

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

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BERRIEN COMMUNITY FOUNDATION, INC.		D Employer identification number 38-6057160
	Doing business as		E Telephone number 269-983-3304
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2900 SOUTH STATE STREET		2E
City or town, state or province, country, and ZIP or foreign postal code ST. JOSEPH, MI 49085		G Gross receipts \$ 33,112,170.	
F Name and address of principal officer: LISA CRIPPS-DOWNEY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.BERRIENCOMMUNITY.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1952	M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CONNECT THE POWER OF THE PEOPLE WHO CARE WITH CAUSES AND ORGANIZATIONS THAT STRENGTHEN OUR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	476
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,173,629.	Current Year 15,892,728.
	9 Program service revenue (Part VIII, line 2g)	1,320.	1,200.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,304,855.	2,018,813.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,943.	153,137.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,621,747.	18,065,878.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,368,834.	7,080,256.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	338,626.	365,048.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 80,468.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	323,514.	384,282.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,030,974.	7,829,586.	
19 Revenue less expenses. Subtract line 18 from line 12	6,590,773.	10,236,292.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 57,323,257.	End of Year 71,725,286.
	21 Total liabilities (Part X, line 26)	389,596.	329,130.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,933,661.	71,396,156.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	LISA CRIPPS-DOWNEY, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL LAYHER	Preparer's signature MICHAEL LAYHER	Date 04/01/21	Check if self-employed <input type="checkbox"/>	PTIN P00736155
	Firm's name ▶ KRUGGEL, LAWTON & COMPANY, LLC	Firm's EIN ▶ 35-1307701	Phone no. 269-983-0131		
Firm's address ▶ 526 UPTON DRIVE ST. JOSEPH, MI 49085					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CONNECT THE POWER OF THE PEOPLE WHO CARE WITH CAUSES AND ORGANIZATIONS THAT STRENGTHEN OUR COMMUNITIES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,384,337. including grants of \$ 7,080,256.) (Revenue \$ 2,173,150.) TO TAKE AND HOLD, BY GIFTS, BEQUEST OR MONEY FOR THE PRESERVATION OF OBJECTS OF HISTORICAL INTEREST OR FOR RELIGIOUS, ELEEMOSYNARY, PHILANTHROPIC OR BENEVOLENT PURPOSES FOR PUBLIC WELFARE.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,384,337.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	N/A	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 LISA CRIPPS-DOWNEY, PRESIDENT - 269-983-3304 2900 SOUTH STATE STREET, STE. 2E, ST. JOSEPH, MI 49085

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA CRIPPS-DOWNEY PRESIDENT	60.00			X				110,000.	0.	0.
(2) CHRISTINA HARDY TREASURER	5.00	X		X				0.	0.	0.
(3) ROBERT HARRISON CHAIR	5.00	X		X				0.	0.	0.
(4) PHIL MAKI VICE CHAIR	5.00	X		X				0.	0.	0.
(5) SARAH JOLLAY SECRETARY	5.00	X		X				0.	0.	0.
(6) WILLIAM SCHALK TRUSTEE	2.00	X						0.	0.	0.
(7) HON. MABEL MAYFIELD TRUSTEE	2.00	X						0.	0.	0.
(8) GLORIA ENDER TRUSTEE	2.00	X						0.	0.	0.
(9) CAROLYN HANSON TRUSTEE	2.00	X						0.	0.	0.
(10) JOHN GUINNESS TRUSTEE	2.00	X						0.	0.	0.
(11) HON. TOM NELSON TRUSTEE	2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,892,728.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,201,553.					
	h Total. Add lines 1a-1f			15,892,728.				
Program Service Revenue	2 a REGISTRATIONS	Business Code	900099	1,200.	1,200.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,200.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,072,802.	1,072,802.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b	15,992,303.			
			c Gain or (loss)	7c	15,046,292.			
	d Net gain or (loss)				946,011.	946,011.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
			c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	113,137.	113,137.			
	b CONSULTING		813211	40,000.	40,000.			
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			153,137.				
12 Total revenue. See instructions				18,065,878.	2,173,150.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,845,656.	6,845,656.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	234,600.	234,600.		
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	110,000.	55,000.	38,500.	16,500.
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	228,175.	120,851.	100,152.	7,172.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	26,873.	13,974.	11,018.	1,881.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,500.		8,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	163,124.		163,124.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,924.	22,044.	6,741.	139.
12 Advertising and promotion	74,688.	26,665.	67.	47,956.
13 Office expenses	12,263.	6,539.	4,098.	1,626.
14 Information technology	579.	330.	208.	41.
15 Royalties				
16 Occupancy	44,402.	25,753.	15,985.	2,664.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	755.		755.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,122.	1,231.	764.	127.
23 Insurance	5,011.	2,842.	1,835.	334.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT FUND EXPENSES	16,531.	13,288.	3,243.	
b SOFTWARE SUPPORT	16,335.	9,311.	5,881.	1,143.
c COPIER LEASES	4,640.	2,645.	1,670.	325.
d POSTAGE	4,180.	2,383.	1,505.	292.
e All other expenses	2,228.	1,225.	735.	268.
25 Total functional expenses. Add lines 1 through 24e	7,829,586.	7,384,337.	364,781.	80,468.
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)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,068,465.	2	4,602,205.
	3 Pledges and grants receivable, net	1,031,360.	3	2,921,021.
	4 Accounts receivable, net		4	23,500.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 59,991.		
	b Less: accumulated depreciation	10b 55,130.	6,085.	10c 4,861.
	11 Investments - publicly traded securities	53,143,029.	11	64,096,920.
	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	74,318.	15	76,779.
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,323,257.	16	71,725,286.	
Liabilities	17 Accounts payable and accrued expenses	50,110.	17	13,893.
	18 Grants payable		18	
	19 Deferred revenue	339,486.	19	315,237.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	389,596.	26	329,130.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,241,787.	27	70,680,033.
	28 Net assets with donor restrictions	691,874.	28	716,123.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	56,933,661.	32	71,396,156.
33 Total liabilities and net assets/fund balances	57,323,257.	33	71,725,286.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,065,878.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,829,586.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,236,292.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,933,661.
5	Net unrealized gains (losses) on investments	5	4,226,204.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	71,396,157.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization BERRIEN COMMUNITY FOUNDATION, INC.	Employer identification number 38-6057160
--	--

