D, Part VI 10 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 H 'Yes," complete Schedule D, Part VI 11 Deat X ine 16 H 'Yes, 'complete Schedule D, Part XIII. 11 Deat X, line 16 H 'Yes, 'complete Schedule D, Part XIIII 11 Deat X, line 16 H 'Yes, 'complete Schedule D, Part XIIII 11 Deat X, line 16 H 'Yes, 'complete Schedule D, Part XIIIII 11 Deat X, line 16 H 'Yes, 'complete Schedule D, Part XIIIIIIII 11 Deat X, line 16 H 'Yes, 'complete Schedule D, Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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</i> "Yes," <i>complete Schedule G, Part I</i>. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 					
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	d				
 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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 any or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 			4.41		v
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	45	Did the exercitation report on Dart IV, column (A), line 2, more than \$5,000 of grants or other conjutance to or for any	140		
 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I</i> 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 	15	foreign ergenization? If "Yes " complete Schedule F. Parts II and IV.	15		x
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	17				37
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," I			17		<u> </u>
	18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
	19				
complete Schedule G, Part III		complete Schedule G, Part III		000	X

22-2456105 Pa	age 4
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Form	990 (2016) FOUNDATION, INC. 22-245	5105	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 21
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28		21		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-		28a	х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

BUCKS	COUNTY	COMMUNITY	COLLEGE
FOUNDA	TION, I	INC.	

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
			<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8	\$		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	Ĩ		
с					
	(gambling) winnings to prize winners?		1c		
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 C)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)			
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 in Schedule	0	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 A	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 transa	action?	5b		X
с	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	ne 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 contribut	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		_		v
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		1_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Full		7g		
n o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		30		
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		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	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		12a		
	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.	· · · ·	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the construction was the construction of the index structure in a structure the terror of the structure	· · · · · · · · · · · · · · · · · · ·	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

Form **990** (2016)

Form 990 (2016)

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

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 in Schedule O. See instructions.

1a Enter the number of voting members of the governing body, or if the governing body betade broad authority to an executive committee or similar committee, region in Schedule 0. 1a 25 2 Did any officer, director, trustee, or key employees to a similar distribution by or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 X 3 Did the organization dielegate control over management dudies customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 X 5 Did the organization mease any significant diversion of the organization's assets? 5 X 6 Did the organization have members, stockholders, or other persons who had the pover to elect or appoint one or more members of the governing body? 7a X 7 Did the organization have members, stockholders, or ther persons who had the pover to elect or appoint one or more members of the governing body? 7a X 8 Did the organization centerpersons by dourse the meetings held or written actions andertaken during the year by the following: 8a X 9 Ib the organization have members, stockholders? 7b X 9 Did the organization casset		Check if Schedule O contains a response or note to any line in this Part VI				X
1a Enter the number of voiting marburs of the governing body, or if the governing body, or if the governing body, or if the governing body depicts bread authority to an exective committee or similar committee, explain in Schedule 0. 1a 2.5 b Enter the number of voiting marburs and governing body, or if the governing body depicts bread authority to an exective committee or similar committee, explain in Schedule 0. 1b 2.5 b Did the organization delegate crite or form saggement duties customarily performed by or under the effect supervision of officers, director, trustee, or key employees to a management company or other person? 3 X 5 Did the organization heave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 6 Did the organization heave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 9 Did the organization heave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 9 Did the organization heave members, stockholders, or the person body? 8a X 9 Did the organization heave the meetings bid or written actions undertakes during the year by the following: 8a X 9 Did the organization haave on behalf of the governing body?	Sec	tion A. Governing Body and Management				
there are material afferences in voling optis among members of the governing looky, or the governing looky or the governing looky or the governing looky or the governing looky and the governing looky? a Did the organization become wave during the yave of a significant diversion of the organization looke and and the governing looky? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or parsons other than the governing looky? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or parsons other than the governing looky? b Cath comparization have members, stockholders, or the governing looky? b Cath comparization notereporaneous document the meetings held or written actions undertaked unit the trans of the organization to the stockholders, or parsons other than the governing looky? b Each committee with authority to act on behalf of the governing looky? b Cath comparization have members in clustees and matterian and addresses in Schedule 0 b Cath comparization have written ordication the governing body? b I the organization have and the comparization have written organization to review this form 900. c Cath comparization have and the organization the organization to review this form 900. c Cath comparization have and the organization the review the form 10 the governing looky before filling t					Yes	No
body delegated bread subtroity to an excellence committee organization are independent 10 25 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 employees to a management company or other person? 2 X 3 Did the organization delegates control over management duties: customality performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization become aware during the year of a significant diversion of the organization have members or stocholders? 6 X 5 Did the organization have members or stocholders, or other persons who had the power to elect or appoint one or more members of the colonalization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 X 6 Did the organization contemporaneously document the meetings held or written actions underaken during the year by the following: 8 X 9 Did the organization contemporaneously document the meetings held or written actions underaken during the year by the following: 8 X 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have involved in the management during severing body? 8 X 9 Did	1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2.	5		
b Energy the number of voting members included in line 1a, above, who are independent 10 25 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 employees to a management compary or other person? 2 X 3 Did the organization delogate control over management dulies customatily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duries or the person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior form 980 was filed? 4 X 5 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? 7 X 6 Did the organization contemporaneously document the methops had/? 8 X 7 Did the organization contemporaneously document the methops had/? 8 X 8 Did the organization contemporaneously document the maters and addresses in Schedule O 7 X 8 Did the organization and the power to behalf of the governing body? 8 8 X 9 Is there any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization's maing address? If "key, 'irroride the		If there are material differences in voting rights among members of the governing body, or if the governing				
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 employees to a management durine sustainable performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 3 Did the organization backers significant changes to its governing document structure the prior form 980 was filed? 5 X 4 Did the organization backers significant changes to its governing document structure the prior form 980 was filed? 6 X 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 X 8 Did the organization notemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 9 Did the organization changemaneously document the meetings held or written actions undertaken during the year by the following: 8 X 9 Each commune work document the meetings held or written actions undertaken during the year by the following: 9 X 9 Each commune work document the meetings held or written actions undertaken during the year by the following: 9 X 9 Each commune work document the meetings held or written actions undertakes antiten actions actis actions actions actions a		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
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3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a significant duranges to its governing documents since the prior Form 990 was filed? 4 X 4 Did the organization new enames or stockholders? 6 X 5 Did the organization new enames or stockholders? 6 X 6 Did the organization new enames or stockholders? 6 X 70 Did the organization new enames or stockholders? 7 X 8 Did the organization new enames or stockholders? 7 X 9 Did the organization canterport the governing body? 7 X 8 Did the organization canterport the organization creative data for written actions undertaken during the year by the following: 8a X 9 Did the organization canterport the powerning body? 8a X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization the winthormation about policies and addresses in Schedula O 9 X 9 Is did the organization have written policies and procedures governing body before filing the form the second three organization is a consistent with the organization is exemplay thereane the organization have writt	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
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 a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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? 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 PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Ix Own website Ix Another's website Ix Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224 			-,			
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If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? 16a X Section C. Disclosure 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 16a X 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X 0ther (explain in Schedule O) 19 Describe in 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. 16b 16a 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶				15b		Х
 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? 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 16b <li< th=""><th></th><th></th><th></th><th></th><th></th><th></th></li<>						
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 in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b 16b<!--</th--><th></th><th>taxable entity during the year?</th><th></th><th>16a</th><th></th><th>Х</th>		taxable entity during the year?		16a		Х
exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶ PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. IX Own website IX IP Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ BUCKS COUNTY COMMUNITY COLLEGE 215-968-8224	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its participation			
 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	ation's			
 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224 		exempt status with respect to such arrangements?		16b		
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Image: Image: Imag	Sec					
 for public inspection. Indicate how you made these available. Check all that apply. Image: Source and S	17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$				
 X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224 	18		Section 501(c)(3)s only)	availab	le	
 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224 						
 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224 						
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224	19		ict of interest policy, ar	nd finan	cial	
BUCKS COUNTY COMMUNITY COLLEGE - 215-968-8224						
	20		s and records:			
		275 SWAMP ROAD, NEWTOWN, PA 18940				

