

KRUGGEL, LAWTON & COMPANY, LLC
526 UPTON DRIVE
ST. JOSEPH, MI 49085

BERRIEN COMMUNITY FOUNDATION, INC.
2900 SOUTH STATE STREET, 2E
ST. JOSEPH, MI 49085

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CLIENT'S COPY



April 24, 2025

Berrien Community Foundation, Inc.
2900 South State Street 2e
St. Joseph, MI 49085
Attention: Lisa Cripps

Dear Lisa:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Robert Alex Schaeffer

Filing Instructions

Prepared for:

Berrien Community Foundation, Inc.
2900 South State Street 2e
St. Joseph, MI 49085

Prepared by:

Kruggel, Lawton & Company, LLC
526 Upton Drive
St. Joseph, MI 49085

2024 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025

***** THIS IS NOT A FILEABLE COPY *****

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

BERRIEN COMMUNITY FOUNDATION, INC.

EIN or SSN

38-6057160

Name and title of officer or person subject to tax **LISA CRIPPS-DOWNEY**
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>22,676,067.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **KRUGGEL, LAWTON & COMPANY, LLC** to enter my PIN **98761**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35503137474

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ROBERT ALEX SCHAEFFER** Date **04/24/25**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BERRIEN COMMUNITY FOUNDATION, INC.		D Employer identification number 38-6057160
	Doing business as		E Telephone number 269-983-3304
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2900 SOUTH STATE STREET 2E		
	City or town, state or province, country, and ZIP or foreign postal code ST. JOSEPH, MI 49085		
	F Name and address of principal officer: LISA CRIPPS-DOWNEY SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.BERRIENCOMMUNITY.ORG			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
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1952	M State of legal domicile: MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO CONNECT THE POWER OF THE PEOPLE WHO CARE WITH CAUSES AND ORGANIZATIONS THAT STRENGTHEN OUR		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	495
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,159,773.	17,636,970.
	9	Program service revenue (Part VIII, line 2g)	3,268.	540.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,264,523.	4,949,074.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,181.	89,483.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,568,745.	22,676,067.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,757,625.
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)	582,059.	625,406.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	110,671.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	863,091.	1,278,561.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,202,775.	10,043,260.
19		Revenue less expenses. Subtract line 18 from line 12	2,365,970.	12,632,807.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	91,887,707.	109,491,825.
	21	Total liabilities (Part X, line 26)	361,970.	280,432.
	22	Net assets or fund balances. Subtract line 21 from line 20	91,525,737.	109,211,393.

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	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT ALEX SCHAEFFER	ROBERT ALEX SCHAEFFER	04/24/25		P01439018
	Firm's name	Firm's EIN			
	KRUGGEL, LAWTON & COMPANY, LLC	35-1307701			
	Firm's address	Phone no.			
	526 UPTON DRIVE ST. JOSEPH, MI 49085	269-983-0131			

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

Part III Statement of Program Service AccomplishmentsCheck 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

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,167,218. including grants of \$ 8,139,293.) (Revenue \$ 5,039,097.)

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 9,167,218.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	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>	22 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>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 16	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	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.	13			
b Enter the number of voting members included on line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
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	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) PHIL MAKI CHAIR	5.00	X		X				0.	0.	0.
(2) SARAH JOLLAY VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ALEXIS HARRIS TREASURER	5.00	X		X				0.	0.	0.
(4) RAY LIPSCOMB SECRETARY	5.00	X		X				0.	0.	0.
(5) GLORIA ENDER TRUSTEE	2.00	X						0.	0.	0.
(6) KELLY FERNEAU 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) CHRISTINA HARDY TRUSTEE	2.00	X						0.	0.	0.
(10) HON. TOM NELSON TRUSTEE	2.00	X						0.	0.	0.
(11) ELIZABETH MCCREE TRUSTEE	2.00	X						0.	0.	0.
(12) PHILIP MOLLOY TRUSTEE	2.00	X						0.	0.	0.
(13) KAREN YTTERBERG TRUSTEE	2.00	X						0.	0.	0.
(14) LISA CRIPPS-DOWNEY PRESIDENT	60.00			X				157,369.	0.	5,575.
(15) MORGAN CALLAHAN FINANCE DIRECTOR	40.00			X				104,500.	0.	4,000.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	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	17,636,970.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,408,219.					
	h Total. Add lines 1a-1f				17,636,970.			
Program Service Revenue	2 a REGISTRATIONS		Business Code					
			900099	540.	540.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				540.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,384,377.	2,384,377.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b	18,544,930.					
	c Gain or (loss)	7c	15,980,233.					
	d Net gain or (loss)		2,564,697.					
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					
			900099	53,200.	53,200.			
	b MISCELLANEOUS		900099	36,283.	36,283.			
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				89,483.			
12 Total revenue. See instructions				22,676,067.	5,039,097.	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 ...	7,859,167.	7,859,167.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	280,126.	280,126.		
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	157,369.	78,685.	70,816.	7,868.
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	403,208.	240,733.	151,312.	11,163.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,596.	11,736.	8,161.	699.
9 Other employee benefits				
10 Payroll taxes	44,233.	25,204.	17,527.	1,502.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,000.		10,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	425,354.		425,354.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	45,562.	35,027.	10,360.	175.
12 Advertising and promotion	102,173.	23,850.	1,758.	76,565.
13 Office expenses	15,141.	7,760.	6,151.	1,230.
14 Information technology				
15 Royalties				
16 Occupancy	74,605.	38,294.	30,132.	6,179.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,421.	2,621.	4,800.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,324.	5,299.	4,170.	855.
23 Insurance	10,555.	5,414.	4,261.	880.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DIRECT FUND EXPENSES	533,647.	530,864.	2,783.	
b SOFTWARE SUPPORT	27,610.	14,150.	11,217.	2,243.
c COPIER LEASE	6,361.	3,260.	2,584.	517.
d POSTAGE	6,133.	3,143.	2,492.	498.
e All other expenses	3,675.	1,885.	1,493.	297.
25 Total functional expenses. Add lines 1 through 24e	10,043,260.	9,167,218.	765,371.	110,671.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	6,867,075.	2	6,109,149.
	3 Pledges and grants receivable, net	2,415,119.	3	2,231,663.
	4 Accounts receivable, net	1,621.	4	
	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 281,409.		
	b Less: accumulated depreciation	10b 158,406.	10c 180,127.	123,003.
	11 Investments - publicly traded securities	82,378,777.	11	100,972,976.
	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	44,988.	15	55,034.
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,887,707.	16	109,491,825.	
Liabilities	17 Accounts payable and accrued expenses	1,291.	17	8,469.
	18 Grants payable		18	
	19 Deferred revenue	242,490.	19	218,241.
	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	118,189.	25	53,722.
	26 Total liabilities. Add lines 17 through 25	361,970.	26	280,432.
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	90,736,867.	27	108,398,274.
	28 Net assets with donor restrictions	788,870.	28	813,119.
	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	91,525,737.	32	109,211,393.
	33 Total liabilities and net assets/fund balances	91,887,707.	33	109,491,825.

