

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** 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		G Gross receipts \$ 98,686,528.
	City or town, state or province, country, and ZIP or foreign postal code ST. JOSEPH, MI 49085		
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 H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.BERRIENCOMMUNITY.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1952** **M** State of legal domicile: **MI**

Part I Summary		Prior Year	Current Year
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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	495
	7 a 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)	15,892,728.	23,972,070.
	9 Program service revenue (Part VIII, line 2g)	1,200.	960.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,018,813.	20,159,720.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,137.	75,511.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,065,878.	44,208,261.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,080,256.	10,796,552.
	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)	365,048.	439,196.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,787.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	384,282.	504,112.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,829,586.	11,739,860.	
19 Revenue less expenses. Subtract line 18 from line 12	10,236,292.	32,468,401.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 71,725,286.	End of Year 93,389,245.
	21 Total liabilities (Part X, line 26)	329,130.	300,302.
	22 Net assets or fund balances. Subtract line 21 from line 20	71,396,156.	93,088,943.

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 06/02/22	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 No

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

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

4a (Code:) (Expenses \$ 11,122,633. including grants of \$ 10,796,552.) (Revenue \$ 20,236,191.) 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 11,122,633.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	12	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA CRIPPS-DOWNEY PRESIDENT	60.00			X				118,240.	0.	0.
(2) ROBERT HARRISON CHAIR	5.00	X		X				0.	0.	0.
(3) PHIL MAKI VICE CHAIR	5.00	X		X				0.	0.	0.
(4) CHRISTINA HARDY TREASURER	5.00	X		X				0.	0.	0.
(5) SARAH JOLLY SECRETARY	5.00	X		X				0.	0.	0.
(6) GLORIA ENDER TRUSTEE	2.00	X						0.	0.	0.
(7) JOHN GUINNESS TRUSTEE	2.00	X						0.	0.	0.
(8) CAROLYN HANSON TRUSTEE	2.00	X						0.	0.	0.
(9) RAY LIPSCOMB TRUSTEE	2.00	X						0.	0.	0.
(10) HON. MABEL MAYFIELD TRUSTEE	2.00	X						0.	0.	0.
(11) HON. TOM NELSON TRUSTEE	2.00	X						0.	0.	0.
(12) WILLIAM SCHALK TRUSTEE	2.00	X						0.	0.	0.
(13) KAREN YTTERBERG TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							118,240.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							118,240.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(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	23,972,070.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,965,906.				
	h Total. Add lines 1a-1f			23,972,070.			
Program Service Revenue	2 a REGISTRATIONS	Business Code					
		900099	960.	960.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			960.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,157,182.	1,157,182.			
	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				
				73,480,805.			
	b Less: cost or other basis and sales expenses	7b	54,478,267.				
	c Gain or (loss)	7c	19,002,538.				
	d Net gain or (loss)			19,002,538.	19002538.		
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 CONSULTING	Business Code					
		813211	40,000.	40,000.			
	b MISCELLANEOUS						
		900099	35,511.	35,511.			
	c						
d All other revenue							
e Total. Add lines 11a-11d			75,511.				
12 Total revenue. See instructions			44,208,261.	20236191.	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 ...	10,527,044.	10,527,044.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	269,508.	269,508.		
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	118,240.	59,120.	41,384.	17,736.
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	275,839.	145,801.	120,188.	9,850.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,342.	7,458.	5,880.	1,004.
9 Other employee benefits				
10 Payroll taxes	30,775.	16,003.	12,618.	2,154.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,150.		8,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	303,680.		303,680.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	22,075.	16,782.	5,176.	117.
12 Advertising and promotion	67,791.	19,534.	1,588.	46,669.
13 Office expenses	9,937.	5,664.	3,577.	696.
14 Information technology	2,029.	1,157.	730.	142.
15 Royalties				
16 Occupancy	43,180.	25,044.	15,544.	2,592.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	358.		358.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,642.	2,112.	1,311.	219.
23 Insurance	5,166.	2,931.	1,890.	345.
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 SOFTWARE SUPPORT	12,249.	6,982.	4,410.	857.
b DIRECT FUND EXPENSES	12,025.	9,695.	1,105.	1,225.
c POSTAGE	4,890.	2,787.	1,760.	343.
d COPIER LEASES	4,714.	2,687.	1,697.	330.
e All other expenses	4,226.	2,324.	1,394.	508.
25 Total functional expenses. Add lines 1 through 24e	11,739,860.	11,122,633.	532,440.	84,787.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,602,205.	2	10,755,721.
	3 Pledges and grants receivable, net	2,921,021.	3	2,759,489.
	4 Accounts receivable, net	23,500.	4	12,561.
	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 67,616.		
	b Less: accumulated depreciation	10b 49,837.	4,861.	10c 17,779.
	11 Investments - publicly traded securities	64,096,920.	11	79,787,533.
	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	76,779.	15	56,162.
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,725,286.	16	93,389,245.	
Liabilities	17 Accounts payable and accrued expenses	13,893.	17	9,314.
	18 Grants payable		18	
	19 Deferred revenue	315,237.	19	290,988.
	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	329,130.	26	300,302.
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	70,680,033.	27	92,348,571.
	28 Net assets with donor restrictions	716,123.	28	740,372.
	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	71,396,156.	32	93,088,943.
	33 Total liabilities and net assets/fund balances	71,725,286.	33	93,389,245.