Form 990 (2	_010/	FOUNDATION,		22-2
Part VII	Compensation	of Officers, Direc	tors, Trustees, Key Emplo	yees, Highest Compensate
	Employees, an	d Independent Co	ontractors	

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 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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	æ			ited		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		a	pense		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal		ploye	t com				and related
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CONSTANCE M. FURMAN	1.00	<u> </u>	<u> </u>	ò	ž	포뇽	E E			
PRESIDENT		x		x				0.	0.	0.
(2) KENNETH L. KELLER	1.00									
VICE PRESIDENT		X		x				0.	0.	0.
(3) DAVID R. BREIDINGER	1.00									
SECRETARY		X		X				0.	0.	0.
(4) CHARLES BENDER	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) THEODORE D. DORAND	1.00									
ASSISTANT TREASURER		X		Х				0.	0.	0.
(6) FREDERICK E. SCHEA	1.00								_	_
PAST-PRESIDENT		X		х				0.	0.	0.
(7) STEVE BADER	1.00	1								
BOARD MEMBER		X						0.	0.	0.
(8) CLAIRE QUINN	1.00	l								
BOARD MEMBER	1 0 0	X						0.	0.	0.
(9) COURTNEY E. COFFMAN	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(10) MICHAEL RABINOWITZ	1.00	l.,								
BOARD MEMBER	1 0 0	X						0.	0.	0.
(11) KAREN L. DAWKINS	1.00	l.,								
BOARD MEMBER	1 0 0	X						0.	0.	0.
(12) KATHERINE SHARP	1.00	x						0.	0.	0
BOARD MEMBER	1.00	A						0.	0.	0.
(13) JENNIFER FROST	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(14) HENRY E. VAN BLUNK	1.00	x						0.	0.	0.
BOARD MEMBER (15) DAVID M. HARRIS	1.00					-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) GREGORY A. VENTRESCA	1.00	1								
BOARD MEMBER	1.00	x						0.	0.	0.
(17) DR. MICHELE HOLCOMB	1.00	<u> </u>			-		\vdash		```	~ •
BOARD MEMBER		x						0.	0.	0.
	-1					-	-			

BUCKS	COUNTY	COMMUNITY	COLLEGE
FOUNDA	ATION, I	INC.	