Part XI Reconciliation of Net AssetsCheck 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	22,676,067.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,043,260.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,632,807.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,525,737.
5	Net unrealized gains (losses) on investments	5	5,052,849.
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	109,211,393.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number	
--------------------------------	--

38-6057160

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

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

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s). _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15892728.	23972070.	9020291.	7159773.	17636970.	73681832.
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	15892728.	23972070.	9020291.	7159773.	17636970.	73681832.
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)						14893182.
6 Public support. Subtract line 5 from line 4.						58788650.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	15892728.	23972070.	9020291.	7159773.	17636970.	73681832.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1072802.	1157182.	1570052.	2091554.	2384377.	8275967.
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.)	153,137.	75,511.	209,199.	141,181.	89,482.	668,510.
11 Total support. Add lines 7 through 10						82626309.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	71.15	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	80.76	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

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

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

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

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GRANT ADMINISTRATIVE SERVICES AND OTHER NON-RECURRING ITEMS

**Schedule B
(Form 990)**

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

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

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
<u>1</u>		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>506,942.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>540,585.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>448,878.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>560,037.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 8,346,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,003,849.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 417,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 392,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BERRIEN COMMUNITY FOUNDATION, INC.**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
<u>2</u>	PUBLIC SECURITIES	\$ <u>501,442.</u>	<u>12/31/24</u>
<u>4</u>	PUBLIC SECURITIES	\$ <u>540,585.</u>	<u>12/23/24</u>
<u>5</u>	PUBLIC SECURITIES	\$ <u>448,878.</u>	<u>04/26/24</u>
<u>6</u>	PUBLIC SECURITIES	\$ <u>499,537.</u>	<u>12/23/24</u>
<u>7</u>	PUBLIC SECURITIES	\$ <u>8,230,000.</u>	<u>12/31/24</u>
<u>8</u>	PUBLIC SECURITIES	\$ <u>1,003,849.</u>	<u>11/30/24</u>

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

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

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	150	251
2 Aggregate value of contributions to (during year)	3,926,929.	13,744,681.
3 Aggregate value of grants from (during year)	3,804,941.	4,334,353.
4 Aggregate value at end of year	20,936,085.	88,275,308.
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	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	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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 \$

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

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

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 **d** ☐ Loan or exchange program
b Scholarly research **e** ☐ Other _____
c Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,720,784.	46,630,994.	52,317,925.	40,346,158.	29,290,526.
b Contributions	2,089,481.	2,554,274.	4,486,988.	8,575,256.	9,056,463.
c Net investment earnings, gains, and losses	6,016,929.	7,295,694.	-8,631,599.	5,735,283.	3,549,844.
d Grants or scholarships	-1,480,583.	-1,959,840.	814,314.	1,037,695.	866,681.
e Other expenditures for facilities and programs					467.
f Administrative expenses	-849,334.	-800,338.	728,006.	1,301,077.	683,326.
g End of year balance	59,497,277.	53,720,784.	46,630,994.	52,317,925.	40,346,158.

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

- a** Board designated or quasi-endowment 17.0000 %
b Permanent endowment 83.0000 %
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:

- (i)** Unrelated organizations? Yes No
(ii) Related organizations? Yes No

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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		111,294.	33,731.	77,563.
d Equipment		27,086.	21,006.	6,080.
e Other		143,029.	103,669.	39,360.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				123,003.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	39,000.
(3) LOAN PAYABLE	14,722.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	53,722.

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	25,604,229.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,052,849.
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	5,052,849.
3	Subtract line 2e from line 1	3	20,551,380.
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	2,124,687.
c	Add lines 4a and 4b	4c	2,124,687.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,676,067.

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	9,093,775.
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	9,093,775.
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	949,485.
c	Add lines 4a and 4b	4c	949,485.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,043,260.

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. AT YEAR END THE FOUNDATION HAD NO KNOWN LIABILITY DUE TO THE UNCERTAINTY OF INCOME TAXES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSE

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE F
(Form 990)

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

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in the region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes subtotal and totals rows.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL SUPPORT (ORGAINZATION SUPPORTS CHILD WITH AUTISM IN MEXICO).	29,841.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

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, INC. PO BOX 272 ST. JOSEPH, MI 49085	27-1041148	501(3)	21,500.	0.			EMERGENCY NEEDS FOR WOMEN IN BERRIEN COUNTY, GENERAL SUPPORT, GENERAL SUPPORT - OUTSIDE OF
4KIDS OF SOUTH FLORIDA, INC. 2717 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	61-1416525	501(3)	15,000.	0.			GENERAL SUPPORT
ACEER FOUNDATION PO BOX 235 UNIONVILLE, PA 19375	63-1045786	501(3)	25,000.	0.			ACEER FOUNDATION - CONSERVATION LEADERS
ACORN CENTER FOR THE PERFORMING ARTS - PO BOX 395 - THREE OAKS, MI 49128	47-2717128	501(3)	20,250.	0.			THREE-DAY JAZZREACH MUSIC EDUCATION RESIDENCY AT THE ACORN, OPERATIONS SUPPORT, ACORN LOCAL
ADVANCE BENTON HARBOR 870 S CRYSTAL BENTON HARBOR, MI 49022	46-0692977	501(3)	8,000.	0.			PROJECT PONY IS AN INITIATIVE TO ADD A FIELD MAINTENANCE STORAGE FACILITY TO UNION PARK.
ALANO HOUSE OF SOUTHWEST MICHIGAN 4162 RED ARROW HIGHWAY STEVENSVILLE, MI 49127	38-2708183	501(3)	20,000.	0.			RENOVATION FUND