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	44,208,261.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,739,860.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,468,401.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,396,156.
5	Net unrealized gains (losses) on investments	5	-10,775,614.
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	93,088,943.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 _____		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8290982.	7917586.	10173629.	15892728.	23972070.	66246995.
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	8290982.	7917586.	10173629.	15892728.	23972070.	66246995.
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)						6077266.
6 Public support. Subtract line 5 from line 4.						60169729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8290982.	7917586.	10173629.	15892728.	23972070.	66246995.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1772780.	1822050.	1279462.	1072802.	1157182.	7104276.
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.)	48,404.	30,000.	141,943.	153,137.	75,511.	448,995.
11 Total support. Add lines 7 through 10						73800266.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	81.53 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	76.51 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization BERRIEN COMMUNITY FOUNDATION, INC.	Employer identification number 38-6057160
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>703,833.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>8,549,685.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BERRIEN COMMUNITY FOUNDATION, INC.	Employer identification number 38-6057160
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>999,162.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>644,756.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>706,177.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLIC SECURITIES _____ _____ _____	\$ <u>703,833.</u>	<u>05/25/21</u>
5	PUBLIC SECURITIES _____ _____ _____	\$ <u>8,549,685.</u>	<u>10/07/21</u>
7	PUBLIC SECURITIES _____ _____ _____	\$ <u>999,162.</u>	<u>08/12/21</u>
8	PUBLIC SECURITIES _____ _____ _____	\$ <u>644,756.</u>	<u>02/22/21</u>
9	PUBLIC SECURITIES _____ _____ _____	\$ <u>706,177.</u>	<u>08/12/21</u>
	_____ _____ _____	\$ _____	

Name of organization BERRIEN COMMUNITY FOUNDATION, INC.	Employer identification number 38-6057160
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

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

2021

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	134	232
2 Aggregate value of contributions to (during year)	9,587,288.	14,384,781.
3 Aggregate value of grants from (during year)	3,881,275.	6,915,277.
4 Aggregate value at end of year	23,030,229.	70,058,715.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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	40,346,158.	29,290,526.	23,494,753.	25,724,758.	22,453,119.
b Contributions	8,575,256.	9,056,463.	2,745,205.	1,110,291.	779,582.
c Net investment earnings, gains, and losses	5,735,283.	3,549,844.	4,436,460.	-1,951,728.	3,637,983.
d Grants or scholarships	1,037,695.	866,681.	761,599.	818,922.	659,304.
e Other expenditures for facilities and programs	0.	467.	380.	941.	912.
f Administrative expenses	1,301,077.	683,326.	623,913.	568,705.	485,710.
g End of year balance	52,317,925.	40,346,158.	29,290,526.	23,494,753.	25,724,758.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 19.0000 %
 - b Permanent endowment 81.0000 %
 - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		33,371.	18,018.	15,353.
e Other		13,609.	11,183.	2,426.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,779.

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	31,033,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-10,775,612.
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	-10,775,612.
3	Subtract line 2e from line 1	3	41,808,631.
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	2,399,630.
c	Add lines 4a and 4b	4c	2,399,630.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	44,208,261.

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	10,892,966.
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	10,892,966.
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	846,894.
c	Add lines 4a and 4b	4c	846,894.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,739,860.

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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 WOMEN STRONG PO BOX 272 ST JOSEPH, MI 49085	27-1041148	501(C)(3)	11,250.	0.			GENERAL SUPPORT
ACORN CENTER FOR THE PERFORMING ARTS - PO BOX 395 - THREE OAKS, MI 49128	47-2717128	501(C)(3)	44,307.	0.			GENERAL OPERATIONS SUPPORT, ARTS CHALLENGE DISTRIBUTION, BACKYARD MUSIC VENUE, COVD-SAFE
AFRICAN AMERICAN HISTORY AND LITERATURE GALLERY - PO BOX 541 - BENTON HARBOR, MI 49023	82-1833853	501(C)(3)	51,020.	0.			COVID CLEANING SUPPLIES, UNITED CIVIC MONUMENT SUPPORT
ALL SOUL'S EPISCOPAL CHURCH 6400 N PENNSYLVANIA OKLAHOMA CITY, OK 73116		CHURCH	15,000.	0.			GENERAL SUPPORT
AMAZON BIODIVERSITY CENTER PO BOX 96503 #42410 WASHINGTON, DC 20090	83-0572780	501(C)(3)	25,000.	0.			COMMUNICATIONS INITIATIVE
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116	13-1623888	501(C)(3)	16,500.	0.			GENERAL SUPPORT, MICHIGAN SUPPORT, CAMP MIDICHA 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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - SOUTHWEST MI CHAPTER - 5640 VENTURE COURT - KALAMAZOO, MI 49009		501(C)(3)	10,500.	0.			KENTUCKY DISASTER RELIEF SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS, MI 49104	38-1627600	501(C)(3)	14,206.	0.			NATURAL HISTORY MUSEUM SUPPORT, WAUS SUPPORT
ANIMAL AID OF SOUTHWESTERN MICHIGAN - PO BOX 407 - ST JOSEPH, MI 49085	38-2482008	501(C)(3)	10,300.	0.			GENERAL SUPPORT, VETERINARY BILL FUNDING DURING COVID
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BENTON HARBOR COMMUNITY DEVELOPMENT CORPORATION - 273 MORTON AVENUE #2 - BENTON HARBOR, MI 49022	85-3784631	501(C)(3)	13,750.	0.			GENERAL SUPPORT, 400 B.L.A.C.K MENTORING PROGRAM
BENTON HARBOR LIONS FOUNDATION PO BOX 8822 BENTON HARBOR, MI 49022	38-2680242	501(C)(3)	7,000.	0.			DISTRIBUTION REQUEST
BENTON HARBOR STREET MINISTRY PO BOX 1081 BENTON HARBOR, MI 49022	38-1539981	501(C)(3)	5,968.	0.			SPENDABLE DISTRIBUTION
BERRIEN COUNTY CANCER SERVICE, INC. - 3900 HOLLYWOOD ROAD - ST JOSEPH, MI 49085	38-1387101	501(C)(3)	26,530.	0.			GENERAL SUPPORT, LOAN CLOSET/SUPPLEMENTAL NUTRITION SUPPORT, PATIENT RESOURCE &
BERRIEN COUNTY CONSERVATION DISTRICT - 3334 EDGEWOOD ROAD - BERRIEN SPRINGS, MI 49103	20-4301388	501(C)(3)	5,996.	0.			HOC EARTH DAY ENVIRONMENTAL 2021, ON-FARM WATER TESTING