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,126,864.	8,290,982.	7,917,586.	10,173,629.	15,892,728.	50,401,789.
2 Tax revenues levied for the organization'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	8,126,864.	8,290,982.	7,917,586.	10,173,629.	15,892,728.	50,401,789.
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)						6,188,859.
6 Public support. Subtract line 5 from line 4.						44,212,930.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,126,864.	8,290,982.	7,917,586.	10,173,629.	15,892,728.	50,401,789.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,031,421.	1,772,780.	1,822,050.	1,279,462.	1,072,802.	6,978,515.
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.)	33,457.	48,404.	30,000.	141,943.	153,137.	406,941.
11 Total support. Add lines 7 through 10						57,787,245.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	76.51 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.74 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: BERRIEN COMMUNITY FOUNDATION, INC. Employer identification number: 38-6057160

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,290,526.	23,494,753.	25,724,758.	22,453,119.	20,943,917.
b Contributions	9,056,463.	2,745,205.	1,110,291.	779,582.	998,526.
c Net investment earnings, gains, and losses	3,549,844.	4,436,460.	-1,951,728.	3,637,983.	1,503,936.
d Grants or scholarships	866,681.	761,599.	818,922.	659,304.	558,882.
e Other expenditures for facilities and programs	467.	380.	941.	912.	1,635.
f Administrative expenses	683,326.	623,913.	568,705.	485,710.	432,743.
g End of year balance	40,346,158.	29,290,526.	23,494,753.	25,724,758.	22,453,119.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 20.0000 %
 - b Permanent endowment 80.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,636.	20,636.	0.
d Equipment		26,646.	24,540.	2,106.
e Other		12,709.	9,954.	2,755.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,861.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,839,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,226,205.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,226,205.
3	Subtract line 2e from line 1	3	16,613,307.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,452,571.
c	Add lines 4a and 4b	4c	1,452,571.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,065,878.

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

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

1	Total expenses and losses per audited financial statements	1	7,340,621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,340,621.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	488,966.
c	Add lines 4a and 4b	4c	488,966.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,829,587.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENTS ARE USED TO SUPPORT VARIOUS PROGRAMS AND ACTIVITIES FOR NON-PROFITS.

PART X, LINE 2:

MANAGEMENT HAS ELECTED TO APPLY THE PROVISIONS OF ASC 740-10-25-5. UNDER THIS ASC, AN ENTITY MUST DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED ON TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2019 THE FOUNDATION HAD NO KNOWN LIABILITY DUE TO THE UNCERTAINTY OF INCOME TAXES.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **BERRIEN COMMUNITY FOUNDATION, INC.** Employer identification number **38-6057160**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACORN CENTER FOR THE PERFORMING ARTS - PO BOX 395 - THREE OAKS, MI 49128	47-2717128	501(C)(3)	35,241.	0.			GENERAL SUPPORT; ARTS CHALLENGE
AMAZON BIODIVERSITY CENTER PO BOX 96503 #42410 WASHINGTON, DC 20090	83-0572780	501(C)(3)	40,000.	0.			GENERAL SUPPORT
100 WOMAN STRONG PO BOX 272 ST JOSEPH, MI 49085	27-1041148	501(C)(3)	19,550.	0.			GRANTS FOR WOMEN
AMERICAN COUNCIL ON GERMANY 14 EAST 60TH STREET SUITE 1000 NEW YORK, NY 10022	13-1889074	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	16,500.	0.			GENERAL SUPPORT; RESEARCH GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION PO BOX 1139 LEWISTON, ME 04243	13-1632524	501(C)(3)	5,000.	0.			COVID-19 SUPPORT

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

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS FOODBANK NETWORK 4301 W 65TH STREET LITTLE ROCK, AR 72209	71-0596734	501(C)3	5,000.	0.			GENERAL SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS, MI 49104	38-1627600	COLLEGE/UNIVERSITY	7,000.	0.			HUMAN EMPOWERMENT LIFE PROJECT
ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE CHICAGO, IL 60603	36-2167725	501(C)3	10,000.	0.			GENERAL SUPPORT
ARS ARTS & CULTURE CENTER PO BOX 9151 BENTON HARBOR, MI 49022	46-4235650	501(C)(3)	18,303.	0.			GENERAL SUPPORT; ARTS CHALLENGE
BENTON HARBOR PUBLIC LIBRARY 213 E WALL ST BENTON HARBOR, MI 49022	38-2365358	GOVERNMENT	7,000.	0.			MISCELLANEOUS PROJECTS INCLUDING BAND UNIFORMS
BENTON HARBOR EDUCATION FOUNDATION 175 MAIN ST. BENTON HARBOR, MI 49022	82-3690593	501(C)3	176,000.	0.			GENERAL SUPPORT
BENTON HARBOR STREET MINISTRY PO BOX 1081 BENTON HARBOR, MI 49022	38-1539981	501(C)3	5,864.	0.			GENERAL SUPPORT
BERRIEN COMMUNITY FOUNDATION 2900 S STATE STREET ST JOSEPH, MI 49085	38-6057160	501(C)(3)	5,000.	0.			CENSUS SUPPORT
BERRIEN COUNTY CANCER SERVICE, INC. - 7301 RED ARROW HWY - STEVENSVILLE, MI 49127	38-1387101	501(C)3	23,512.	0.			GENERAL SUPPORT; KEVIN MATTHEW JONES FUNDRAISING PROJECT; LOAN CLOSET; SUPPLEMENTAL NUTRITION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
BERRIEN COUNTY HEALTH DEPARTMENT PO BOX 706 BENTON HARBOR, MI 49022	38-6000191	GOVERNMENT	6,500.	0.			GENERAL SUPPORT; DISEASE PREVENTION; SEXUAL HEALTH EDUCATION CAMPAIGN
BERRIEN COUNTY MENTAL HEALTH COURT 811 PORT STREET ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	20,000.	0.			MENTAL HEALTH COURT PROGRAM
BERRIEN COUNTY YOUTH FAIR ASSOCIATION - PO BOX 706 - BERRIEN SPRINGS, MI 49103	38-1362266	501(C)(3)	6,000.	0.			NEW GATE
BIRTHRIGHT INC. 2700 NILES AVE ST JOSEPH, MI 49085	38-2182914	501(C)(3)	62,800.	0.			GENERAL SUPPORT
BLACK SWAMP BIRD OBSERVATORY 13551 W STATE ROUTE 2 OAK HARBOR, MI 43449	34-1702076	501(C)(3)	54,500.	0.			GENERAL SUPPORT; ROOF REPLACEMENT
BLOOMINGDALE CHRISTIAN FELLOWSHIP 43395 6TH AVENUE BLOOMINGDALE, MI 49026	38-2287075	501(C)3	5,000.	0.			GENERAL SUPPORT
BOX FACTORY FOR THE ARTS 1101 BROAD STREET ST JOSEPH, MI 49085	38-2494084	501(C)(3)	25,500.	0.			GENERAL SUPPORT; ROOF REPLACEMENT
BROOKVIEW MONTESSORI SCHOOL 501 ZOLLAR DRIVE BENTON HARBOR, MI 49022	38-2078803	501(C)3	10,000.	0.			GENERAL SUPPORT SUPPORT OF THE MIDWEST TRUSTEE
BOYS AND GIRLS CLUB OF BENTON HARBOR MICHIGAN - 600 NATE WELLS SENIOR DRIVE - BENTON HARBOR, MI 49022	38-3461586	501(C)3	283,400.	0.			SUPPORT OF THE MIDWEST TRUSTEE GENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM;