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

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

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

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
ALPHA USA PO BOX 7491 CAROL STREAM, IL 60197	13-3962840	501(3)	15,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY-DETROIT PO BOX 10069 DETROIT, MI 48210	13-1788491	0	20,807.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 3940 PENINSULAR DR, SE/STE 180 GRAND RAPIDS, MI 49546	13-5613797	501(3)	14,862.	0.			GENERAL SUPPORT
AMERICARES FOUNDATION, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(3)	7,000.	0.			GENERAL SUPPORT, 3X MATCHING CHALLENGE
ARS ARTS & CULTURE CENTER PO BOX 9151 BENTON HARBOR, MI 49023	46-4235650	501(3)	26,000.	0.			GENERAL OPERATING/UNRESTRICTED, SCHOLARSHIPS FOR NEEDY BENTON HARBOR STUDENTS,
ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(3)	12,000.	0.			GENERAL SUPPORT
AVALON HOUSING 1327 JONES DRIVE, STE. 102 ANN ARBOR, MI 48105	38-3086920	501(3)	7,500.	0.			AFFORDABLE HOUSING PROGRAM
BANGLA MINISTRIES WORLDWIDE PO BOX 2844 GRAND RAPIDS, MI 49501	38-3307818	501(3)	15,000.	0.			MERCY FUND, FOR GENERAL FUND, 2025 GRADUATION EXPENSES
BENTON HARBOR COMMUNITY DEVELOPMENT CORPORATION - 273 MORTON AVENUE #2 - BENTON HARBOR, MI 49022	85-3784631	501(3)	15,500.	0.			TEAM - OUTSIDE THE LINES: RENAISSANCE KIDS, GENERAL SUPPORT, SUMMER PROGRAM FOR CHILDREN

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
BENTON HARBOR DEPARTMENT OF PUBLIC SAFETY - 200 E. WALL STREET - BENTON HARBOR, MI 49022	38-6004537	GOVERNMENT	9,000.	0.			LIDAR FIRE & CRIME SCENE INVESTIGATION CAMERA, WATER RESCUE EQUIPMENT GRANT
BENTON HARBOR DOWNTOWN DEVELOPMENT AUTHORITY - 200 EAST WALL STREET - BENTON HARBOR, MI 49022	38-6004537	GOVERNMENT	38,089.	0.			PROTECTION AND MAINTENANCE OF THE STATE THEATRE
BENTON HARBOR STREET MINISTRY PO BOX 1081 BENTON HARBOR, MI 49023	38-1539981	501(3)	5,846.	0.			SPENDABLE DISTRIBUTION
BERRIEN COUNTY 701 MAIN STREET BERRIEN COUNTY ADMINISTRATION CENTER	38-6000191	GOVERNMENT	15,000.	0.			DAV VAN MATCHING FUNDS
BERRIEN COUNTY CANCER SERVICE, INC. - 3900 HOLLYWOOD ROAD - ST. JOSEPH, MI 49085	38-1387101	501(3)	33,481.	0.			SUPPORTIVE RESOURCES FOR CANCER PATIENTS AND NURSE MILEAGE FOR IN-HOME SKILLED NURSING VISITS,
BERRIEN COUNTY PARKS DEPARTMENT 701 MAIN STREET 4TH FLOOR ST. JOSEPH, MI 49085	38-6000191	GOVERNMENT	10,865.	0.			GENERAL SUPPORT
BERRIEN COUNTY SHERIFF'S DEPARTMENT - 919 PORT STREET - ST. JOSEPH, MI 49085	38-6000191	GOVERNMENT	60,436.	0.			CHAPLAIN CONFERENCE IN 2023, RESERVE SUPPRESSORS, UNIFORMS, MOTORCYCLES, EXPENSE
BERRIEN COUNTY YOUTH FAIR ASSOCIATION, INC. - P.O. BOX 7 - BERRIEN SPRINGS, MI 49103	38-1362266	501(3)	12,700.	0.			FAIR OFFICE CONSTRUCTION, FOR GENERAL SUPPORT
BERRIEN FAMILIES PLUS 471 W. SHAWNEE ROAD BARODA, MI 49101	77-0663186	501(3)	10,500.	0.			3 WINS, FAMILY REUNIFICATION GIFT BASKET PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRIEN RESA PO BOX 364 BERRIEN SPRINGS, MI 49103	38-1714920	0	15,300.	0.			IMPROVING THE QUALITY OF READING INSTRUCTION FOR COGNITIVELY IMPAIRED STUDENTS, ROBOTS ,
BIRTHRIGHT, INC. 2700 NILES AVE. ST. JOSEPH, MI 49085	38-2182914	501(3)	7,300.	0.			GENERAL OPERATING/UNRESTRICTED, GENERAL SUPPORT
BLACK SWAMP BIRD OBSERVATORY 13551 W STATE ROUTE 2 OAK HARBOR, OH 43449	34-1702076	501(3)	10,950.	0.			GENERAL SUPPORT, "BIRDS AT HOME" PROGRAM
BLANCHARD VALLEY HEALTH FOUNDATION 1900 S MAIN ST FINDLAY, OH 45840	34-1370522	501(3)	250,000.	0.			GENERAL SUPPORT FOR THE ARMES FAMILY CANCER CARE CENTER AT BLANCHARD VALLEY SYSTEM
BOYS AND GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN - 600 NATE WELLS SENIOR DRIVE - BENTON HARBOR, MI 49022	38-3461586	501(3)	141,000.	0.			GENERAL OPERATING/UNRESTRICTED, READY TAE KWON DO PARTNERSHIP, CHRISTMAS
BREAKTHROUGH T1D PO BOX 5069 HAGERSTOWN, MD 21741-5069	23-1907729	501(3)	10,000.	0.			RESEARCH SUPPORT
BRIDGMAN PUBLIC SCHOOLS 9964 GAST ROAD BRIDGMAN, MI 49106	38-6000638	GOVERNMENT	5,950.	0.			REVITALIZING THE ART CLASSROOM: INVESTING IN CREATIVITY AND SUSTAINABILITY, CARING
BROOKVIEW MONTESSORI SCHOOL 501 ZOLLAR DRIVE BENTON HARBOR, MI 49022	38-2078803	501(3)	25,750.	0.			CLASSROOM RESTORATION PROJECT, GENERAL SUPPORT
CALVARY CHAPEL CHURCH INC. 1551 WEST CAMINO REAL BOCA RATON, FL 33486	65-0879835	CHURCH	10,000.	0.			TITHE, RELIEF & RESTORATION