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

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BERRIEN COUNTY HISTORICAL ASSOCIATION - PO BOX 261 - BERRIEN SPRINGS, MI 49103	38-6157771	501(C)(3)	12,000.	0.			PIONEER DAY IN A BOX, SHERIFF'S RESIDENCE RENOVATION FUNDING
BERRIEN COUNTY SHERIFF'S DEPARTMENT - 919 PORT STREET - ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	65,600.	0.			DISTRIBUTION REQUEST
BERRIEN COUNTY YOUTH FAIR ASSOCIATION - PO BOX 7 9122 US HWY 31 - BERRIEN SPRINGS, MI 49103	38-1362266	501(C)(3)	24,500.	0.			BCYF LED ROAD SIGN, YMB ELECTRIC UPDATE, GENERATOR AND EMERGENCY LIGHTING, YOUTH MEMORIAL
BERRIEN FAMILIES PLUS 471 W SHAWNEE ROAD BARODA, MI 49101	77-0663186	501(C)(3)	6,000.	0.			STARS PROGRAMMING SUPPORT, FAMILY REUNIFICATION GIFT BASKETS
BIG BROTHERS BIG SISTERS - SOUTHERN LAKE MICHIGAN REGION - 218 W WASHINGTON ST SUITE 710 - SOUTH BEND, IN 46601		501(C)(3)	20,000.	0.			BIG RECRUITMENT PROJECT SUPPORT, EXPANSION OF SERVICES
BLACK SWAMP BIRD OBSERVATORY 13551 W STATE ROUTE 2 OAK HARBOR, OH 43449	34-1702076	501(C)(3)	25,200.	0.			GENERAL SUPPORT, EDUCATION FACILITY CONSTRUCTION SUPPORT
BLOOMINGDALE CHRISTIAN FELLOWSHIP 43395 6TH AVENUE BLOOMINGDALE, MI 49026	38-2287075	CHURCH	10,000.	0.			GENERAL SUPPORT
BLUE LAKE FINE ARTS CAMP 300 E CRYSTAL LAKE ROAD TWIN LAKE, MI 49457	38-1811838	501(C)(3)	6,041.	0.			CAMP TUITION SUPPORT
BOYS & GIRLS CLUB OF BENTON HARBOR MICHIGAN - 600 NATE WELLS SENIOR DRIVE - BENTON HARBOR, MI 49022	38-3461586	501(C)(3)	165,500.	0.			GENERAL SUPPORT, TEENS TAKE THE LEAD, SUMMER EDUCATION CENTERS - GRADES 9-12, BENTON

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BROTHERHOOD CHURCH OF GOD IN CHRIST - 516 EMERY STREET - BENTON HARBOR, MI 49022	38-2622254	CHURCH	13,525.	0.			FOOD PANTRY SUPPORT, BROTHERHOOD FOOD PANTRY EMERGENCY GRANT
CALLING ALL COLORS OF SOUTHWEST MICHIGAN - PO BOX 232 - UNION PIER, MI 49129	41-2060874	501(C)(3)	12,000.	0.			VIRTUAL PROGRAMMING AND WEBSITE DEVELOPMENT & CURRICULUM UPDATE
CALVIN UNIVERSITY 3201 BURTON SE GRAND RAPIDS, MI 49546	38-1398824	COLLEGE/UNIVERSI	8,250.	0.			EDUCATIONAL SUPPORT
CAMP VICTORY MINISTRIES 58212 403RD AVENUE ZUMBRO FALLS, MN 55991	31-1710184	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CARING CIRCLE 4025 HEALTH PARK LANE ST JOSEPH, MI 49085	38-2416086	501(C)(3)	120,500.	0.			GENERAL SUPPORT, LORY'S PLACE SUPPORT, BENEVOLENT CARE - HANSON HOSPICE, HANSON HOSPICE PLAYROOM,
CBN, INC. 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-0678752	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CHIKAMING OPEN LANDS 12291 RED ARROW HIGHWAY SAWYER, MI 49125	38-3515636	501(C)(3)	221,051.	0.			GENERAL SUPPORT, CHIKAMING OPEN LANDS PRESERVE RECREATIONAL ACCESS IMPROVEMENTS,
CHIKAMING TOWNSHIP 13535 RED ARROW HIGHWAY HARBERT, MI 49115		GOVERNMENT	1,075,008.	0.			UNION PIER BANNER PROGRAM-DEPUTY GRANT, CHERRY BEACH
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MICHIGAN - 4938 NILES ROAD - ST JOSEPH, MI 49085	38-2265793	501(C)(3)	26,367.	0.			GENERAL PURPOSE

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CHILDREN'S MUSIC WORKSHOP PO BOX 69 STEVENSVILLE, MI 49127	38-3624141	501(C)(3)	25,619.	0.			GENERAL OPERATING EXPENSES, ARTS CHALLENGE DISTRIBUTION, 2021 SPRING VIRTUAL PRODUCTIONS,
CITADEL DANCE & MUSIC CENTER, INC. 204 WATER STREET BENTON HARBOR, MI 49022	37-1474113	501(C)(3)	58,807.	0.			ARTS CHALLENGE DISTRIBUTION, "A STEAMED NUTCRACKER" SUPPORT, CITADEL ALAMAR
CJE SENIORLIFE 3003 W TOUHY AVENUE CHICAGO, IL 60645	36-2727597	501(C)(3)	10,000.	0.			GENERAL SUPPORT, LINKAGES PROGRAM
CLEMENTS LIBRARY DEPT CH 10189 PALATINE, IL 60055		GOVERNMENT	22,500.	0.			GENERAL SUPPORT, POST-GRADUATE CATALOGUER POSITION
COLOMA COMMUNITY SCHOOLS PO BOX 550 COLOMA, MI 49038	38-6000626	GOVERNMENT	15,314.	0.			CTE INSTRUCTOR/CURRICULUM SUPPORT, CLASSROOM MINI GRANT
COLORADO COLLEGE PO BOX 1117 COLORADO SPRINGS, CO 80901	84-0402510	501(C)(3)	100,000.	0.			GENERAL SUPPORT
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	125,222.	0.			HARM REDUCTION GRANT, COMMUNITY HEALING-FOR EVER GRANT, CAROL'S HOPE SUPPORT, BERRIEN COUNTY
CORNERSTONE ALLIANCE 80 W MAIN STREET BENTON HARBOR, MI 49022	38-2772476	501(C)(3)	45,500.	0.			GENERAL SUPPORT, ECONOMIC DEVELOPMENT/BUSINESS SERVICES/COVID RECOVERY SUPPORT
CORNERSTONE UNIVERSITY 1001 EAST BELTLINE AVE NE GRAND RAPIDS, MI 49525	38-1443369	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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COUNCIL OF MICHIGAN FOUNDATIONS ONE SOUTH HARBOR AVE SUITE L5 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	14,900.	0.			2021 MEMBERSHIP
CURIOUS KIDS' MUSEUM 415 LAKE BOULEVARD ST JOSEPH, MI 49085	38-2816471	501(C)(3)	38,751.	0.			GENERAL SUPPORT, BUBBLE CHAMBER ACCESSIBILITY REDESIGN
DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 E CROSSTOWN PARKWAY - KALAMAZOO, MI 49001	38-2351028	501(C)(3)	15,000.	0.			RAMP UP
EAU CLAIRE PUBLIC SCHOOLS 6190 WEST MAIN STREET EAU CLAIRE, MI 49111	38-6000668	GOVERNMENT	5,673.	0.			ECPS DRUMLINE, CMG
ELE'S PLACE, INC. 1145 W OAKLAND AVE SUITE 1-G LANSING, MI 48915	38-2976751	501(C)(3)	19,759.	0.			GENERAL SUPPORT ,ANN ARBOR SUPPORT
EMERGENCY SHELTER SERVICES 185 EAST MAIN STREET SUITE 103 BENTON HARBOR, MI 49022	38-2268351	501(C)(3)	6,500.	0.			GENERAL SUPPORT
EVERSIGHT 3985 RESEARCH PARK ANN ARBOR, MI 48108	38-2117115	501(C)(3)	10,000.	0.			CLINICAL PROCESSING SUPPLIES PURCHASE
FEED THE HUNGRY SAN MIGUEL INC. 220 N ZAPATA HWY SUITE 11 PO BOX 63 LAREDO , TX 78043	20-1193434	501(C)(3)	30,500.	0.			GENERAL PURPOSE
FEEDING AMERICA WEST MICHIGAN FOOD BANK - 864 WEST RIVER CENTER - COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	13,000.	0.			GENERAL SUPPORT, BERRIEN COUNTY MOBILE FOOD PANTRY SUPPORT