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
CALVARY CHAPEL CHURCH INC. 1551 W CAMINO REAL BOCA RATON, FL 33486	65-0879835	CHURCH	10,000.	0.			GENERAL SUPPORT
CBN, INC 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-0678752	501(C)3	30,000.	0.			GENERAL SUPPORT
CALVIN UNIVERSITY 3201 BURTON SE GRAND RAPIDS, MI 49546	38-1398824	COLLEGE/UNIVERSITY	7,000.	0.			EDUCATION SUPPORT; STUDENT SUPPORT
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MICHIGAN - 4938 NILES ROAD - ST JOSEPH, MI 49085	38-2265793	501(C)3	72,600.	0.			GENERAL SUPPORT; CHILDREN'S ASSESSMENT CENTER SUPPORT
CHILDREN'S MUSIC WORKSHOP PO BOX 69 STEVENSVILLE, MI 49127	38-3624141	501(C)3	26,323.	0.			GENERAL SUPPORT
CITADEL DANCE & MUSIC CENTER, INC. 204 WATER ST BENTON HARBOR, MI 49022	37-1474113	501(C)3	64,064.	0.			INTENSIVE DANCE PROGRAM
CAMP VICTORY MINISTRIES 58212 403RD AVE ZUMBRO FALLS, MN 55991	31-1710184	501(C)3	40,000.	0.			COVID-19 SUPPORT
CAMPUS CRUSADE FOR CHRIST INC. PO BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	40,200.	0.			NILES CLINIC IMPROVEMENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE ALLIANCE 38 W WALL ST BENTON HARBOR, MI 49022	38-2772476	501(C)3	77,535.	0.			GENERAL SUPPORT; ECONOMIC DEVELOPMENT SUPPORT
CARING CIRCLE 4025 HEALTH PARK LANE ST JOSEPH, MI 49085	38-2416086	501(C)3	106,600.	0.			GENERAL SUPPORT FOR LORY'S PLACE
CURIOUS KIDS' MUSEUM 415 LAKE BOULEVARD ST JOSEPH, MI 49085	38-2816471	501(C)3	46,500.	0.			GENERAL SUPPORT
CASA OF SW MICHIGAN PO BOX 1146 BENTON HARBOR, MI 49023	83-3301571	501(C)(3)	11,100.	0.			VOLUNTEER TRAINING & SUPPORT
CITIZENS MEDIATION SERVICE 811 SHIP STREET #205 ST JOSEPH, MI 49085	38-3024909	501(C)(3)	16,000.	0.			GENERAL SUPPORT; DISPUTE RESOLUTION
CJE SENIORLIFE 3003 W TOUHY AVENUE CHICAGO, MI 60645	36-2727597	501(C)(3)	10,000.	0.			GENERAL SUPPORT; COVID-19 SUPPORT
CLEMENTS LIBRARY UNIVERSITY OF MICHIGAN PALATINE, IL 60055	38-6006309	501(C)3	6,827.	0.			GENERAL SUPPORT
ELE'S PLACE, INC 1145 W OAKLAND AVE SUITE 1-G LANSING, MI 48915	38-2976751	501(C)3	12,122.	0.			GENERAL SUPPORT
COLOMA WATERVLIET AREA ECONOMIC DEVELOPMENT CORPORATIONS - 142 BADT DRIVE - COLOMA, MI 49038	38-2810001	501(C)3	7,500.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA WEST MICHIGAN FOOD BANK - 864 WEST RIVER CENTER - COMSTOCK PARK, MI 49321	38-2439659	501(C)3	39,750.	0.			SUPPORT MOBILE FOOD PANTRY PROGRAM IN SOUTHWEST MICHIGAN
FELLOWSHIP OF CHRISTIAN FARMERS INTERNATIONAL - PO BOX 15 - LEXINGTON, IL 61753	57-0807260	501(C)3	5,000.	0.			GENERAL SUPPORT
FERNWOOD, INC. 13988 RANGE LINE RD NILES, MI 49120	38-1750543	501(C)3	19,133.	0.			SUPPORT AND DEVELOPMENT OF ENVIRONMENTAL EDUCATIONAL EXHIBITS
FERRY STREET RESOURCE CENTER, INC 620 FERRY STREET NILES, MI 49120	26-1484619	501(C)3	48,000.	0.			BUILDING BRIDGES TO OPPORTUNITY AND SUSTAINABILITY
FIRST CHURCH OF GOD 2627 NILES AVE ST JOSEPH, MI 49085	38-1708461	CHURCH	135,950.	0.			GENERAL SUPPORT; YOUTH PROGRAMS SUPPORT
FIRST CONGREGATIONAL CHURCH OF ST JOSEPH - 2001 NILES AVE - ST JOSEPH, MI 49085	38-1578800	CHURCH	48,225.	0.			GENERAL SUPPORT; KITCHEN RENOVATION; BOY SCOUT TROOP
DENISON UNIVERSITY 100 W COLLEGE STREET GRANVILLE, OH 43023	31-4379459	COLLEGE/UNIVERSITY	5,000.	0.			SCHOLARSHIP; SWIM & DIVE TEAM SUPPORT
FIRST TEE OF BENTON HARBOR 201 GRAHAM AVE BENTON HARBOR, MI 49022	20-4206065	501(C)3	38,400.	0.			GENERAL SUPPORT; COALITION PROGRAM
FIVE PINES MINISTRIES 6597 SMITH ROAD BERRIEN CENTER, MI 49102	38-2260897	501(C)3	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION - 303 BROWNSON HALL - NOTRE DAME, IN 46556	35-1650154	501(C)3	6,500.	0.			GENERAL SUPPORT
DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 E. CROSSTOWN PARKWAY - KALAMAZOO, MI 49001	38-2351028	501(C)(3)	19,500.	0.			RAMP UP PROGRAM
DOMINICAN REPUBLIC MISSION TEAM 13 FAWN DRIVE WALLINGFORD, CT 06492	82-4005197	501(C)(3)	18,306.	0.			MISSION SUPPORT; TRANSPORTATION
GATEWAY, INC 1440 E EMPIRE BENTON HARBOR, MI 49022	38-2025227	501(C)(3)	15,325.	0.			THE GIMME A BREAK PROJECT
GHOSTLIGHT PRODUCTIONS INC PO BOX 72 ST JOSEPH, MI 49085	38-4057017	501(C)(3)	22,573.	0.			GENERAL SUPPORT; GENERAL SUPPLIES; SUMMER CAMP SUPPORT
FRIENDS OF THE EARTH US 1101 15TH STREET WASHINGTON, DC 20005	23-7420660	501(C)(3)	10,000.	0.			MOBILE STEM LAB
EMERGENCY SHELTER SERVICES 185 EAST MAIN STREET SUITE 103 BENTON HARBOR, MI 49022	38-2268351	501(C)3	22,500.	0.			GENERAL SUPPORT; 30 YEARS OF GIVING
GRAND VALLEY STATE UNIVERSITY 100 STUDENT SERVICES 1 CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	COLLEGE/UNIVERSITY	17,600.	0.			SCHOLARSHIP
GIRLS ON THE RUN SOUTHWEST MICHIGAN - PO BOX 440 - ST JOSEPH, MI 49085	81-3590502	501(C)(3)	5,350.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
HARTFORD PUBLIC SCHOOLS FOUNDATION FOR QUALITY EDUCATION - PO BOX 403 - HARTFORD, MI 49057	38-3433978	501(C)(3)	6,531.	0.			GENERAL SUPPORT
HARTFORD PUBLIC LIBRARY PO BOX 8 HARTFORD, MI 49057	38-2073164	GOVERNMENT	752,674.	0.			BUILDING SUPPORT
HERITAGE MUSEUM & CULTURAL CENTER 601 MAIN ST ST JOSEPH, MI 49085	38-1791320	501(C)3	128,919.	0.			GENERAL FUNDING
GRACE CHRISTIAN SCHOOL 325 N M-140 HIGHWAY WATERVLIET, MI 49098	38-2045875	CHURCH	7,000.	0.			COVID-19 SUPPORT; PATRIOT COMPUTERS
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE GRAND HAVEN, MI 49417	38-1467641	501(C)(3)	10,000.	0.			COVID-19 SUPPORT
GREENHOUSE SCHOLARS 1820 FOLSOM STREET BOULDER, CO 80302	20-2863499	501(C)(3)	5,500.	0.			GENERAL SUPPORT
HOLY NAME CATHEDRAL 730 N. WABASH CHICAGO, IL 60611	53-0196617	CHURCH	11,000.	0.			GALA; ANNUAL APPEAL; GENERAL SUPPORT
HOMES FOR OUR TROOPS 6 MAIN STREET TAUTON, MA 27800	54-2143612	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HARBERT COMMUNITY CHURCH 6444 HARBERT ROAD, PO BOX 197 HARBERT, MI 49115	23-7097779	CHURCH	43,067.	0.			GENERAL SUPPORT; CENSUS SUPPORT; FAMILIES FIGHTING CANCER; EMERGENCY SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
HURON RIVER WATERSHED COUNCIL 1100 NORTH MAIN STREET, SUITE 210 ANN ARBOR, MI 48103	38-1806542	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN - 641 S CRYSTAL - BENTON HARBOR, MI 49022	38-1715141	501(C)(3)	74,291.	0.			GENERAL SUPPORT
INDIANA UNIVERSITY 601 EAST KIRCKWOOD AVE BLOOMINGTON, IN 47405	35-6001673	COLLEGE/UNIVERSITY	250,500.	0.			GENERAL SUPPORT
IN FOCUS CHURCH 562 ROUNTREE WAY EVANS, GA 30809	58-1642007	CHURCH	10,000.	0.			GENERAL SUPPORT
HARBOR COUNTRY FOOD PANTRY 6 SOUTH ELM STREET THREE OAKS, MI 49128	38-3013742	501(C)(3)	10,000.	0.			COVID-19 SUPPORT
ISHA CARE CLINIC INCORPORATED 951 ISHA LANE MCMINNVILLE, TN 37110	26-3140250	501(C)(3)	9,000.	0.			GENERAL SUPPORT
JDRF MICHIGAN GREAT LAKES WEST CHAPTER - 4595 BROADMOOR AVE - KENTWOOD, MI 49512	23-1907729	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HISTORICAL SOCIETY OF MICHIGAN 7435 WESTSHIRE DRIVE LANSING, MI 48917	38-1452689	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOPE COLLEGE PO BOX 9000 HOLLAND, MI 49422	38-1381271	COLLEGE/UNIVERSITY	6,000.	0.			SCHOLARSHIP