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
CAMPUS CRUSADE FOR CHRIST INC. PO BOX 628222 ORLANDO, FL 32862	95-6006173	0	15,000.	0.			MISSION SUPPORT
CARING CIRCLE 4025 HEALTH PARK LANE ST. JOSEPH, MI 49085	38-3382353	0	26,000.	0.			HANSON HOSPICE CENTER, LORY'S PLACE, GENERAL SUPPORT
CENTRAL COUNTY CENTER INC. P.O. BOX 252 BERRIEN SPRINGS, MI 49103	38-2077349	501(3)	15,000.	0.			WEST ENTRANCE REMODEL
CHIKAMING TOWNSHIP PO BOX 40 HARBERT, MI 49115	38-6008331	0	8,000.	0.			KOHN PARK, THERMAL IMAGING CAMERAS FOR CHIKAMING TWP FIRE DEPT
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MICHIGAN - 4938 NILES ROAD - ST. JOSEPH, MI 49085	38-2265793	501(3)	17,060.	0.			GENERAL SUPPORT, VOICES FOR CHILDREN 24
CHILDREN'S MUSIC WORKSHOP PO BOX 69 STEVENSVILLE, MI 49127	38-3624141	501(3)	17,500.	0.			TEAM - TEENSTOCK/SUMMER, OPERATIONAL SUPPORT, GENERAL SUPPORT
CHRISTIAN NEIGHBORS INC PO BOX 43 DOUGLAS, MI 49406	38-2411343	501(3)	10,000.	0.			GENERAL SUPPORT
CITADEL DANCE & MUSIC CENTER, INC. 204 WATER STREET BENTON HARBOR, MI 49022	37-1474113	501(3)	112,096.	0.			THE CITADEL LEGACY - BUILDING OUR FUTURE TOGETHER, CAPITAL CAMPAIGN, ANNUAL BOARD
CITY OF BUCHANAN 302 N RED BUD TRAIL BUCHANAN, MI 49107	92-1888778	GOVERNMENT	27,500.	0.			BUCHANAN'S ST JOSEPH RIVER PUBLIC ACCESS ADA-ACCESSIBLE KAYAK LAUNCH, BUSINESS

Schedule I (Form 990)

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

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CITY OF COLOMA PO BOX 329 COLOMA, MI 49038	38-6004604	GOVERNMENT	20,000.	0.			COLOMA CITY SPLASH PAD
CITY OF SAINT JOSEPH 700 BROAD STREET ST. JOSEPH, MI 49085	38-6004649	GOVERNMENT	61,888.	0.			TRAVEL TALES, GENERAL SUPPORT
CITY OF SPARTA 201 W OAK ST. SPARTA, WI 54656	39-6005610	GOVERNMENT	10,000.	0.			MOUNT HOPE CEMETERY ASSOCIATION - GENERAL SUPPORT
CITY OF ST. JOSEPH 700 BROAD STREET ST. JOSEPH, MI 49085	38-6004649	GOVERNMENT	7,000.	0.			ST. JOSEPH DEPARTMENT OF PUBLIC SAFETY -- EV & LI-ION FIRE RESPONSE EQUIPMENT, RIVERVIEW PARK
COLORADO COLLEGE OFFICE FOR ADVANCEMENT - PO BOX 1117 - COLORADO SPRINGS, CO 80901-9897	84-0402510	501(3)	100,000.	0.			GENERAL OPERATING/UNRESTRICTED
COMMUNITY BIBLE STUDY 790 STOUT RD COLORADO SPRINGS, CO 80921	51-0233462	501(3)	12,500.	0.			GENERAL SUPPORT
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(3)	50,828.	0.			CAROL'S HOPE: SUBSTANCE USE DISORDER CRISIS INTERVENTION & RESOURCE CENTER
COMPASSION INTERNATIONAL USA 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	501(3)	15,000.	0.			GENERAL SUPPORT
CONNECT INTERNATIONAL 4366 AUBURN BLVD, STE 3 SACRAMENTO, CA 95841	20-8125876	501(3)	10,000.	0.			ODESA ECB ASSOCIATION

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CONVOY OF HOPE PO BOX 1125 SPRINGFIELD, MO 65801	68-0051386	501(3)	16,000.	0.			DISASTER RELIEF FUND, GENERAL SUPPORT
COREWELL HEALTH FOUNDATION SOUTHWEST MICHIGAN - 1234 NAPIER AVE - ST. JOSEPH, MI 49085	38-2539929	0	55,725.	0.			SPENDABLE DISTRIBUTION, MOTHER'S & INFANTS FUND, CENTER FOR WELLNESS, GENERAL SUPPORT, TRAN-SIT
COUNCIL OF MICHIGAN FOUNDATIONS 3101 EAST GRAND BLVD., STE 300 DETROIT, MI 48202	38-6263347	501(3)	19,600.	0.			MEMBERSHIP DUES, 2024 MEMBERSHIP
COURT APPOINTED SPECIAL ADVOCATES OF SOUTHWEST MICHIGAN INC. - PO BOX 1146 - BENTON HARBOR, MI 49023	83-3301571	501(3)	48,000.	0.			CASA OF SOUTHWEST MICHIGAN- TECHNOLOGY UPGRADE, CASA SECONDARY TRAUMATIC STRESS AND
CRISIS AID INTERNATIONAL, INC. P.O. BOX 510167 SAINT LOUIS, MO 63151	30-0060905	501(3)	15,000.	0.			GENERAL SUPPORT
CROSS CREEK PRESBYTERIAN CHURCH 401 GREENBRIAR RD. ST. JOHNS, FL 32259	59-3396367	CHURCH	5,673.	0.			GENERAL SUPPORT
CURIOUS KIDS' MUSEUM 415 LAKE BOULEVARD ST. JOSEPH, MI 49085	38-2816471	501(3)	86,000.	0.			SOUND GARDEN INSTALLATION, GENERAL SUPPORT, DINOSAUR EXHIBIT
DEER CREEK OPEN SPACE ASSOCIATION, INC. - 720 ST. JOSEPH DRIVE - ST. JOSEPH, MI 49085	38-3474667	501(3)	35,265.	0.			GENERAL SUPPORT
DIOCESE OF KALAMAZOO 915 PLEASANT STREET ST. JOSEPH, MI 49085	38-1889005	CHURCH	6,800.	0.			T.E.A.M NEEDS ASSESSMENT GRANT, GENERAL SUPPORT