Form 990 (2016) FOUNDATIO	DN, INC.	•							22-245	61	L05	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box	not c , unle	Officiency of the set	ition more rson i irecto	than is bot	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estir amo ot compe fron organ and r	F) nated unt of her ensation n the nization elated zations
(18) JOHANNA VOGEL	1.00	<u> </u>	<u> </u>	6	Ke	E H	Я			╉		
BOARD MEMBER		X						0.	0	•		0.
(19) ROBERT G. LOUGHERY	1.00									Τ		•
BOARD MEMBER	1 00	X						0.	0	•		0.
(20) KEVIN ZLOCK BOARD MEMBER	1.00	x						0.	0			0.
(21) DR STEPHANIE H. SHANBLATT	1.00							0.	0	╇		0.
EX-OFFICIO VOTING		x						0.	0			0.
(22) JOHN STRAUS	1.00									╈		
EX-OFFICIO VOTING	1 0 0	X						0.	0	•		0.
(23) CAROL A. SHELLY EX-OFFICIO VOTING	1.00	x						0.	0	•		0.
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 3 Did the organization list any former officer,	I, Section A	iose	liste	ed at	0000	 e) wł			· · ·	•	Y	0. 0. 0. 1 es No
line 1a? If "Yes," complete Schedule J for s					•			•		. [3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization		4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			ted organization or indiv			5	x
Section B. Independent Contractors			0. 0.		00.0					<u> </u>	<u> </u>	
1 Complete this table for your five highest co the organization. Report compensation for	-	-								nsa		m
(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	Сс	(C) ompens	ation
2 Total number of independent contractors (i \$100,000 of compensation from the organia	e e	ot li	mite	ed to		se lis)	stec	d above) who received n	nore than			

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Ра	ττ νιι							
		Check if Schedule O cont	ains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					012 014
Contributions, Gifts, Grants and Other Similar Amounts								
۵Ë		Membership dues Fundraising events						
ifts ir A		Related organizations						
nila, G								
Sir		Government grants (contribut						
uti er	T	All other contributions, gifts, gran		184,675.				
Q t S t S		similar amounts not included abo		81,786.				
in di	-	Noncash contributions included in lines	-		1,184,675.			
0 @	n	Total. Add lines 1a-1f		1	1,104,075.			
	-			Business Code				
rice	2 a							
ue v	b							
n S Ven	С							
Be	d							
Program Service Revenue	е	·						
а.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			155 500			155 500
		other similar amounts)			155,598.			155,598.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
				<u>, </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	119,174.					
	b	Less: cost or other basis						
		and sales expenses	98,693.					
		Gain or (loss)			0.0 1.01	0.0 1.01		
	d	Net gain or (loss)		🕨	20,481.	20,481.		
e	8 a	Gross income from fundraisin						
ent		including \$	of					
Sev		contributions reported on line						
er		Part IV, line 18		205,649.				
Other Revenue		Less: direct expenses		112,668.	0.0.001			
•		Net income or (loss) from fund		<u></u>	92,981.			92,981.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gam	ning activities	🕨				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory	🕨				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		►			-	
	12	Total revenue. See instructions.			1,453,735.	20,481.	0.	248,579.

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

	990 (2016) FOUNDATION,			22-24	56105 Page 10
	t IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must com				X
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	461 020	461 020		
	and domestic governments. See Part IV, line 21	461,929.	461,929.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	405,584.	405,584.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,036.		7,036.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	362,250.		83,771.	278,479.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22	Insurance				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,236,799.	867,513.	90,807.	278,479.
26	Joint costs. Complete this line only if the organization	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 11 16				Form 990 (2016

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

22-2456105 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
		Check in Schedule O contains a response of hote to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	438,253.	1	576,671.
	2	Savings and temporary cash investments	-	2	
	3	Pledges and grants receivable, net	147,063.	3	345,073.
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from current and former officers, directors,		-	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	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	6,111,331.	11	6,816,327.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,696,647.	16	7,738,071.
	17	Accounts payable and accrued expenses	597,986.	17	574,512.
	18	Grants payable		18	11.050
	19	Deferred revenue	37,983.	19	14,850.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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	36,149.	0.5	36,737.
		Schedule D	672,118.	25 26	626,099.
	26	Total liabilities. Add lines 17 through 25	072,110.	20	020,055.
Cee	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	228,110.	27	913,687.
alan	28	Temporarily restricted net assets	2,474,755.	28	2,603,327.
Ä	29		3,321,664.	29	3,594,958.
un	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ►	0,011,0011	23	0,001,0001
Е		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	6,024,529.	33	7,111,972.
	34	Total liabilities and net assets/fund balances	6,696,647.	34	7,738,071.
					Farm 990 (2016)

Form **990** (2016)

Form 990 (2016) FOUNDAT Part X Balance Sheet

BUCKS	COUNTY	COMMUNITY	COLLEGE
FOIINDZ	ТОМ Т	INC.	

Form	1990 (2016) FOUNDATION, INC.	22	-2456	105	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,453				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,236				
3	Revenue less expenses. Subtract line 2 from line 1	3				36.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,024				
5	Net unrealized gains (losses) on investments	5				00.		
6	Donated services and use of facilities	6		241	L,5	74.		
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3	3,8	67.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	7	,111	L,9	72.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			1		Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			37		
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			Зb				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

(Fc Depa	o rm 99 rtment of	DULE A 0 or 990-EZ) f the Treasury nue Service	Co	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. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.								
		he organizati			(Form 990 or 990-EZ) and OMMUNITY COL		ions is at w	ww.irs.gov/ic		Inspection identification number		
Nan		ne organizati		DATION, IN		1995				2-2456105		
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	ee instruction		2 2150105		
					For lines 1 through 12, c							
1			-		on of churches described	-						
2					Attach Schedule E (Forn			·//· ·//·				
3					anization described in s e			ii).				
4		•	•		njunction with a hospital			•	.)(iii). Enter	the hospital's name,		
		city, and stat	-	·								
5	X	An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organizati	on that norma	Ily receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or		
		university:										
10		-		•	e than 33 1/3% of its sup	-				•		
					ct to certain exceptions,							
					(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.		
11				mplete Part III.)	ively to test for public sa	foty Soo	caction 5(O(a)(A)				
12	H	-	•	-	ively for the benefit of, to	•			arry out the	nurnoses of one or		
12		-	-	-	ed in section 509(a)(1) o				-			
					of supporting organizatio							
а		7			upervised, or controlled					giving		
				-	gularly appoint or elect a	•						
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A s	upporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving		
		control or n	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
				t complete Part IV,								
С					g organization operated				Illy integrate	ed with,		
		- · ·	-		s). You must complete I							
d					orting organization oper							
					zation generally must sat				d an attent	iveness		
					nplete Part IV, Sections written determination fro							
е					nally integrated support			а турет, туре	л, туре ш			
f	Ente											
				n about the supporte								
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization	l		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
Tota	al											

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC.