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FELLOWSHIP OF CHRISTIAN FARMERS INTERNATIONAL - PO BOX 15 - LEXINGTON, IL 61753	57-0807260	501(C)(3)	10,000.	0.			MINISTRY SUPPORT
FERNWOOD, INC. 13988 RANGE LINE RD NILES, MI 49120	38-1750543	501(C)(3)	39,318.	0.			GENERAL SUPPORT, LIGHTS AT FERNWOOD, TREE REMOVAL
FERRY STREET RESOURCE CENTER, INC. 620 FERRY STREET NILES, MI 49120	26-1484619	501(C)(3)	10,300.	0.			MORTGAGE, RENT & UTILITIES ASSISTANCE
FIRST CHURCH OF GOD 2627 NILES AVE ST JOSEPH, MI 49085	38-1708461	501(C)(3)	892,510.	0.			GENERAL SUPPORT, BENTON HEIGHTS CAMPUS SUPPORT, FAN PURCHASE
FIRST CONGREGATIONAL CHURCH OF GRAND JUNCTION - PO BOX 166 - GRAND JUNCTION, MI 49056		CHURCH	20,000.	0.			GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF ST. JOSEPH - 2001 NILES AVENUE - ST JOSEPH, MI 49085	38-1578800	CHURCH	38,866.	0.			GENERAL SUPPORT, HABITAT FOR HUMANITY PROJECT
FIRST TEE OF BENTON HARBOR 201 GRAHAM AVENUE BENTON HARBOR, MI 49022	20-4206065	501(C)(3)	7,700.	0.			GENERAL SUPPORT
FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION - 119 HAGGAR HALL - NOTRE DAME, IN 46556	35-1650154	501(C)(3)	6,500.	0.			MUSIC FOR BERRIEN COUNTY STUDENTS
FRIENDS OF BERRIEN COUNTY TRAILS PO BOX 371 NEW BUFFALO, MI 49117	90-0424248	501(C)(3)	10,000.	0.			BERRIEN COUNTY BIKE, HIKE AND PADDLE TRAILS MASTER PLAN SUPPORT

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FRIENDS OF THE EARTH US 1101 15TH STREET 11TH FLOOR WASHINGTON, DC 20005	23-7420660	501(C)(3)	10,000.	0.			"SICK OF PLASTIC" CAMPAIGN SUPPORT
GHOSTLIGHT PRODUCTIONS INC PO BOX 244 BENTON HARBOR, MI 49022	38-4057017	501(C)(3)	38,169.	0.			GENERAL SUPPORT, PORTABLE STAGE AND OUTDOOR SEATING PURCHASE, ARTS CHALLENGE DISTRIBUTION, 2021
GIRLS ON THE RUN SOUTHWEST MICHIGAN - PO BOX 440 - ST JOSEPH, MI 49085	81-3590502	501(C)(3)	6,340.	0.			GIRLS ON THE RUN PROGRAMMING
HARBERT COMMUNITY CHURCH PO BOX 197 6444 HARBERT ROAD HARBERT, MI 49115	23-7097779	501(C)(3)	29,200.	0.			DISTRIBUTION REQUEST
HARTFORD PUBLIC SCHOOLS FOUNDATION FOR QUALITY EDUCATION - PO BOX 403 - HARTFORD, MI 49057	38-3433978	501(C)(3)	7,013.	0.			DISTRIBUTION REQUEST
HERITAGE MUSEUM AND CULTURAL CENTER - 601 MAIN STREET - ST JOSEPH, MI 49085	38-1791320	501(C)(3)	203,514.	0.			GENERAL SUPPORT
HIDDEN ACRES SAFE HAVEN 50582 PLEASANT STREET DOWAGIAC, MI 49047		501(C)(3)	5,800.	0.			FIX HELEN'S KITTENS
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	COLLEGE/UNIVERSI	10,000.	0.			GENERAL SUPPORT
HOLY NAME CATHEDRAL 730 N WABASH CHICAGO, IL 60611	53-0196617	501(C)(3)	10,500.	0.			GENERAL SUPPORT, ANNUAL APPEAL SUPPORT, UNGALA II SUPPORT, YEAR-END BUDGET DEFICIT SUPPORT