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
KINEXUS 499 W MAIN STREET BENTON HARBOR, MI 49022	38-3287818	501(C)(3)	18,500.	0.			RIDE SHARE PILOT PARTNERSHIP PROJECT; LEADERSHIP ACCELERATOR
KRASL ART CENTER, INC. 707 LAKE BOULEVARD ST JOSEPH, MI 49085	23-7009281	501(C)(3)	102,760.	0.			GENERAL SUPPORT; RESILIENCY EXHIBITION; LUPE HOPE MEMORIAL; SCULPTURE PARK SUPPORT
LA CHURCH OF CHRIST 3020 BURBANK BLVD BURBANK, CA 91505	95-4242480	CHURCH	10,000.	0.			GENERAL SUPPORT
LAKE MICHIGAN CATHOLIC SCHOOLS 915 PLEASANT STREET ST JOSEPH, MI 49085	38-1889005	CHURCH	37,572.	0.			GENERAL SUPPORT; VISION GRANT; CATHOLIC EDUCATION; SCHOLARSHIP
LAKE MICHIGAN COLLEGE 2755 EAST NAPIER AVE BENTON HARBOR, MI 49022	38-1738980	COLLEGE/UNIVERSITY	31,800.	0.			SCHOLARSHIP
LAKE MICHIGAN COLLEGE FOUNDATION 2755 EAST NAPIER AVE BENTON HARBOR, MI 49022	38-2714753	501(C)(3)	220,925.	0.			PREMIER PARTNERS; CAMPAIGN FOR TOMORROW; WINE CENTER; SCHOLARSHIP
HOPE WORLDWIDE, LTD. 4231 BALBOA AVE #330 SAN DIEGO, CA 92117	04-3129839	501(C)(3)	9,000.	0.			EARLY CHILDHOOD CAREGIVER SUPPORT; AFTER SCHOOL/SATURDAY ACADEMY
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVE STEVENSVILLE, MI 49127	38-3402730	501(C)(3)	152,803.	0.			GENERAL SUPPORT; STEM SUPPORT;
INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD INDIANAPOLIS, IN 46202	35-6018940	501(C)(3)	10,000.	0.			SCHOOL OF BUSINESS SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
INTERCARE COMMUNITY HEALTH NETWORK 50 INDUSTRIAL PARK DRIVE BANGOR, MI 49013	38-2009364	501(C)(3)	5,004.	0.			BLOOD PRESSURE CUFFS
LOGAN COMMUNITY RESOURCES 2505 E JEFFERSON BLVD SOUTH BEND, IN 46615	35-0965639	501(C)(3)	10,750.	0.			ANSARI AUTISM CENTER
LOVE CREEK COUNTY PARK 9292 HUCKLEBERRY RD BENTON CENTER, MI 49102	38-6000191	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
MICHIGAN STATE UNIVERSITY 556 E. CIRCLE DRIVE, ROOM 252 EAST LANSING, MI 48824	38-6005984	COLLEGE/UNIVERSITY	11,750.	0.			SCHOLARSHIPS
INTERNATIONAL MESSENGERS PO BOX 618 CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	10,000.	0.			COVID-19 SUPPORT
MISSIONARY CHURCH WORLD PARTNERS PO BOX 9127 FORT WAYNE, IN 46899	35-1161320	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MORTON HOUSE MUSEUM PO BOX 173 BENTON HARBOR, MI 49023	38-1253706	501(C)(3)	6,147.	0.			GENERAL SUPPORT
MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - 510 W MAIN ST - BENTON HARBOR, MI 49023	27-1050319	501(C)(3)	102,915.	0.			GENERAL SUPPORT
ISRAEL CANCER RESEARCH FUND 1 NORTHFIELD PLAZA #235 NORTHFIELD, IL 60093	51-0181215	501(C)(3)	6,000.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
JEWES FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	10,000.	0.			COVID-19 SUPPORT
MAUD PRESTON PALENSKE MEMORIAL LIBRARY - 3275 N LINCOLN AVE - ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	23,650.	0.			GENERAL SUPPORT CENTER FOR INDIVIDUALIZED MEDICINE; MODEL CARE
MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			TOWNSHIP PARK
NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT - 2627 NILES AVE - ST JOSEPH, MI 49085	81-5017908	501(C)(3)	60,500.	0.			GENERAL SUPPORT
NILES COMMUNITY SCHOOLS 111 SPRUCE ST NILES, MI 49120	38-6000646	GOVERNMENT	21,010.	0.			SCHOLARSHIPS FOR NEW ORLEANS TRIP
JOYCE MEYER MINISTRIES 700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501(C)(3)	25,000.	0.			COVID-19 SUPPORT
NORTHWESTERN UNIVERSITY 2020 RIDGE AVE EVANSTON, IL 60208	36-2167817	COLLEGE/UNIVERSITY	39,387.	0.			SCHOLARSHIP; DANCE MARATHON SUPPORT; COLLEGE OF ENGINEERING; BUSINESS CULTURE ONLINE PROGRAM
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM - 1700 ME 63RD STREET - OKLAHOMA CITY, OK 73111	73-1374647	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	COLLEGE/UNIVERSITY	10,000.	0.			CAPITAL IMPROVEMENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
OUTCENTER 132 WATER STREET BENTON HARBOR, MI 49022	80-0341856	501(C)(3)	33,500.	0.			GENERAL SUPPORT
PARTNERSHIPS FOR CHANGE PO BOX 29455 SAN FRANCISCO, CA 94129	88-0303288	501(C)(3)	22,000.	0.			GENERAL SUPPORT
PERFORMING ARTS WORKSHOPS - PAW INC. - PO BOX 136 - NILES, MI 49120	81-1455566	501(C)(3)	20,203.	0.			GENERAL SUPPORT
PILGRIM CONGREGATIONAL UNITED CHURCH OF CHRIST - 1200 W GLENLORD - ST JOSEPH, MI 49085	34-1927041	CHURCH	7,481.	0.			GENERAL SUPPORT
QUALITY SERVICES FOR THE AUTISM COMMUNITY - 253 WEST 35TH ST, 16TH FL. - NEW YORK, NY 10001	11-2482974	501(C)(3)	14,000.	0.			SELF-ADVOCACY PROGRAM SUPPORT; TRAINING SUPPORT