Part II

22-2456105 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	635,042.	642,557.	776,195.	705,721.	1308538.	4068053.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	635,042.	642,557.	776,195.	705,721.	1308538.	4068053.			
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)									
6	Public support. Subtract line 5 from line 4.						4068053.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	Amounts from line 4	635,042.	642,557.	776,195.	705,721.	1308538.	4068053.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	158,074.	140,155.	142,607.	132,372.	155,598.	728,806.			
9	Net income from unrelated business		-	-						
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						4796859.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First five years. If the Form 990 is for		,			n 501(c)(3)				
	organization, check this box and stop	•	· · ·	· · ·	, 					
Sec	ction C. Computation of Publ		rcentage				ŕ			
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	84.81 %			
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	83.01 %			
	33 1/3% support test - 2016. If the o					nore, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization				►X			
b	33 1/3% support test - 2015. If the c									
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□			
17a	7a 10% -facts-and-circumstances test - 2016. 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	b 10% -facts-and-circumstances test - 2015. 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	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17k	o, check this box a	ind see instruction	s ►			

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20)16	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20)16	(f) Total
	Amounts from line 6		(-)	(-)	(-,	(-/		(1)
	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							
	Net income from unrelated business activities not included in 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.)							
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)) organiz	ation,
	check this box and stop here	-			-		-	
Se	ction C. Computation of Publi	c Support Pe	ercentage					
15	Public support percentage for 2016 (li	ne 8, column (f) c	livided by line 13,	column (f))		15		%
	Public support percentage from 2015					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
	Investment income percentage from 2		- · · · · · · · · · · · · · · · · · · ·			18		%
	33 1/3% support tests - 2016. If the						nd line 1	
	more than 33 1/3%, check this box an	-						
k	33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33		
00	line 18 is not more than 33 1/3%, check			•		· ·		
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 190, check t	inis box and see in	structions		····· P

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

		V	
1		Yes	No
	1		
	- 1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	-		
	6		
	7		
	/		
	8		
	~		
	9a		
	9b		
	9c		
	10a		
	461		
	10b		

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Sche	dule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.	22-245610)5 _{Pa}	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I I		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government enti	ty (see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

		COMMUNITY COLL		0 0456105
	dule A (Form 990 or 990-EZ) 2016 FOUNDATION, I	NC.		2-2456105 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
			Schedule A	Form 990 or 990-EZ) 2016

				COMMUNITY	COLLEGE	00.0456105
Schedule A	(Form 990 or 990-EZ) 2016	FOUNDA	TION,	INC.		22-2456105 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, li	2, 3b, 3c, 4b nes 2 and 3;	, 4c, 5a, 6, 9a Part IV, Sect	a, 9b, 9c, 11a, 11b, a ion E, lines 1c, 2a, 2	and 11c; Part IV, Sec b, 3a, and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V, or any additional information.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name of the organization			
BUCKS	COUNTY	COMMUNITY	COLLEGE

FOUNDATION, INC.

22-2456105

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

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

X 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

22-2456105

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	l space is needed.
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4 FIRST NATIONAL BANK & TRUST COMPANY OF NEWTOWN 275 SWAMP ROAD NEWTOWN, PA 18940	Total contributions Type of contribution \$ 40,550. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	BUCKS COUNTY FOUNDATION 275 SWAMP ROAD NEWTOWN, PA 18940	\$ 42,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	W.W. SMITH CHARITABLE FOUNDATION 275 SWAMP ROAD NEWTOWN, PA 18940	\$ 25,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	UNIVEST CORPORATION 275 SWAMP ROAD NEWTOWN, PA 18940	\$ 40,400. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	UPPER MAKEFIELD HISTORICAL SOCIETY 275 SWAMP ROAD NEWTOWN, PA 18940	\$ 27,300. Person X Payroll One of the second station
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	CUSTOMERS BANK 275 SWAMP ROAD NEWTOWN, PA 18940	\$ 29,220. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

22-2456105

Part I	Contributors (See instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WINDGATE CHARITABLE FOUNDATION 275 SWAMP ROAD NEWTOWN, AR 18940	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TOM STEWART 275 SWAMP ROAD NEWTOWN, PA 18940	\$52,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JORDAN WOLLE 275 SWAMP ROAD NEWTOWN, NM 18940	\$71,241.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	OTTO GRUPP III 275 SWAMP ROAD NEWTOWN, PA 18940	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	NANCY TURNER 275 SWAMP ROAD NEWTOWN, PA 18940	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 3
Name of or	ganization		Employ	er identification number
	COUNTY COMMUNITY COLLEGE ATION, INC.		22	-2456105
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a)		(-)		