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HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN - 5400 NILES ROAD - ST JOSEPH, MI 49085	38-1715141	501(C)(3)	121,562.	0.			GENERAL SUPPORT, YEAGER PET HOME SUPPORT, NEW SIGN FUNDING, SPAY/NEUTER PROGRAM SUPPORT
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206		COLLEGE/UNIVERSI	10,500.	0.			GENERAL SUPPORT, SCHOOL OF BUSINESS SUPPORT
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	13,500.	0.			GENERAL SUPPORT, EDUCATIONAL SUPPORT
INTERNATIONAL MESSENGERS PO BOX 618 CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ISHA CARE CLINIC INCORPORATED 951 ISHA LANE MCMINNVILLE, TN 37110	26-3140250	501(C)(3)	7,000.	0.			OPERATIONAL SUPPORT
JDRF MICHIGAN CHAPTER 24359 NORTHWESTERN HIGHWAY SUITE 12 SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	10,000.	0.			MICHIGAN CHAPTER SUPPORT
JOYCE MEYER MINISTRIES 700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501(C)(3)	15,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF MICHIANA PO BOX 765 ST JOSEPH, MI 49085	35-0922731	501(C)(3)	6,000.	0.			GENERAL SUPPORT, FINANCIAL LITERACY EDUCATION SUPPORT
KRASL ART CENTER, INC. 707 LAKE BOULEVARD ST JOSEPH, MI 49085	23-7009281	501(C)(3)	34,057.	0.			GENERAL SUPPORT, ARTS CHALLENGE DISTRIBUTION, SCHOLARSHIP SUPPORT - BENTON HARBOR STUDENTS,

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LA CHURCH OF CHRIST 827 N HOLLYWOOD WAY SUITE 421 BURBANK, CA 91505	95-4242480	501(C)(3)	15,000.	0.			SPECIAL MISSIONS CONTRIBUTION
LAKE MICHIGAN CATHOLIC SCHOOLS 915 PLEASANT STREET ST JOSEPH, MI 49085	38-1889005	CHURCH	11,208.	0.			GENERAL SUPPORT, TUITION SUPPORT, DR. JOHN PROOS GOLF TOURNAMENT SUPPORT
LAKE MICHIGAN COLLEGE FOUNDATION 2755 EAST NAPIER AVENUE BENTON HARBOR, MI 49022	38-2714753	501(C)(3)	60,500.	0.			CREATING BRIDGES SUPPORT, MENDEL CENTER OPERATIONAL SUPPORT, FOSTER STUDENT SUPPORT FUND
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVENUE STEVENSVILLE, MI 49127	38-3402730	501(C)(3)	329,547.	0.			LUKAS SCHOLARSHIP SUPPORT, GENERAL SUPPORT
LEST WE FORGET, INC. 5512 IVY DRIVE STEVENSVILLE, MI 49127	20-4679354	501(C)(3)	8,000.	0.			GENERAL SUPPORT
LIFEPLAN 527 E MAIN STREET NILES, MI 49120	38-2586309	501(C)(3)	10,500.	0.			BABY FOOD & SUPPLIES SUPPORT, MANUFACTURED HOUSING PARK OUTREACH
LOGAN COMMUNITY RESOURCES, INC. 2505 E JEFFERSON BLVD SOUTH BEND, IN 46615	35-0965639	501(C)(3)	22,250.	0.			GENERAL SUPPORT, SECURITY & SENSORY EQUIP FOR CHILDREN WITH AUTISM SPECTRUM DISORDER, SHARP
LOVE CREEK COUNTY PARK 9292 HUCKLEBERRY ROAD BENTON CENTER, MI 49102	38-6000191	GOVERNMENT	10,000.	0.			CROSS COUNTRY SKI PROGRAM SUPPORT
MAUD PRESTON PALENSKE MEMORIAL LIBRARY - 500 MARKET STREET - ST JOSEPH, MI 49085	38-6004649	GOVERNMENT	21,250.	0.			GENERAL SUPPORT

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MI HEALTH AND HUMAN SERVICES - BENTON HARBOR - 401 8TH ST - BENTON HARBOR, MI 49022		501(C)(3)	20,000.	0.			CHILDREN'S SERVICES - MYOI SUPPORT
MICHIANA HUMANE SOCIETY 722 INDIANA HWY 212 MICHIGAN CITY, IN 46360	35-6031959	501(C)(3)	1,000,000.	0.			BUILDING CAMPAIGN
MICHIGAN MARITIME MUSEUM 260 DYCKMAN AVENUE SOUTH HAVEN, MI 49090	38-2342806	501(C)(3)	5,500.	0.			GENERAL SUPPORT, BUILDING CAMPAIGN
MICHIGAN'S GREAT SOUTHWEST STRATEGIC LEADERSHIP COUNCIL - PO BOX 1141 - BENTON HARBOR, MI 49023	81-1493607	501(C)(3)	19,096.	0.			GENERAL SUPPORT
MISSIONARY CHURCH WORLD PARTNERS PO BOX 9127 FORT WAYNE, IN 46899	35-1161320	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MORTON HOUSE MUSEUM PO BOX 173 BENTON HARBOR, MI 49022	38-1253706	501(C)(3)	6,121.	0.			GENERAL SUPPORT
MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - PO BOX 1146 - BENTON HARBOR, MI 49022	27-1050319	501(C)(3)	112,556.	0.			GENERAL SUPPORT, JOBS FOR LIFE PROGRAMMING FOR WOMEN, FRESH START CAMPAIGN, EMERGENCY
MUJERES EN CAMBIO 220 N ZAPATA HWY SUITE 646B LAREDO, TX 78043	81-2507346	501(C)(3)	9,000.	0.			SCHOLARSHIP SUPPORT
NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - 2627 NILES AVE - ST JOSEPH, MI 49085	81-5017908	501(C)(3)	122,300.	0.			GENERAL SUPPORT, CARS MINISTRY, LAUNDRY-HUB SUPPORT, HUNTER FAN PURCHASE