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DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 E. CROSSTOWN PARKWAY - KALAMAZOO, MI 49001	38-2351028	501(3)	45,000.	0.			RAMP UP COORDINATES FUNDING, BUILDERS & VOLUNTEERS TO BUILD RAMPS FOR LOW-INCOME DISABLED
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 860 DOLWICK DR. - ERLANGER, KY 41018	52-1521276	501(3)	14,862.	0.			GENERAL SUPPORT
ELE'S PLACE, INC. 1145 W. OAKLAND AVE. SUITE 1-G LANSING, MI 48915	38-2976751	501(3)	46,140.	0.			ANN ARBOR CAMPUS SUPPORT, GENERAL SUPPORT, PEER TO PEER GRIEF SUPPORT FOR CHILDREN AND TEENS , IN
EMERGE INNOVATION HUB PO BOX 1146 BENTON HARBOR, MI 49022	88-3098386	501(3)	82,000.	0.			EMERGE INNOVATION HUB INDIVIDUALIZED COACHING PROGRAM, EMERGE LABS FUNDING, THE CATALYST
EMERGENCY SHELTER SERVICES 185 EAST MAIN STREET, SUITE 103 BENTON HARBOR, MI 49022	38-2268351	501(3)	28,000.	0.			GENERAL SUPPORT, PSH DEDICATEDPLUS, SHELTER RENOVATIONS/UNRESTRICTED SUPPORT
EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 55420	41-0721672	CHURCH	25,600.	0.			HURRICANE HELENE RESPONSE, MINISTRY SUPPORT
FEED THE HUNGRY SAN MIGUEL INC. 220 N ZAPATA HWY, SUITE 11, PO BOX LAREDO, TX 78043	20-1193434	501(3)	30,000.	0.			GENERAL PURPOSE
FEEDING AMERICA WEST MICHIGAN FOOD BANK - 3070 SHAFFER AVE SE - COMSTOCK PARK, MI 49321	38-2439659	501(3)	19,000.	0.			MOBILE FOOD PANTRIES - BERRIEN COUNTY, GENERAL SUPPORT, MOBILE PANTRY PROGRAMS IN BERRIEN
FERNWOOD, INC. 13988 RANGE LINE RD. NILES, MI 49120	38-1750543	501(3)	22,719.	0.			SPENDABLE DISTRIBUTION, BOYDSTON WINTER HOUSE PROJECT

Schedule I (Form 990)

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FERRY STREET RESOURCE CENTER, INC. 317 N. 7TH STREET NILES, MI 49120	26-1484619	501(3)	30,145.	0.			GENERAL SUPPORT, NEW HVAC UNITS
FIDELITY CHARITABLE - LIOTINE FOUNDATION FUND - 100 CROSBY PARKWAY - COVINGTON, KY 41015	11-0303001	501(3)	22,898.	0.			DONOR ADVISED FUND TRANSFER
FIRST CHURCH OF GOD 2627 NILES AVENUE ST. JOSEPH, MI 49085	38-1708461	CHURCH	15,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, FAITH PROMISE, CLOSE THE GAP
FIRST CONGREGATIONAL CHURCH OF ST. JOSEPH - 2001 NILES AVENUE - ST. JOSEPH, MI 49085	38-1578800	CHURCH	78,430.	0.			GENERAL SUPPORT, THE BEAR PACK/WEEK-END MEALS PROGRAM PROVIDES SUPPLEMENTAL WEEKEND
FIRST TEE OF BENTON HARBOR 201 GRAHAM AVENUE BENTON HARBOR, MI 49022	20-4206065	501(3)	12,000.	0.			FIRST TEE SCHOLARSHIP DINNER SUPPORT, GENERAL SUPPORT
FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION, INC. - 119 HAGGAR HALL - NOTRE DAME, IN 46556	35-1650154	501(3)	7,000.	0.			BERRIEN COUNTY PERFORMANCE SUPPORT
FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS, GA 30604	58-1938066	501(3)	15,000.	0.			RABUN COUNTY
FRIENDS OF BERRIEN COUNTY TRAILS 376 W. MAIN ST., SUITE 130 BENTON HARBOR, MI 49022	90-0424248	501(3)	22,500.	0.			LAKESHORE TRAIL
GHOSTLIGHT PRODUCTIONS INC 101 HINKLEY ST. BENTON HARBOR, MI 49022	38-4057017	501(3)	15,500.	0.			GENERAL SUPPORT, CIRCESTEEM