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
3453 10-18-16			990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of org	3 (Form 990, 990-EZ, or 990-PF) (2016) anization COUNTY COMMUNITY COLLE	GE		Page 4 Employer identification number
FOUNDA Part III	ATION, INC. Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or	ing line entry. For organizatio	ns
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
F		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
-				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee

SC	HEDULE D	Supplement	al Financia	I Statement	S		OMB No. 1545-0047
	SCHEDULE D Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,					2016	
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury						Open to Public
	ternal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form.						0. Inspection
Nam	lame of the organization BUCKS COUNTY COMMUNITY COLLEGE						bloyer identification number
De		FOUNDATION, INC.			A		22-2456105
Pa		ations Maintaining Donor Advise		ner Similar Fund	s or A	ccou	Ints.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir		advised funds	(h) Fun	ds and other accounts
1	Total number at er	nd of year	,			9 1 an	
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in		sets held in donor advi	sed fun	ds	
	are the organizatio	on's property, subject to the organization's	exclusive legal cor	ntrol?			Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing t	hat grant funds can be	e used c	only	
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, o	r for any other purpose	e confer	ring	
	impermissible priv						
		ation Easements. Complete if the org	•		Part IV,	line 7.	
1		servation easements held by the organizat	`	1 7			
		n of land for public use (e.g., recreation or e	education)	Preservation of a hist			
		of natural habitat		Preservation of a cer	tified his	storic	structure
2		n of open space through 2d if the organization held a quali	find conservation of	contribution in the form		neon	ation assemant on the last
2	day of the tax year		neu conservation d		101 a CO	ISEIVa	Held at the End of the Tax Year
а		onservation easements				2a	
b		ricted by conservation easements				2b	
c		vation easements on a certified historic str				2c	
d		vation easements included in (c) acquired					
	listed in the Natior	nal Register				2d	
3		vation easements modified, transferred, re				izatior	n during the tax
	year 🕨						
4		where property subject to conservation ea					
5	8	tion have a written policy regarding the pe		, j			
c		forcement of the conservation easements i er hours devoted to monitoring, inspecting,		and opforoing oon			
6		er nours devoted to monitoring, inspecting,	nandling of violation	ons, and emorcing con	Iservalio	on eas	ements during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	dling of violations	and enforcing conserva	ation ea	semer	nts during the year
•	► \$					oomor	tio during the your
8	-	vation easement reported on line 2(d) above	ve satisfy the requi	rements of section 170)(h)(4)(B	5)(i)	
)(4)(B)(ii)?					Yes No
9							
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
	conservation ease			17		<u></u>	<u> </u>
Pa		ations Maintaining Collections o			other s	Simil	ar Assets.
		f the organization answered "Yes" on Form					
та	-	elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public ex		, or research in furthera	ance of	public	service, provide, in Part XIII,
b		tnote to its financial statements that descr elected, as permitted under SFAS 116 (AS		n its revenue statemer	nt and h	alance	sheet works of art historical
5		r similar assets held for public exhibition, e					
	relating to these it					, p	
	-	ided on Form 990, Part VIII, line 1					\$
							\$
2	.,	received or held works of art, historical tre				provid	e
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relat	ing to these items:			
а	Revenue included	on Form 990, Part VIII, line 1					\$
b		Form 990, Part X					\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

	BUCKS C	OUNTY COMM	UNITY COLL	EGE					
Sche	dule D (Form 990) 2016 FOUNDAT	ION, INC.				22-24	56105	D Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collectior	ı item	IS
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o						7		-
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	on answered "Yes" o	n Form 990), Part IV,	line 9, or		
<u> </u>	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						7		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance		01 6		1 f		N		
	Did the organization include an amount on F		•			······ ∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
I UI		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ware back	(e) Four	Voare	hack
10	Beginning of year balance	3,710,455.	6,156,730.	,,,,		29,357.			850.
	Contributions	5,710,455.	69,248.		-	85,331.			948.
	Net investment earnings, gains, and losses		17,670.	· · · · ·		75,398.			874.
	Grants or scholarships		374,144.			59,157.			874.
	Other expenditures for facilities		571,111.		, v	.,		<u> </u>	0/1.
e	•		176,182.	73,241.		77,512.		71	037.
4	and programs		1,982,867.			11,512.		, <u> </u>	037.
	Administrative expenses End of year balance	3,710,455.	3,710,455.		6.0	53,417.	5	507	761.
	Provide the estimated percentage of the cur				0,0	, <u>,</u> , , , , , , , , , , , , , , , , ,	5,	507,	/01.
	Board designated or quasi-endowment	1.00	%	a)) Heiù as.					
	Permanent endowment 91.00	%	70						
	· · · · · · · · · · · · · · · · · · ·	8.00 %							
C	The percentages on lines 2a, 2b, and 2c sho	,°							
39	Are there endowment funds not in the posse		ation that are held a	nd administered for	the oragni	zation			
ou	by:				and organiz	Lution	Г	Yes	No
	(i) unrelated organizations								X
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	••••••			3b		
4	Describe in Part XIII the intended uses of the						0.0	1	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere), Part IV, line 11a. S	See Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or of				ed	(d) Book	value	e
	,	basis (investr	• •		preciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c.)					0.
						Schedule	D (Form	990)	2016