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NILES COMMUNITY SCHOOLS 1 TYLER STREET NILES, MI 49120	38-6000646	GOVERNMENT	12,490.	0.			CLASSROOM MINI GRANT, UPTON SCHOLARSHIP SUPPORT
NINOS CON AUTISMO DE SAN MIGUEL DE ALLENDE A.C. - PROL DE PILA SECA 91 - SAN MIGUEL DE ALLENDE, GUANAJUATO, MEXICO		501(C)(3)	30,079.	0.			NINOS CON AUTISMO DE SAN MIGUEL DE ALLENDE A.C.
NORTH LINCOLN BASEBALL ASSOCIATION PO BOX 11 ST JOSEPH, MI 49085	80-0934751	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORTHWESTERN UNIVERSITY 1801 HINMAN AVE EVANSTON, IL 60208	36-2167817	501(C)(3)	35,946.	0.			CHICAGO FIELDS STUDIES INTERNSHIPS, DANCE MARATHON SUPPORT, BYRNS & VILL FAMILY SCHOLARSHIP
ORDER OF ACHARYAS OF BABAJI KRIYA YOGA, INC. - 196 MOUNTAIN ROAD PO BOX 90 - EASTMAN, QUEBEC, CANADA	98-0171203	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PARTNERSHIPS FOR CHANGE PO BOX 29455 SAN FRANCISCO, CA 94129	88-0303288	501(C)(3)	30,000.	0.			CIAMO SUPPORT
PERFORMING ARTS WORKSHOPS - PAW INC - PO BOX 136 - NILES, MI 49120	81-1455566	501(C)(3)	5,965.	0.			ARTS CHALLENGE DISTRIBUTION
PILGRIM CONGREGATIONAL UNITED CHURCH OF CHRIST - 1200 W GLENLORD - ST JOSEPH, MI 49085	34-1927041	501(C)(3)	7,430.	0.			GENERAL SUPPORT
PURDUE UNIVERSITY FOUNDATION 403 W WOOD STREET LAFAYETTE, IN 47907	35-1052049	501(C)(3)	10,000.	0.			GATEWAY BUILDING 027624 SUPPORT

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READINESS CENTER, INC. 347 CATALPA AVE PO BOX 1352 BENTON HARBOR, MI 49022	38-2589535	501(C)(3)	16,048.	0.			GENERAL SUPPORT, YOUTH PROGRAM
REGION IV AREA AGENCY ON AGING 2900 LAKEVIEW AVENUE ST JOSEPH, MI 49085	38-2332594	501(C)(3)	63,500.	0.			GENERAL SUPPORT, TECH LOAN PRGRAM- FILL THE GAP, BERRIEN COUNTY COVID CARE FOR 2021
RENAISSANCE ENTERPRISES COMPANY 901 LAY BLVD KALAMAZOO, MI 49001	38-2816993	501(C)(3)	11,000.	0.			THERAPEUTIC ENTERTAINMENT FOR CONFINED SENIORS
SALVATION ARMY - NILES 424 N 15TH STREET NILES, MI 49120	38-1370971	501(C)(3)	25,000.	0.			EMERGENCY RENTAL & MORTGAGE ASSISTANCE PROGRAM SUPPORT
SALVATION ARMY OF BENTON HARBOR 233 MICHIGAN STREET BENTON HARBOR, MI 49022	13-3485289	501(C)(3)	26,148.	0.			GENERAL SUPPORT, FOOD PANTRY SUPPORT
SARETT NATURE CENTER 2300 BENTON CENTER RD BENTON HARBOR, MI 49022	38-3058912	501(C)(3)	55,249.	0.			SPENDABLE DISTRIBUTION, BUTTERFLY HOUSE
SCHOOL OF THE ART INSTITUTE OF CHICAGO - 37 SOUTH WABASH AVENUE SUITE 245 - CHICAGO, IL 60603		COLLEGE/UNIVERSI	7,220.	0.			NICKLAUS SCHOLARSHIP
SCHOOL ON WHEELS 3150 N SAN FERNANDO ROAD SUITE B LOS ANGELES , CA 90065	95-4422640	501(C)(3)	7,000.	0.			UCLA PARENT EMPOWERMENT PROJECT
SENIOR NUTRITION SERVICES REGION IV, INC. - 1708 COLFAX AVENUE - BENTON HARBOR, MI 49022	38-2766803	501(C)(3)	15,300.	0.			GENERAL SUPPORT, HARBOR COUNTRY SENIORS IN NEED 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER BEACH CAROUSEL SOCIETY, INC. - PO BOX 497 - ST JOSEPH, MI 49085	38-3439880	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
SOUP KITCHEN, INC. PO BOX 8210 233 MICHIGAN BENTON HARBOR, MI 49022	38-2288520	501(C)(3)	8,110.	0.			GENERAL SUPPORT
SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 185 E MAIN SUITE 200 - BENTON HARBOR, MI 49022	38-2415106	501(C)(3)	81,358.	0.			EMER. GRANT-MORTGAGE/RENT/UTILITIES ASSISTANCE
SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA - 513 SHIP STREET - ST JOSEPH, MI 49085	38-6090138	501(C)(3)	146,594.	0.			OPERATIONAL SUPPORT, ARTS CHALLENGE FINAL DISTRIBUTION
SPECTRUM HEALTH LAKELAND FOUNDATIONS - 1234 NAPIER AVE - ST JOSEPH, MI 49085	38-2539929	501(C)(3)	69,993.	0.			SPENDABLE DISTRIBUTION, ORTHOPEDIC & BARIATRIC EXPANSION
SPECTRUM HEALTH LAKELAND HEALTHCARE - 1234 NAPIER AVE PO BOX 66 - ST JOSEPH, MI 49085	38-2156872	501(C)(3)	50,000.	0.			COMMUNITY GRAND ROUNDS SUPPORT
ST. GABRIEL CATHOLIC CHURCH 509 W 4TH STREET BUCHANAN, MI 49107		CHURCH	6,000.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC CHURCH 220 CHURCH STREET ST JOSEPH, MI 49085	38-1359067	CHURCH	31,573.	0.			GENERAL SUPPORT, BISHOP'S ANNUAL APPEAL SUPPORT
ST. JOSEPH COMMUNITY PARK FOUNDATION - 728 PLEASANT ST SUITE 101 - ST JOSEPH, MI 49085	83-1905196	501(C)(3)	178,639.	0.			MAIDS OF THE MIST PROJECT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH FIRST UNITED METHODIST CHURCH - 2950 LAKEVIEW AVENUE - ST JOSEPH, MI 49085	38-1398841	501(C)(3)	436,382.	0.			BUILDING FUND SUPPORT, ROCK CAPITAL IMPROVEMENTS - PHASE 2 SUPPORT, NEW PARKING LOT & SIDEWALK
ST. JOSEPH JUNIOR FOUNDATION, INC. PO BOX 585 ST JOSEPH, MI 49085	38-1558024	501(C)(3)	11,500.	0.			GENERAL SUPPORT, EQUIPMENT PURCHASE AND PAVILION CONSTRUCTION
ST. JOSEPH PUBLIC SCHOOLS FOUNDATION - 2580 S CLEVELAND AVENUE - ST JOSEPH, MI 49085	38-3296523	501(C)(3)	757,476.	0.			GENERAL SUPPORT, "NO SHOW BALL" SUPPORT, ATHLETICS SUPPORT
ST. JOSEPH TODAY 301 STATE STREET ST JOSEPH, MI 49085	38-2277933	501(C)(3)	30,000.	0.			LOVE LOCAL, HORSE DRAWN TROLLEY
ST. JOSEPH-BENTON HARBOR ROTARY FOUNDATION - PO BOX 335 - ST JOSEPH, MI 49085	38-2336366	501(C)(3)	7,000.	0.			INTERACT CLUB SUPPORT
ST. JOSEPH-LINCOLN SENIOR CITIZEN CENTER - 3271 LINCOLN AVENUE - ST JOSEPH, MI 49085	38-2085893	501(C)(3)	50,500.	0.			WOODSHOP SUPPORT
ST. MICHAELS HEALTH MISSION SOCIETY - PO BOX 960369 - EL PASO, TX 79996	20-0338595	501(C)(3)	6,397.	0.			NURSING SCHOOL EQUIPMENT
ST. PAUL'S LUTHERAN CHURCH 2673 W JOHN BEERS STEVENSVILLE, MI 49127	38-1671460	501(C)(3)	11,000.	0.			GENERAL SUPPORT, SCHOOL IPAD REPLACEMENT/ADDITION
STEM 4 THEM 6999 RED ARROW HIGHWAY STEVENSVILLE, MI 49127	84-2275431	501(C)(3)	56,000.	0.			FOSTER STUDENT PROJECTS SUPPORT, STEM ADOPTION EVENTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVENSVILLE UNITED METHODIST CHURCH - 5506 RIDGE ROAD - STEVENSVILLE, MI 49127	38-1720200	CHURCH	6,000.	0.			GENERAL FUND SUPPORT
STORYLINE CHURCH PO BOX 36 STEVENSVILLE, MI 49127	61-1452641	CHURCH	8,000.	0.			GENERAL SUPPORT
SUMMIT FINANCIAL WELLNESS PO BOX 9056 BENTON HARBOR, MI 49022	84-2276226	501(C)(3)	40,000.	0.			FINANCIAL LITERACY SERVICES IN BERRIEN COUNTY, SUMMIT FINANCIAL WELLNESS
SW MICHIGAN LUTHERAN HIGH SCHOOL FOUNDATION, INC. - 4550 LUTHER PATH - ST JOSEPH, MI 49085		CHURCH	25,000.	0.			DISTRIBUTION REQUEST
THE AVENUE FAMILY NETWORK, INC. PO BOX 8789 BENTON HARBOR, MI 49022	38-2592238	501(C)(3)	38,395.	0.			GENERAL SUPPORT, CORA LAMPING CENTER SHELTER SERVICES, SHOREMARK HOMECARE SUPPORT, CORA
THE CHAPEL 4250 WASHINGTON AVENUE ST JOSEPH, MI 49085	38-2293706	501(C)(3)	12,000.	0.			GENERAL SUPPORT, BUILDING FUND
THE LITTLE SCHOOL 285 MILLER AVENUE MILL VALLEY, CA 94941		501(C)(3)	25,000.	0.			PLAY AREA CONSTRUCTION
THE NEW SCHOOL 55 W 13TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	25,000.	0.			PARSONS PARENTS FUND - A GIFT FROM MARC & ANJA BITZER
THEOS VILLAGE THE TBCK FOUNDATION 2801 WILDWOOD LANE STEVENSVILLE, MI 49127	83-3095299	501(C)(3)	23,000.	0.			GENERAL SUPPORT