PGA REACH 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	59-1809626	501(C)(3)	50,000.	0.			GENERAL SUPPORT
READINESS CENTER, INC. 347 CATALPHA AVE BENTON HARBOR, MI 49023	38-2589535	501(C)(3)	39,352.	0.			GENERAL SUPPORT
LEADING THE WAY MINISTRIES PO BOX 20100 ATLANTA, MI 30325	58-1816773	501(C)(3)	25,000.	0.			COVID-19 SUPPORT
RENAISSANCE ENTERPRISES COMPANY 901 LAY BLVD KALAMAZOO, MI 49001	38-2816993	501(C)(3)	10,000.	0.			SENIORS ART PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY CHICAGO SULLIVAN CENTER SUITE 190 CHICAGO, IL 60660	36-1480475	COLLEGE/UNIVERSITY	10,000.	0.			SCHOLARSHIP
MICHIANA PUBLIC BROADCASTING CORPORATION/WNIT - PO BOX 7034 - SOUTH BEND, MI 46634	35-1155594	501(C)(3)	10,615.	0.			GENERAL SUPPORT
RIVER VALLEY SENIOR CENTER 13321 RED ARROW HIGHWAY HARBERT, MI 49115	38-2073282	501(C)(3)	12,500.	0.			FITNESS EQUIPMENT PACKAGE
MICHIGAN'S GREAT SOUTHWEST STRATEGIC LEADERSHIP COUNCIL - 175 MAIN ST. - BENTON HARBOR, MI 49022	81-1493607	501(C)(3)	36,000.	0.			GENERAL SUPPORT; BERRIEN COUNTY HOUSING STUDY
RONALD MCDONALD HOUSE OF WESTERN MICHIGAN - 1323 CEDAR ST NE - GRAND RAPIDS, MI 49503	38-2781170	501(C)(3)	5,000.	0.			FAMILY SUPPORT; PROGRAM SUPPORT
SALVATION ARMY - NILES 233 MICHIGAN ST BENTON HARBOR, MI 49022	13-3485289	501(C)(3)	67,276.	0.			FOOD BANK SUPPORT
SALVATION ARMY OF BENTON HARBOR 233 MICHIGAN ST BENTON HARBOR, MI 49023	13-3485289	501(C)(3)	46,552.	0.			GENERAL SUPPORT
SARETT NATURE CENTER 2300 BENTON CENTER RD BENTON HARBOR, MI 49022	38-3058912	501(C)(3)	23,006.	0.			GENERAL SUPPORT
SILVER BEACH CAROUSEL SOCIETY, INC. - PO BOX 497 - ST JOSEPH, MI 49085	38-3439880	501(C)(3)	26,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
SOUP KITCHEN, INC. PO BOX 8210 BENTON HARBOR, MI 49022	38-2288520	501(C)(3)	25,240.	0.			GENERAL SUPPORT
SAN MIGUEL COMMUNITY FOUNDATION 220 N. ZAPATA HWY STE 11 LAREDO, TX 78043	74-1869975	501(C)(3)	10,250.	0.			SUPPORT FOR PROMUSICA/MET OPERA NATIONAL COUNCIL
SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA - 513 SHIP ST - ST JOSEPH, MI 49085	38-6090138	501(C)(3)	137,750.	0.			GENERAL SUPPORT
SS JOHN & BERNARD PARISH 600 COLUMBUS AVE BENTON HARBOR, MI 49022	38-1359553	CHURCH	18,884.	0.			GENERAL SUPPORT
ST. AUGUSTINE OF CANTERBUR 1753 UNION STREET BENTON HARBOR, MI 49022	87-0777824	CHURCH	8,750.	0.			BARRIER FREE FUND
ST. JOSEPH CATHOLIC CHURCH 211 CHURCH ST ST JOSEPH, MI 49085	38-1359067	CHURCH	15,200.	0.			GENERAL SUPPORT
ST. JOSEPH FIRST UNITED METHODIST CHURCH - 2950 LAKEVIEW AVENUE - ST JOSEPH, MI 49085	38-1398841	CHURCH	58,000.	0.			MEG RODGERS
ST. JOSEPH JUNIOR FOUNDATION, INC 3 LIGHTHOUSE LANE ST JOSEPH, MI 49085	38-1558024	501(C)(3)	9,200.	0.			GENERAL SUPPORT
SENIOR NUTRITION SERVICES REGION IV INC - 1708 COLFAXE AVE - BENTON HARBOR, MI 49022	38-2766803	501(C)(3)	30,900.	0.			NO SENIOR HUNGRY; SENIORS COUNT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH PUBLIC SCHOOLS FOUNDATION - 3275 N LINCOLN AVE - ST JOSEPH, MI 49085	38-3296523	501(C)(3)	314,162.	0.			GENERAL SUPPORT
ST. JOSEPH-LINCOLN SENIOR CITIZEN CENTER - 3271 LINCOLN AVE - ST JOSEPH, MI 49085	38-2085893	501(C)(3)	13,678.	0.			WALKING TRAIL CONSTRUCTION
ST. PAUL'S LUTHERAN CHURCH 2673 W. JOHN BEERS STEVENSVILLE, MI 49127	38-1671460	501(C)(3)	6,000.	0.			MINISTRY FUND
ST. JOSEPH TODAY 301 STATE STREET ST JOSEPH, MI 49085	38-2277933	501(C)(3)	28,000.	0.			TROLLEY SERVICE SUPPORT
MONDAY MUSICAL CLUB 1010 STATE STREET ST JOSEPH, MI 49085	38-2566379	501(C)(3)	13,000.	0.			GENERAL SUPPORT
NATIONAL AUDUBON SOCIETY CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD WEST - NAPLES, FL 34102	13-1624102	501(C)(3)	5,000.	0.			GENERAL SUPPORT; COVID-19 SUPPORT
THE AVENUE FAMILY NETWORK, INC 2450 M 139 BENTON HARBOR, MI 49022	38-2592238	501(C)(3)	46,575.	0.			GENERAL SUPPORT
STEVENSVILLE UNITED METHODIST CHURCH - 5506 RIDGE ROAD - STEVENSVILLE, MI 49127	38-1720200	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE CHAPEL 4250 WASHINGTON ST JOSEPH, MI 49085	38-2293706	CHURCH	11,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
THERAPEUTIC EQUESTRIAN CENTER PO BOX 1250 NILES, MI 49120	30-0328156	501(C)(3)	25,650.	0.			HORSE PURCHASE
THE SOUTHWEST HERITAGE FOUNDATION PO BOX 27617 TEMPE, AZ 85285	61-1423580	501(C)(3)	5,000.	0.			REFUGEES AID