BUCKS	COUNTY	COMMUNITY	COLLEGE
FOIMD		TNC	

Schedule D (Form 990) 2016	FOUNDATION,	INC.		22-2456105 _{Pa}	age 3
Part VII Investments - O	ther Securities.				
Complete if the organ	ization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Par	t X, line 12.	
(a) Description of security or categor	y (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value	e
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	Dort V. col. (D) line 10.)				
Total. (Col. (b) must equal Form 990, P					
Part VIII Investments - Pi	-				
Complete if the organ (a) Description of inv	ization answered "Yes"		e 11c. See Form 990, Par	t X, line 13.	
	vestment	(b) Book value	(c) Method of Valua	ation: Cost or end-of-year market value	э
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, P	Part X, col. (B) line 13.)				
Part IX Other Assets.					
Complete if the organ	ization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Par	t X, line 15.	
` `		Description		(b) Book value	
(1)		-			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Forn		e 15.)		🕨	
Part X Other Liabilities.					
		on Form 990, Part IV, lin	e 11e or 11f. See Form 99	90, Part X, line 25.	
1. (a) Desc	cription of liability		(b) Book value		
(1) Federal income taxes					
(2) PRESENT VALUE	OF GIFT ANN	UITIES			
(3) PAYABLE			36,737.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n 000 Port V cal (D) !:-	0.25)	36,737.		
Total. (Column (b) must equal Form				acial atatamanta that was acta the	
			-	ncial statements that reports the	
organization's liability for uncer	tain tax positions unde	r FIN 48 (ASC 740). Cheo	ck nere if the text of the fo	otnote has been provided in Part XIII	

Sche	dule D (Form 990) 2016 FOUNDATION, INC.			22-	2456105 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,436,910.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	653,281.		
b	Donated services and use of facilities	. 2b	241,574.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	108,801.		
е	Add lines 2a through 2d			2e	1,003,656.
3	Subtract line 2e from line 1			3	1,433,254.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	20,481.		
С	Add lines 4a and 4b			4c	20,481.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,453,735.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	irn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		Retu	
Pa		a.		Retu	ırn. 1,349,467.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a. 		1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a		1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b		1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 		1	1,349,467.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	112,668.	1 2e	1,349,467.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	112,668.	1	1,349,467.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	112,668.	1 2e	1,349,467.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 2a 2b 2c 2d	112,668.	1 2e	1,349,467.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d	112,668.	1 2e	1,349,467. 112,668. 1,236,799.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d 4a 4b	112,668.	1 2e	1,349,467. 112,668. 1,236,799. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	a. 2a 2b 2c 2d 2d 4a 4b	112,668.	1 2e 3	1,349,467. 112,668. 1,236,799.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 4a 4b	112,668.	1 2e 3 4c	1,349,467. 112,668. 1,236,799. 0.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

112,668.
-3,867.
108,801.
20,481.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

112,668.

Schedule D (Form 990) 2016	BUCKS COUNTY (FOUNDATION, IN	COMMUNITY	COLLEGE	22-2456105 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Infor	mation (continued)			1000_00 Tugo 0
· · ·				

(Form 990 or 990-EZ) Department of the Treasury	nplete if the	e organizatio organization	on answered "Yes" entered more than Attach to Form 9	on Form \$15,000 990 or Fo	990, F on Fo rm 99	s ing or Gaming A Part IV, line 17, 18, o rm 990-EZ, line 6a. 10-EZ. Juctions is at <i>www.irs.</i> §	or 19,	or if the	OMB No. 1545-0047
Name of the organization B	UCKS C	OUNTY (COMMUNITY	COLLE	GE			Employer ic	lentification number
Eundraiaina /		Complete if		warad "	(00" 0	n Form 990, Part IV,	line 1	22-245	
Part I required to comp			the organization and	swered "1	es" o	n Form 990, Part IV,	line i	7. Form 990-i	EZ mers are not
 Indicate whether the orga Mail solicitations Internet and email Phone solicitations In-person solicitation In-person solicitation Did the organization have key employees listed in F If "Yes," list the 10 higher compensated at least \$5 	solicitations ons e a written o Form 990, P st paid indi	s or oral agreen 'art VII) or ent viduals or ent	e Solic f Solic g Spect nent with any individ ity in connection wit ities (fundraisers) pu	citation of citation of cial fundra lual (inclu	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Ye	
(i) Name and address of in or entity (fundraiser			(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid or retained by fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
		l		I					
Total 3 List all states in which the				cit contrik	. >	s or has been notified	d it is	exempt from	registration
or licensing.									

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

BUCKS COUNTY COMMUNITY COLLEGE Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

22-2456105 Page 2

Fd	π	of fundraising event contributions and groups	-			
			(a) Event #1 TYLER TASTING	(b) Event #2 GOLF CLASSIC	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	78,413.	81,388.	45,848.	205,649.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	78,413.	81,388.	45,848.	205,649.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses	25,303.	34,900.	52,465.	112,668.
	10					112,668.
	11	Net income summary. Subtract line 10 from li				92,981.
Pa	ιτι	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$10,000 011 0111 990°L2, inte 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
lses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes% └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

632082 09-12-16

BUCKS	COUNTY	COMMUNITY	COLLEGE

Sch	nedule G (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 22-2	2456	105	Page 3					
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 No					
	Indicate the percentage of gaming activity conducted in:								
	a The organization's facility			%					
	a An outside facility	13b		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address								
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No					
t	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	c If "Yes," enter 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					
k	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 🕨 \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9,	9b, 10)b, 15b,					
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions								

t IV Supplemental Infor	mation (continued)			
dule G (Form 990 or 990-EZ)	FOUNDATION,	INC.		
	BUCKS COUNTY	Y COMMUNITY	COLLEGE	

Schedule G	G (Form 990 or 990-EZ)	FOUNDATION,	INC.		22-2456105	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)				