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 noncash 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)	16,000.	0.			GENERAL SUPPORT, TEC HORSE CARE
TWIN CITY AREA CATHOLIC SCHOOL FUND, INC. - 515 SHIP STREET SUITE 202 - ST JOSEPH, MI 49085	23-7129409	501(C)(3)	58,634.	0.			GENERAL SUPPORT, SCHOLARSHIP SUPPORT, FACILITY & CAPITAL IMPROVEMENTS
TWIN CITY PLAYERS PO BOX 243 ST JOSEPH, MI 49085	38-1334859	501(C)(3)	49,169.	0.			DISBURSEMENT REQUEST, ARTS CHALLENGE DISTRIBUTION, ANNUAL FUNDRAISING SUPPORT
UNITED WAY OF SOUTHWEST MICHIGAN PO BOX 288 ST JOSEPH, MI 49085	38-1358411	501(C)(3)	319,100.	0.			GENERAL SUPPORT, , BOYS & GIRLS CLUB OF BENTON HARBOR SUPPORT, CAPITAL CAMPAIGN SUPPORT, DOLLY
UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(C)(3)	125,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME 1251 EDDY STREET SUITE 300 SOUTH BEND, IN 46617	35-0868188	501(C)(3)	8,500.	0.			SCHOLARSHIP, SORIN SOCIETY SUPPORT
UNIVERSITY OF TOLEDO FOUNDATION 2801 W BANCROFT SUITE 1002 TOLEDO, OH 43606	34-6555110	501(C)(3)	500,000.	0.			ROY & MARCIA ARMES ENGINEERING LEADERSHIP INSTITUTE SUPPORT
VILLAGE OF THREE OAKS 21 N ELM STREET THREE OAKS, MI 49128		GOVERNMENT	5,500.	0.			IN-CAR & BODY CAM INSTALLATION
WATER STREET GLASSWORKS 140 WATER STREET BENTON HARBOR, MI 49022	43-2039326	501(C)(3)	60,307.	0.			GENERAL SUPPORT, FIRED UP! PROGRAM SUPPORT, ARTS CHALLENGE DISTRIBUTION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERVLIET FREE METHODIST CHURCH 7734 PAW PAW AVE WATERVLIET, MI 49098	35-0877568	501(C)(3)	16,000.	0.			CHURCH EXPANSION PROJECT, EMER. GRANT - LIVING WATER FOOD PANTRY
WE CARE, I.N.C. 06321 BLUE STAR HWY SOUTH HAVEN, MI 49127	38-2463936	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WELL OF GRACE MINISTRIES 5707 RED ARROW HIGHWAY STEVENSVILLE, MI 49127	20-1716641	501(C)(3)	28,500.	0.			GENERAL SUPPORT, "DEWPOINT" BINGE EATING SUPPORT GROUP SUPPORT, CLUB H2O COVID RELIEF,
WHIRLPOOL COLLECTIVE IMPACT FUND 2000 NORTH M 63 BENTON HARBOR, MI 49022	46-1592577	501(C)(3)	7,000.	0.			WHIRLPOOL GOLF OUTING SUPPORT
WOMEN'S CARE CENTER 621 E MAIN STREET NILES, MI 49120	35-1609945	501(C)(3)	7,000.	0.			PUTTING CHILDREN ON THE RIGHT PATH, PARENTING CLASS
WORLD GOSPEL MISSION 3783 EAST STATE ROAD 18 PO BOX 948 MARION, IN 46952	35-0911947	501(C)(3)	7,200.	0.			KPTC PROJECTS FUND, TABITHA MINISTRY SUPPORT
YMCA OF GREATER MICHIANA 905 N FRONT STREET NILES, MI 49120	38-1358054	501(C)(3)	137,000.	0.			2021 SUMMER MY WAY
YOUNG LIFE-SOUTHWEST MICHIGAN 2627 NILES AVE ST JOSEPH, MI 49085	84-0385934	501(C)(3)	9,000.	0.			GENERAL SUPPORT, MI 21 SUPPORT
YOUTH DEVELOPMENT COMPANY PO BOX 453 SOUTH HAVEN, MI 49090	38-3298735	501(C)(3)	37,000.	0.			WATERVLIET AFTER SCHOOL EXPERIENCE