NATIONAL PEDIATRIC CANCER FOUNDATION - 550 WEST EXECUTIVE DRIVE STE 300 - TAMPA, FL 33609	59-3097333	501(C)(3)	5,000.	0.			RESEARCH
THEOS VILLAGE THE TBCK FOUNDATION 2801 WILDWOOD LANE STEVENSVILLE, MI 49127	83-3095299	501(C)(3)	12,000.	0.			GENERAL SUPPORT
TWIN CITY AREA CATHOLIC SCHOOL FUND, INC - PO BOX 32 - ST JOSEPH, MI 49085	23-7129409	501(C)(3)	28,549.	0.			TEACHER BONUSES
TWIN CITY PLAYERS PO BOX 243 ST JOSEPH, MI 49085	38-1334859	501(C)(3)	29,923.	0.			TCP TWIN CITIES THEATRE FESTIVAL
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE ST JOSEPH, MI 49085	38-1358411	501(C)(3)	212,800.	0.			GENERAL SUPPORT
UNIVERSITY OF MICHIGAN 1220 STUDENT ACTIVITIES ANN ARBOR, MI 48109	38-6006309	COLLEGE/UNIVERSITY	50,100.	0.			STUDENT SCHOLARSHIP
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	COLLEGE/UNIVERSITY	11,500.	0.			VII FAMILY ENDOWMENT FOR EXCELLENCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
NEEM KAROLI BABA ASHRAM PO BOX 1710 TAOS, NM 87571	85-0331037	501(C)(3)	8,000.	0.			GENERAL SUPPORT
UNITED WAY WORLD WIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WATER STREET GLASSWORKS 140 WATER STREET BENTON HARBOR, MI 49022	43-2039326	501(C)(3)	63,314.	0.			GENERAL SUPPORT
WELL OF GRACE MINISTRIES 5707 RED ARROW HIGHWAY STEVENSVILLE, MI 49127	20-1716641	501(C)(3)	17,000.	0.			GENERAL SUPPORT
WESTERN MICHIGAN UNIVERSITY 1903 WEST MICHIGAN AVE KALAMAZOO, MI 49008	38-6007327	COLLEGE/UNIVERSITY	39,510.	0.			GENERAL SUPPORT
WE CARE, INC 06321 BLUE STAR HWY SOUTH HAVEN, MI 49090	38-2463936	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WHIRLPOOL COLLECTIVE IMPACT FUND 2600 M63 NORTH - MD 2604 BENTON HARBOR, MI 49022	46-1592577	501(C)(3)	24,000.	0.			GENERAL SUPPORT
NEIGHBOR TO NEIGHBOR 9147 US 31 N BERRIEN SPRINGS, MI 49103	38-6068297	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YMCA OF SOUTHWEST MICHIGAN 905 N FRONT ST NILES, MI 49120	38-1358236	501(C)(3)	104,000.	0.			BUILDING EXPANSION AND SUMMER MY WAY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE - SOUTHWEST MICHIGAN 2627 NILES AVE ST JOSEPH, MI 49085	84-0385934	501(C)(3)	21,000.	0.			GENERAL SUPPORT
NILES DISTRICT LIBRARY 620 E MAIN STREET NILES, MI 49120	61-1418807	GOVERNMENT	7,000.	0.			ADA COMPLIANT RENOVATIONS; OUTDOOR LEARNING EXPERIENCE SUPPORT
NORTH POINT MINISTRIES 4350 NORTH POINT PARKWAY ALPHARETTA, GA 30022	20-5420008	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PKD FOUNDATION 1001 E 101ST TERRACE STE 220 KANSAS CITY, MO 64131	43-1266906	501(C)(3)	6,000.	0.			RESEARCH
PRISON FELLOWSHIP MINISTRIES PPI BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	5,000.	0.			COVID-19 SUPPORT
PURDUE FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	31-0958507	COLLEGE/UNIVERSITY	6,000.	0.			GENERAL SUPPORT; THE RAY COHEN EXCELLENCE IN THERMAL SYSTEMS FUND
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	31-1052049	501(C)(3)	10,000.	0.			RESEARCH
RBM MINISTRIES PO BOX 128 PLAINWELL, MI 49080	38-6006342	501(C)(3)	5,000.	0.			COVID-19 SUPPORT
REGION IV AREA AGENCY ON AGING 2900 LAKEVIEW AVENUE ST JOSEPH, MI 49085	38-2332594	501(C)(3)	80,000.	0.			COVID-19 CARE SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
SAINT MARY'S COLLEGE 141 LEMANS HALL NOTRE DAME, IN 46556	35-0868158	COLLEGE/UNIVERSITY	6,000.	0.			GENERAL SUPPORT; SCHOLARSHIP
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	26,000.	0.			COVID-19 SUPPORT
SIENA HEIGHTS UNIVERSITY 1247 E SIENA HEIGHTS DRIVE ADRIAN, MI 49221	38-1366958	COLLEGE/UNIVERSITY	5,000.	0.			SCHOLARSHIP
SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 185 E MAIN SUITE 200 - BENTON HARBOR, MI 49022	38-2415106	501(C)(3)	162,758.	0.			GENERAL SUPPORT; EMERGENCY NEEDS
UNIVERSITY OF MICHIGAN - FLINT 277 UNIVERSITY PAVILION FLINT, MI 48502	38-6006309	COLLEGE/UNIVERSITY	9,751.	0.			NICKLAUS - BENITEZ
SPECTRUM HEALTH LAKELAND FOUNDATIONS - 1234 NAPIER AVE - ST JOSEPH, MI 49085	38-2539929	501(C)(3)	58,798.	0.			GENERAL SUPPORT; COVID-19 SUPPORT; HEALTHCARE HEROES; YEAGER CANCER CENTER SUPPORT; GROWTH
SPRING ARBOR UNIVERSITY 106 E MAIN ST SPRING ARBOR, MI 49283	38-1359569	COLLEGE/UNIVERSITY	5,700.	0.			EDUCATION SUPPORT; SCHOLARSHIP
WATERVLIET FREE METHODIST CHURCH 7734 PAW PAW WATERVLIET, MI 49098	35-0877568	501(C)(3)	10,000.	0.			KID'S CAMPUS PLAYGROUND
YOUTH DEVELOPMENT COMPANY 10781 76TH STREET SOUTH HAVEN, MI 49090	38-3298735	501(C)(3)	20,000.	0.			THE YDC LEARNING CENTER COLOMA