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GIRLS ON THE RUN SOUTHWEST MICHIGAN - PO BOX 440 - ST JOSEPH, MI 49085	81-3590502	0	10,000.	0.			SPRING 2025 PROGRAM SEASON GIRLS ON THE RUN SOUTHWEST MICHIGAN
GRACE CHRISTIAN SCHOOL 325 MICHIGAN 140 WATERVLIET, MI 49098	38-2045875	501(3)	5,550.	0.			ABCDEFG, LEARNING IS FUN FOR YOU AND ME!, SOCIAL STUDIES SUPPLEMENTS FOR STUDENT SUCCESS, KEEP
GRANGER COMMUNITY CHURCH 630 E UNIVERSITY DR GRANGER, IN 46530	31-1208191	CHURCH	8,000.	0.			TITHING
HABITAT FOR HUMANITY INTERNATIONAL 322 W. LAMAR ST. AMERICUS, GA 31709	91-1914868	0	10,200.	0.			GENERAL SUPPORT
HARBERT COMMUNITY CHURCH 6444 HARBERT RD SAWYER, MI 49125	23-7097779	CHURCH	27,000.	0.			DISTRIBUTION REQUEST TO SUPPORT ACTIVITIES OUTSIDE OF CHURCH BUDGET
HARTFORD FIRE DEPARTMENT ASSOCIATION - 436 E MAIN ST - HARTFORD, MI 49057	99-1019241	501(3)	8,917.	0.			GENERAL SUPPORT
HARTFORD PUBLIC SCHOOLS FOUNDATION FOR QUALITY EDUCATION - HARTFORD PUBLIC SCHOOLS FDN., PO BOX 403 - HARTFORD, MI 49057	38-3433978	501(3)	6,824.	0.			GENERAL SUPPORT
HARTFORD UNITED METHODIST CHURCH 425 E MAIN ST HARTFORD, MI 49057	38-1777122	CHURCH/RELIGIOUS	14,862.	0.			GENERAL SUPPORT
HERITAGE MUSEUM AND CULTURAL CENTER - 601 MAIN STREET - ST. JOSEPH, MI 49085	38-1791320	501(3)	43,566.	0.			SPENDABLE DISTRIBUTION, GENERAL SUPPORT, EXHIBIT SUPPORT, MOVING EXPENSE SUPPORT

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HOPE MEDIA GROUP PO BOX 4303 HOUSTON, TX 77210	74-2162248	501(3)	10,000.	0.			WAY FM
HOPE RESOURCES P.O. BOX 985 COLOMA, MI 49038	81-4103453	501(3)	5,500.	0.			GA VOLUNTEER RECOGNITION TEUTSCH, FOOD FOR GOOD
HOSPICE AT HOME, INC. 1234 NAPIER AVE SAINT JOSEPH, MI 49085	38-2416086	0	31,000.	0.			LORY'S PLACE, CARING CIRCLE FOR GENERAL SUPPORT, HOSPICE GENERAL SUPPORT
HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN - 5400 NILES ROAD - SAINT JOSEPH, MI 49085	38-1715141	501(3)	27,263.	0.			GENERAL SUPPORT, GENERAL OPERATING/UNRESTRICTED, RESCUE AND ADOPTION OF DOGS AND CATS, COMMUNITY
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(3)	8,595.	0.			EDUCATIONAL SUPPORT
JACKSON HOLE SKI & SNOWBOARD CLUB PO BOX 461 JACKSON, WY 83001	83-0240355	501(3)	50,000.	0.			NORDIC OPERATIONS AND RACES
JERICHO FOUNDATION INC PO BOX 334 OSHTEMO, MI 49009	38-3575834	501(3)	10,000.	0.			GENERAL OPERATING/UNRESTRICTED
JH NORDIC ALLIANCE PO BOX 911 WILSON, WY 83014	93-2318039	0	10,000.	0.			GENERAL SUPPORT
KRASL ART CENTER, INC. 707 LAKE BOULEVARD ST. JOSEPH, MI 49085	23-7009281	501(3)	26,648.	0.			SCHOLARSHIPS FOR NEEDY STUDENTS FROM BENTON HARBOR, EDUCATIONAL PROGRAMMING, GENERAL

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LA CHURCH OF CHRIST/TURNING POINT 3727 W MAGNOLIA BLVD, #469 BURBANK, CA 91505	95-4242480	CHURCH	10,000.	0.			SPECIAL MISSIONS CONTRIBUTION
LAKE MICHIGAN CATHOLIC SCHOOL FUND, INC. - PO BOX 32 - ST. JOSEPH, MI 49085	23-7129409	501(3)	77,200.	0.			OUR LADY OF THE LAKE GENERAL SUPPORT, SCHOLARSHIP SUPPORT, FACILITY & CAPITAL
LAKE MICHIGAN COLLEGE - FINANCIAL AID - 2755 E NAPIER AVENUE - BENTON HARBOR, MI 49022	38-1738980	COLLEGE/UNIVERSI	8,100.	0.			EDUCATIONAL SUPPORT
LAKE MICHIGAN COLLEGE FOUNDATION 2755 EAST NAPIER AVENUE BENTON HARBOR, MI 49022	38-2714753	COLLEGE/UNIVERSI	60,000.	0.			GENERAL SUPPORT, WINNERS CIRCLE
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVENUE STEVENSVILLE, MI 49127	38-3402730	501(3)	93,200.	0.			GENERAL SUPPORT, 1 TO 1 TECHNOLOGY PROGRAM FUNDING, GERMAN EXCHANGE PROGRAM, 2023/2024 LANCER
LASALLE COUNCIL, BOY SCOUTS OF AMERICA - 1340 SOUTH BEND AVENUE - SOUTH BEND, IN 46617	35-0867966	0	5,500.	0.			BERRIEN COUNTY SCOUTING SUPPORT, GENERAL OPERATING / UNRESTRICTED
LEST WE FORGET, INC. 5512 IVY DRIVE STEVENSVILLE, MI 49127	20-4679354	501(3)	32,000.	0.			GENERAL SUPPORT, MARGARET B. UPTON AWARD FINALIST, D-DAY 80TH ANNIVERSARY REENACTMENT
LIEBENZELL USA PO BOX 66 ATTN: DONOR RELATIONS SCHOOLEYS MOUNTAIN, NJ 07870	22-1585580	501(3)	62,000.	0.			SUPPORT MINISTRY
LINCOLN TOWNSHIP PUBLIC LIBRARY 2099 W. JOHN BEERS ROAD STEVENSVILLE, MI 49127	38-6034393	GOVERNMENT	25,450.	0.			BERRIEN COUNTY BOOKS FOR BABIES, GENERAL OPERATING/UNRESTRICTED