Schedule I (Form 990)

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.	153	269,508.	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: ACORN CENTER FOR THE PERFORMING ARTS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT, ARTS CHALLENGE DISTRIBUTION, BACKYARD MUSIC VENUE, COVD-SAFE REOPENING FOR THE ACORN

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LOAN CLOSET/SUPPLEMENTAL NUTRITION SUPPORT, PATIENT RESOURCE & EPICCARE SUPPORT, NURSING TRANSPORTATION AND SUPPORTIVE RESOURCES FOR CANCER PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: BERRIEN COUNTY YOUTH FAIR ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BCYF LED ROAD SIGN, YMB ELECTRIC UPDATE, GENERATOR AND EMERGENCY LIGHTING, YOUTH MEMORIAL BUILDING ELECTRICAL UPDATE

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF BENTON HARBOR MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TEENS TAKE THE LEAD, SUMMER EDUCATION CENTERS - GRADES 9-12, BENTON HEIGHTS CLUB PROGRAMMING SUPPORT, "SUMMER BRAIN GAIN" SUPPORT, HOLIDAY DINNER SUPPORT, FILTERED WATER REFILL STATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CARING CIRCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LORY'S PLACE SUPPORT, BENEVOLENT CARE - HANSON HOSPICE, HANSON HOSPICE PLAYROOM, REFLECTIONS FUNDRAISER SUPPORT, HILDA BANYON FUND

NAME OF ORGANIZATION OR GOVERNMENT: CHIKAMING OPEN LANDS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CHIKAMING OPEN LANDS PRESERVE RECREATIONAL ACCESS IMPROVEMENTS, BRIDGMAN SCHOOLS "MIGHTY ACORNS" SUPPORT, COL NATURE PRESERVE UPGRADES

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S MUSIC WORKSHOP

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING EXPENSES, ARTS CHALLENGE DISTRIBUTION, 2021 SPRING VIRTUAL PRODUCTIONS, TRAILER PURCHASE

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALING CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: HARM REDUCTION GRANT, COMMUNITY HEALING-FOR EVER GRANT, CAROL'S HOPE SUPPORT, BERRIEN COUNTY OUTPATIENT SERVICE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: GHOSTLIGHT PRODUCTIONS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PORTABLE STAGE AND OUTDOOR SEATING PURCHASE, ARTS CHALLENGE DISTRIBUTION, 2021 CIRCESTEEM PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: KRASL ART CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ARTS CHALLENGE DISTRIBUTION, SCHOLARSHIP SUPPORT - BENTON HARBOR STUDENTS, BIENNIAL SCULPTURE INVITATIONAL

NAME OF ORGANIZATION OR GOVERNMENT: LOGAN COMMUNITY RESOURCES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SECURITY & SENSORY EQUIP FOR CHILDREN WITH AUTISM SPECTRUM DISORDER, SHARP SMARTBOARD PURCHASE, LIFE SKILL COMMUNITY CLASSES FOR ADOLESCENTS AND YOUNG ADULTS WITH AUTISM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, JOBS FOR LIFE
PROGRAMMING FOR WOMEN, FRESH START CAMPAIGN, EMERGENCY HOTELING

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHICAGO FIELDS STUDIES INTERNSHIPS,
DANCE MARATHON SUPPORT, BYRNS & VILL FAMILY SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JOSEPH FIRST UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING FUND SUPPORT, ROCK CAPITAL
IMPROVEMENTS - PHASE 2 SUPPORT, NEW PARKING LOT & SIDEWALK SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THE AVENUE FAMILY NETWORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CORA LAMPING CENTER
SHELTER SERVICES, SHOREMARK HOMECARE SUPPORT, CORA LAMPING CENTER
PLAYGROUND

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SOUTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, , BOYS & GIRLS CLUB
OF BENTON HARBOR SUPPORT, CAPITAL CAMPAIGN SUPPORT, DOLLY PARTON'S
"IMAGINATION LIBRARY" SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WELL OF GRACE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, "DEWPOINT" BINGE
EATING SUPPORT GROUP SUPPORT, CLUB H2O COVID RELIEF, OASIS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	42	13,965,906.	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.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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
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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

2021

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) 2021

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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 VII Supplemental Information

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

Lined area for supplemental information.