SCHEDULE I (Form 990)	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.								
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							Inspection		
Name of the organizati	ion BUCKS COU FOUNDATIO		NITY COLLEG	E				Employer identification number $22 - 2456105$	
Part I General In	nformation on Grants a	-							
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec		
	award the grants or assis							Yes X No	
	IV the organization's pro					·	/ " E 000 D		
	d Other Assistance to hat received more than \$	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BUCKS COUNTY COMM 275 SWAMP ROAD NEWTOWN, PA 18940		23-1646892		236,179.	0.			CAMPUS DEVELOPMENT	
BUCKS COUNTY COMM 275 SWAMP ROAD NEWTOWN, PA 18940		23-1646892		179,474.	0.			ACADEMIC SUPPORT	
BUCKS COUNTY COMM 275 SWAMP ROAD NEWTOWN, PA 18940		23-1646892		46,276.	0.			PROGRAM & STAFF DEVELOPMENT	
2 Enter total numb	per of section 501(c)(3) a	nd aovernment or	anizations listed in th	e line 1 table	I	l	I	•	
3 Enter total numb	per of other organization	s listed in the line	i table						
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2016)	

Schedule I (Form 990) (2016)

FOUNDATION, INC.

22-2456105

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO STUDENTS OF BCCC	545	405,584.	0.		

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

SCHEDULE L (Form 990 or 990-EZ)				swere	d "Yes	s" on Fo	orm 990, Par	't IV	, line 25a, 25b, 2	26, 27	, 28a,	0	ив No. 20	1545-0	047
Department of the Treasury Internal Revenue Service	► Informatio	n abou		ch to	Form	990 or F	orm 990-E2	Ζ.	40b. at www.irs.gov/f	orm99	0.		pen T spect		olic
Name of the organization			NTY COMM	UNI	ΤY	COLL	EGE				-	ident 561		ion nu	Imber
Part I Excess E			N, INC.	01(c)(3	B), sect	tion 501	(c)(4), and 50)1(c)(29) organizatio			201	05		
Complete if	f the organizatio	n ansv	wered "Yes" on I	Form	990, Pa	art IV, lir	ne 25a or 25t	b, oi	r Form 990-EZ, P	art V,	line 40)b.			
1 (a) Name of disquali	ified person	(b) F	Relationship bety person and or			lified	(0	c) D	escription of trar	sactio	n			Corre es	cted?
			F	<u> </u>										85	NO
													_		
2 Enter the amount o section 4958	-		•	-		-	-	-	-		¢				
3 Enter the amount o											► \$				
						-									
	and/or From				-	7 Part V	line 382 or l	Forr	n 990, Part IV, lir	10 26·	or if th		nizati	on	
•	amount on For					_, i ait v,			11000, 1 art IV, iii	10 20,	01111				
(a) Name of interested person	(b) Relation with organ		(c) Purpose of loan	fron	an to or n the	(0)	Original pal amount	(1	f) Balance due) In ault?	(h) Ap by bo	ard or	1 117 1	/ritten ement?
interested person	with organ	12011011	Orioan		zation? From	· ·	Jai amount			Yes	No	cómr Yes	No	Yes	
										103		103		103	
Total	or Assistance	Dar	fiting later				> \$								
	f the organizatio		-												
(a) Name of interes	-		(b) Relationship interested pers the organiza	betwe son an	en	(c)	Amount of ssistance		(d) Type assistan) Purp assist		f
		_													
		+									+				
		+									+				
					_										

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
			Yes	No
EMPLOYEE	82,566.	EMPLOYED BY		Х
EMPLOYEE	129,404.	EMPLOYED BY		Х
VENDOR	0.	COLLEGE INS		Х
SVENDOR	0.	BANKING		Х
VENDOR	0.	BANKING		Х
VENDOR	0.	BANKING		Х
VENDOR	0.	ADVERTISING		Х
FUNDING SOURCE	0.	GOVERNMENT		Х
VENDOR	0.	BANKING		Х
VENDOR	0.	HEATING OIL	1	Х
	Person and the organization EMPLOYEE EMPLOYEE VENDOR VENDOR VENDOR VENDOR VENDOR FUNDING SOURCE VENDOR	person and the organizationtransactionEMPLOYEE82,566.EMPLOYEE129,404.VENDOR0.SVENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.VENDOR0.	person and the organizationtransactionEMPLOYEE82,566.EMPLOYEE129,404.EMPLOYEE129,404.VENDOR0.COLLEGE INSSVENDOR0.VENDOR0.VENDOR0.VENDOR0.BANKINGVENDOR0.BANKINGVENDOR0.FUNDING SOURCE0.VENDOR0.BANKINGVENDOR0.BANKINGVENDOR0.BANKINGVENDOR0.BANKING	(b) Headonship between interested person and the organization (c) Anddition transaction (d) Description of transaction organization EMPLOYEE 82,566.EMPLOYED BY EMPLOYEE 129,404.EMPLOYED BY VENDOR 0.COLLEGE INS SVENDOR 0.BANKING VENDOR 0.BANKING

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN STRAUSS

(D) DESCRIPTION OF TRANSACTION: EMPLOYED BY COLLEGE

- (A) NAME OF PERSON: CHARLES BEEM
- (D) DESCRIPTION OF TRANSACTION: EMPLOYED BY COLLEGE

(A) NAME OF PERSON: PAIST & NOE, INC

(D) DESCRIPTION OF TRANSACTION: COLLEGE INSURANCE AGENT

(A) NAME OF PERSON: FIRST NATIONAL BANK & TRUST OF NEWTOWN

(A) NAME OF PERSON: COUNTY OF BUCKS

(D) DESCRIPTION OF TRANSACTION: GOVERNMENT GRANTS & FINANCING

(A) NAME OF PERSON: HARRIS FUELS, INC.