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LIONS OF MICHIGAN SERVICE FOUNDATION, INC. - 5730 EXECUTIVE DRIVE - LANSING, MI 48911	38-2537921	501(3)	17,922.	0.			LIONS OF MICHIGAN FOUNDATION KIDSIGHT EXPANSION PROJECT , HARTFORD LIONS CLUB -
LOGAN COMMUNITY RESOURCES 2505 E JEFFERSON BOULEVARD SOUTH BEND, IN 46615	35-0965639	501(3)	29,250.	0.			LOGAN AUTISM CENTER IN SOUTHWEST MICHIGAN-WATER DAY/ SUMMER FIELD TRIP, PRACTICE (PROMOTING
MAYO CLINIC - DEPARTMENT OF DEVELOPMENT - 200 FIRST ST. SW - ROCHESTER, MN 55905	41-6011702	0	5,500.	0.			GENERAL SUPPORT, GENERAL OPERATING/UNRESTRICTED
MEALS ON WHEELS OF THE PALM BEACHES - PO BOX 247 - WEST PALM BEACH, FL 33402	27-2891297	501(3)	10,000.	0.			GENERAL SUPPORT
MICHIANA HUMANE SOCIETY 722 INDIANA HWY 212 MICHIGAN CITY, IN 46360	35-6031959	501(3)	100,000.	0.			VETERINARIAN & VETERINARY TECH SALARY SUPPORT
MICHIANA PUBLIC BROADCASTING CORPORATION/PBS MICHIANA - WNIT - 300 W. JEFFERSON BLVD. - SOUTH BEND, IN 46601	35-1155594	501(3)	46,000.	0.			WNIT - EQUIPMENT FOR LOCAL PROGRAMS, GENERAL SUPPORT
MICHIGAN STATE UNIVERSITY - FINANCIAL AID OFFICE - 556 E. CIRCLE DRIVE #252 - EAST LANSING, MI 48824	38-6005984	0	7,500.	0.			EDUCATIONAL SUPPORT
MISSIONARY CHURCH WORLD PARTNERS PO BOX 9127 FORT WAYNE, IN 46899-9127	35-1161320	CHURCH	15,000.	0.			MISSIONSUPPORT
MOHANJI FOUNDATION 3104 WINDWOOD FARMS DRIVE OAKTON, VA 22124	46-4413559	501(3)	19,000.	0.			GENERAL SUPPORT, GREENHOUSE CONSTRUCTION

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MONDAY MUSICAL CLUB 1010 STATE STREET ST. JOSEPH, MI 49085	38-2566379	501(3)	20,000.	0.			SCHOLARSHIPS AND OPERATIONS
MOODY BIBLE INSTITUTE OF CHICAGO 820 N LA SALLE BLVD. CHICAGO, IL 60610	36-2167792	501(3)	11,500.	0.			GENERAL SUPPORT, MOODY RADIO
MORTON HOUSE MUSEUM PO BOX 173 BENTON HARBOR, MI 49023	38-1253706	501(3)	14,482.	0.			FOR CARE OF THE OAK TREE, GENERAL SUPPORT
MOSAIC CCDA 1804 M-139 BENTON HARBOR, MI 49022	27-1050319	0	50,000.	0.			FUTURE FOUNDERS - EMPOWERING YOUTH ENTREPRENEURS IN SOUTHWEST MICHIGAN
MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - 1804 M-139 - BENTON HARBOR, MI 49023	27-1050319	501(3)	11,917.	0.			BENTON HARBOR, JOBS FOR LIFE PROGRAM FOR WOMEN, GENERAL SUPPORT
NEIGHBOR BY NEIGHBOR PO BOX 30 UNION PIER, MI 49129	86-3461874	501(3)	34,500.	0.			TO CALM THE CRISIS, GENERAL SUPPORT, A ROOF OVER THEIR HEADS, FROM HELP TO HOME, INTERNAL
NEIGHBOR TO NEIGHBOR 9147 US 31 N BERRIEN SPRINGS, MI 49103	38-6068297	0	8,500.	0.			FOOD FOR GOOD - FOOD PANTRY, FOOD FOR GOOD
NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - 2627 NILES AVE. - ST. JOSEPH, MI 49085	81-5017908	501(3)	32,350.	0.			PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS), GENERAL OPERATING/UNRESTRICTED,
NILES COMMUNITY SCHOOLS 801 NORTH 17TH STREET NILES, MI 49120	38-6000646	GOVERNMENT	11,450.	0.			BRAIN BINS, REACHING FOR THE REIN

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NORTH BERRIEN HISTORICAL SOCIETY P.O. BOX 207 COLOMA, MI 49038	38-6239098	501(3)	6,000.	0.			TEACHING LOCAL HISTORY & GROWING HOLIDAY TRADITIONS, GENERAL SUPPORT
NORTHWESTERN UNIVERSITY 1201 DAVIS ST. EVANSTON, IL 60208	36-2167817	COLLEGE/UNIVERSI	46,000.	0.			CHICAGO FIELD STUDIES INTERNSHIP PROGRAM SUPPORT, BYRNS & VILL FAMILIES ENDOWED
OUTCENTER SOUTHWEST MICHIGAN 132 WATER STREET BENTON HARBOR, MI 49022	80-0341856	501(3)	48,000.	0.			LGBTQ COMMUNITY AND RELATIVES, LGBTQ+ COMPETENT HEALTHCARE & SAFETY PROJECT, SAFE
PARTNERSHIPS FOR CHANGE P.O. BOX 29455 SAN FRANCISCO, CA 94129	88-0303288	501(3)	17,500.	0.			CIAMO SUPPORT
PASSIONLIFE MINISTRIES PO BOX 862223 MARIETTA, GA 30062	61-1688122	501(3)	10,599.	0.			GENERAL SUPPORT
PAWS OF HOPE P.O. BOX 13 STEVENSVILLE, MI 49127	80-0809341	501(3)	13,400.	0.			CRITICAL MEDICAL NEEDS, PAWS OF HOPE URGENT MEDICAL NEEDS, RESCUE/ADOPTION, GENERAL
PELLA CHRISTIAN HIGH SCHOOL SOCIETY - 300 EAGLE LN - PELLA, IA 50219	42-0772563	501(3)	10,000.	0.			LES KLYN MEMORIAL
PILGRIM CONGREGATIONAL UNITED CHURCH OF CHRIST - 1200 W GLENLORD - ST. JOSEPH, MI 49085	34-1927041	CHURCH	8,281.	0.			GENERAL SUPPORT, 2024 CHRISTMAS TREE FUND
PKD FOUNDATION 1001 E. 101ST TERRACE, STE. 220 KANSAS CITY, MO 64131	43-1266906	501(3)	10,000.	0.			PKD RESEARCH SUPPORT