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE'S CHILDREN RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	18,000.	0.			GENERAL SUPPORT; COVID-19 SUPPORT
STORYLINE CHURCH PO BOX 36 STEVENSVILLE, MI 49127	61-1452641	CHURCH	15,133.	0.			GENERAL SUPPORT
TOLEDO MUSEUM OF ART PO BOX 1013 TOLEDO, OH 43697	34-4434678	501(C)(3)	9,000.	0.			GENERAL SUPPORT
WARRIOR PRINCESS HOUSE OF BENTON HARBOR - 405 OHIO ST - BENTON HARBOR, MI 49022	46-3184628	501(C)(3)	15,000.	0.			GROUP HOME RENOVATION PROJECT
WATERVLIET DISTRICT LIBRARY 333 NORTH MAIN ST WATERVLIET, MI 49098	38-6033393	GOVERNMENT	7,600.	0.			CENSUS SUPPORT; COMPUTER EQUIPMENT
WESTERN MICHIGAN CHRISTIAN SCHOOL 455 E ELLIS ROAD NORTON SHORES, MI 49441	38-3488222	501(C)(3)	10,000.	0.			COVID-19 SUPPORT
WYCLIFFE BIBLE TRANSLATORS, INC. PO BOX 628200 ORLANDO, FL 32862	95-1831097	501(C)(3)	10,000.	0.			COVID-19 SUPPORT