(D) DESCRIPTION OF TRANSACTION: HEATING OIL PROVIDER

(A) NAME OF PERSON: PECO ENERGY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990 or 990 EZ) FOUN Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

VENDOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: ELECTRICITY PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

омв No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name	of	the	organizati
			5

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

nization	BUCKS	COUNTY	COMMUNITY	COLLEGE	

Employer identification number 22 - 2456105

	FOUNDATION,	INC.
Part I	Types of Property	

		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de	termin	ina	
		applicable	contributions or	amounts reported on	noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 10				
1	Art - Works of art	X		5,000	• F.WA			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (EQUIPMENT)	Х	3	26,023	FAIR MARKET	VA	LUE	
26	Other (AUCTION ITEMS)	X	54		FAIR MARKET			
27	Other (LANDSCAPING)	X	1		FAIR MARKET			
28	Other ► ()			/				
29	Number of Forms 8283 received by the organi	ration during	n the tax year for c	ontributions				
	for which the organization completed Form 82							
		oo, i aitii, i					Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rer	orted in Part L lines 1 thro	ugh 28 that it		100	
	must hold for at least three years from the date	-	• • • •		-			
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.	•				000		
31	Does the organization have a gift acceptance	policy that r	onuires the review	of any nonstandard contrib	utions?	31		Х
	Does the organization have a gift acceptance							
JZa			•	· ·		32a		х
h	contributions? If "Yes," describe in Part II.					02a		
33	If the organization didn't report an amount in c	olumn (a) fa	r a type of proport	v for which column (a) is ch	ecked			
00	describe in Part II		a type of propert	y for writer column (a) is ch				

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

	BUCKS	COUNTY	COMMUNITY	COLLEGE		
m 990) (2016)	FOUNDA	ATION, I	INC.			22-2456
pplemental	Informat	t ion. Provide	the information requ	ired by Part I, lines 30b,	32b, and 33,	and whether the

Schedule M	(Form 990) (2016)	FOUNDATION,	INC.	22-2456105	Page 2
Part II	Supplemental is reporting in Part	Information. Provid	de the information required by Part I, lines 30b, 32b, and 33, per of contributions, the number of items received, or a com	, and whether the organiza	ation

SCHEDULE O (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

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 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection Employer identification number

22-2456105

OMB No 1545-0047

FOUNDATION, INC.

BUCKS COUNTY COMMUNITY COLLEGE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT. FOUNDATION FUNDS SUPPORT INSTRUCTIONAL RESOURCES, CAMPUS

FACILITIES, SCHOLARSHIPS AND AWARDS, CULTURAL ACTIVITIES, AND SPECIAL

COLLEGE PROJECTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

173054PROGRAM AND STAFF DEVELOPMENT

EXPENSES \$ 46,276. INCLUDING GRANTS OF \$ 46,276. REVENUE \$ 62,058.

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

THE BOARD OF DIRECTORS REVIEWS THE FINAL DRAFT OF FORM 990 AT IT NOVEMBER

MEETING PRIOR TO FILING.

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

CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH BOARD MEMBER AND DISCLOSURE UPDATED ANNUALLY. INTERIM CONFLICTS ARE DISCLOSED AND DISCLOSURE FORMS ARE UPDATED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED UNDER THE POLICIES OF THE HUMAN RESOURCES DEPARTMENT OF THE COLLEGE.

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

THE FOUNDATION MAKE SIT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization BUCKS COUNTY COMMUNITY COLLEGE	Page 2 Employer identification number
FOUNDATION, INC.	22-2456105
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GENERAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	64,597.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,597.
BANK & CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	19,174.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,174.
IN KIND DONATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	278,479.
TOTAL EXPENSES	278,479.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	

Department of the Treasury Internal Revenue Service	omplete if the organization answered Atta Information about Schedule R (Form 9	Related Organizations and Unrelated Partnerships ete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. mation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organization BUCKS COUNTY FOUNDATION,	COMMUNITY COLLEGE					identification	number				
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year	assets	(f) Direct controlli entity	ng				
	-										
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one o	or more related	tax-exempt					
(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 contr entity	olling _{co}	(g) n 512(b)(13) ntrolled ntity?				
BUCKS COUNTY COMMUNITY COLLEGE - 23-16469 275 SWAMP ROAD	82			301(0)(3))		Yes	No				
NEWTOWN, PA 18940	POST-SECONDARY EDUCATION	PENNSYLVANIA					x				
							+				

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

Schedule R (Form 990) 2016

BUCKS COUNTY COMMUNITY COLLEGE

Schedule R (Form 990) 2016 FOUNDATION, INC.

22-2456105 Page 2

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(l contr ent	i) b)(13) rolled tity?
		country)				400010			No

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

Schedule R (Form 990) 2016

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.					
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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
с	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
o	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p	X		
q	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		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) BUCKS COUNTY COLLEGE	P	574,512.	FMV
<u>(</u> 3)			
_(4)			
<u>(5)</u>			
<u>(</u> 6)			

BUCKS COUNTY COMMUNITY COLLEGE

Schedule R (Form 990) 2016 FOUNDATION, INC.

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)	(b)	(c)				(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec	Share of	Share of		opor-	Code V-UBI	General o	Percentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior alloca	opor- nate tions?	amount in box 20	managing partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes N	s No	income	assets	Yes	No		Yes NO	-

Schedule R (Form 990) 2016

BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

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