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 FOR PRIMARILY BERRIEN COUNTY RESIDENTS.	128	234,600.	0.	NOT APPLICABLE.	

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

PART I, LINE 2:

THE FOUNDATION REQUESTS A GRANT EVALUATION FORM TO BE COMPLETED BY ORGANIZATIONS RECEIVING GRANTS IN THE UNITED STATES. ONE OF THE QUESTIONS ON THE EVALUATION ADDRESSES USE OF THE GRANT FUNDS. ALSO, IN THE AWARDING LETTER, GRANTEEES ARE INFORMED OF THE PURPOSE OF THE GRANT AND REQUIRED TO RETURN ANY GRANT FUNDS NOT EXPENDED FOR THE STATED PURPOSE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BERRIEN COUNTY CANCER SERVICE, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; KEVIN MATTHEW JONES FUNDRAISING PROJECT; LOAN CLOSET; SUPPLEMENTAL NUTRITION SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BROOKVIEW MONTESSORI SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT
SUPPORT OF THE MIDWEST TRUSTEE
SUPPORT OF THE MIDWEST TRUSTEE

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB OF BENTON HARBOR MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM; LEADERSHIP GIFT; HOLIDAY DINNER

GENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM; LEADERSHIP GIFT; HOLIDAY DINNER

GENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM; LEADERSHIP GIFT; HOLIDAY DINNER

NAME OF ORGANIZATION OR GOVERNMENT: SPECTRUM HEALTH LAKELAND FOUNDATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; COVID-19 SUPPORT; HEALTHCARE HEROES; YEAGER CANCER CENTER SUPPORT; GROWTH PROGRAM

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

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

Name of the organization **BERRIEN COMMUNITY FOUNDATION, INC.** Employer identification number **38-6057160**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	X	40	6,201,553.	FAIR MARKET VALUE
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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

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

COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS VOTING MEMBERS THAT ARE APPOINTED BY THE BOARD OF TRUSTEES. THESE MEMBERS ELECT THE TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS VOTING MEMBERS THAT ARE APPOINTED BY THE BOARD OF TRUSTEES. THESE MEMBERS ELECT THE TRUSTEES.

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

THE EXECUTIVE COMMITTEE (BOARD CHAIR, VICE CHAIR, TREASURER, SECRETARY AND PRESIDENT (EX-OFFICIO) SERVES AS THE AUDIT COMMITTEE EACH YEAR FOR THE PURPOSES OF THE AUDIT. THIS AUDIT COMMITTEE RECEIVES THE PRE-AUDIT MEMO, THE SAS 260 (WHEN APPLICABLE), AND SAS 265 LETTERS, AFTER THE AUDIT, THE FINAL VERSION OF THE 990 IN A "PDF" FORMAT EACH YEAR, AND OTHER DOCUMENTS AS APPROPRIATE. AFTER THE REVIEW OF THE 990, THE AUDIT COMMITTEE INDICATES ITS APPROVAL BY AUTHORIZING THE PRESIDENT TO SIGN THE 990 ON BEHALF OF THE CORPORATION. S/HE TAKES THE NECESSARY STEPS TO ENSURE THAT THE 990 IS FILED TIMELY AND PROVIDES AN EMAIL COPY TO THE REMAINDER OF THE BOARD BEFORE FILING.

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

FOR OFFICER AND KEY EMPLOYEE MONITORING OF CONFLICT OF INTERESTS, EACH SUCH INDIVIDUAL IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

DISCLOSURE FORM EACH FEBRUARY. THE PRESIDENT MONITORS THIS TO ENSURE THAT EACH INDIVIDUAL COMPLETES THESE FORMS TIMELY. FOR ENFORCEMENT, SUCH INDIVIDUALS ARE TO DISCLOSE ANY CONFLICT AT THE TIME OF DISCUSSION AND VOTE DURING BOARD MEETINGS. BY POLICY, THEY ARE NOT ABLE TO VOTE ON MATTERS FOR WHICH THEY HAVE A CONFLICT. THESE ARE RECORDED IN THE BOARD MINUTES. ADDITIONALLY, THE PRESIDENT REVIEWS THE FORMS ON FILE PRIOR TO BOARD MEETINGS FOR ANY POTENTIAL CONFLICTS.

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

THE PROCESS OF DETERMINING COMPENSATION FOR THE PRESIDENT IS UNDERTAKEN YEARLY. IT INCLUDES A REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE, THE MOST RECENT COMPARABILITY DATA FROM THE COMMUNITY FOUNDATION FIELD (I.E. COUNCIL ON FOUNDATION'S SALARY & BENEFITS SURVEY) AND THE NONPROFITS FIELD (I.E., MICHIGAN NONPROFIT ASSOCIATION) FOR FUNCTIONALLY COMPARABLE POSITIONS (CEO'S) AT SIMILAR TYPE ORGANIZATIONS (E.G., COMMUNITY FOUNDATIONS AT SAME ASSET SIZE AND RANGE AND/OR FOUNDATIONS.) THE EXECUTIVE COMMITTEE MAKES ITS RECOMMENDATION TO THE BOARD, WHICH APPROVES IT AS PART OF THE BUDGET DELIBERATIONS EACH YEAR. THESE ARE DOCUMENTED AS PART OF THE DECEMBER BOARD MINUTES.

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

THE FOUNDATION MAKES ITS AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE ON ITS WEBSITE (WWW.BERRIENCOMMUNITY.ORG) UNDER THE HEADING "ABOUT US." THESE ARE ALSO AVAILABLE UPON REQUEST AND AT WWW.GUIDESTAR.ORG.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **BERRIEN COMMUNITY FOUNDATION, INC.** Employer identification number **38-6057160**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BCF GIVING, LLC 2900 S. STATE STREET, STE 2E ST JOSEPH, MI 49085	GIVING ARM	MICHIGAN			BERRIEN COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

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

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

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

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

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

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