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PLANNED PARENTHOOD OF MICHIGAN P.O. BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(3)	10,220.	0.			GENERAL SUPPORT, GENERAL OPERATING/UNRESTRICTED
PRESENT PILLARS FOUNDATION 204 W MAIN ST BENTON HARBOR, MI 49022	87-3600770	501(3)	32,000.	0.			MEN'S HEALTH MONTH, 3RD ANNUAL SHOP WITH A PILLAR, GENERAL SUPPORT, MEN'S CENTER SUPPORT
READINESS CENTER, INC. PO BOX 1352 BENTON HARBOR, MI 49023	38-2589535	501(3)	25,101.	0.			GENERAL SUPPORT
REDEEMER CITY TO CITY 57 W 57TH ST, 4TH FLOOR NEW YORK, NY 10019	38-3773431	501(3)	11,500.	0.			GOSPEL IN LIFE
RIVER POINT COMMUNITY CHURCH 350 ANSLEY ROAD DEMOREST, GA 30535	04-3596311	CHURCH	21,000.	0.			RABUN CAMPUS
RONALD MCDONALD HOUSE OF WESTERN MICHIGAN - 1323 CEDAR ST. NE - GRAND RAPIDS, MI 49503	38-2781170	501(3)	30,000.	0.			MORE ROOMS, MORE LOVE CAMPAIGN, FAMILY SUPPORT PROGRAM SUPPORT
SALVATION ARMY - NILES 424 N. 15TH STREET NILES, MI 49120	38-1370971	501(3)	75,000.	0.			NILES FACILITY CAPITAL CAMPAIGN SUPPORT
SALVATION ARMY OF BENTON HARBOR 233 MICHIGAN STREET BENTON HARBOR, MI 49022	13-3485289	501(3)	22,351.	0.			GENERAL SUPPORT, GENERAL OPERATING/UNRESTRICTED, FOOD FOR THE HUNGRY, FOOD FOR GOOD
SAMARITAN COUNSELING CENTER 1850 COLFAX AVE BENTON HARBOR, MI 49022	38-2032501	501(3)	15,000.	0.			GENERAL OPERATING/UNRESTRICTED, 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
SARETT NATURE CENTER 2300 BENTON CENTER RD. BENTON HARBOR, MI 49022	38-3058912	501(3)	24,290.	0.			SPENDABLE DISTRIBUTION, GENERAL SUPPORT
SCHOOL OF AMERICAN MUSIC 14 WEST ELM STREET THREE OAKS, MI 49128	45-5027554	501(3)	9,500.	0.			MAKING MUSIC EDUCATION ACCESSIBLE AND AFFORDABLE FOR ALL STUDENTS OF MUSIC
SENIOR NUTRITION SERVICES, INC. D/B/A MEALS ON WHEELS OF SW MICHIGAN - 1708 COLFAX AVE. - BENTON HARBOR, MI 49022	38-2766803	501(3)	52,396.	0.			REDUCING FOOD INSECURITY IN SENIORS, ENDING WEEKEND HUNGER FOR HOMEBOUND SENIORS IN
SHADOWLAND ON SILVER BEACH 333 BROAD STREET ST. JOSEPH, MI 49085	26-3544635	TAX EXEMPT (NOT	20,000.	0.			MARKETING INITIATIVE SUPPORT, GENERAL SUPPORT
SILVER BEACH CAROUSEL SOCIETY, INC. - PO BOX 497 - ST. JOSEPH, MI 49085	38-3439880	501(3)	15,000.	0.			ACCESS PLATFORM/TRUSS INSTALLATION
SIM USA 14830 CHOATE CIRCLE CHARLOTTE, NC 28273	22-1936391	501(3)	10,000.	0.			MINISTRY SUPPORT
SOUTHERN POVERTY LAW CENTER PO BOX 8952 TOPEKA, KS 66608	63-0598743	501(3)	10,000.	0.			GENERAL OPERATING/UNRESTRICTED
SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 185 E. MAIN ST, SUITE 303 - BENTON HARBOR, MI 49022	38-2415106	501(3)	20,000.	0.			GENERAL SUPPORT, FOOD FOR GOOD
SOUTHWEST MICHIGAN REGIONAL CHAMBER FOUNDATION - 811 SHIP STREET, STE. 303 - SAINT JOSEPH, MI 49085	93-4962609	501(3)	70,000.	0.			SOUTHWEST MICHIGAN REGIONAL PROSPERITY INITIATIVE

Schedule I (Form 990)

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

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SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA - 2755 E. NAPIER AVENUE - BENTON HARBOR, MI 49022	38-6090138	501(3)	387,854.	0.			SUMMER POP UP! SERIES EXPANSION, SPENDABLE DISTRIBUTION, SYMPHONY: UNEXPECTED, GENERAL
SS. JOHN & BERNARD PARISH 580 COLUMBUS AVENUE BENTON HARBOR, MI 49022	38-1359553	0	5,533.	0.			GENERAL SUPPORT
ST. AUGUSTINE OF CANTERBURY EPISCOPAL CHURCH - 1753 UNION AVENUE - BENTON HARBOR, MI 49022	87-0777824	CHURCH	20,300.	0.			FOOD PANTRY, FOOD FOR GOOD
ST. JOSEPH CATHOLIC CHURCH 220 CHURCH STREET ST. JOSEPH, MI 49085	38-1359067	CHURCH	37,301.	0.			GENERAL SUPPORT, STAINED GLASS WINDOW RESTORATION, BISHOP'S ANNUAL APPEAL, 2024 DR. JOHN PROOS LAKER
ST. JOSEPH COMMUNITY PARK FOUNDATION - 811 SHIP STREET - ST. JOSEPH, MI 49085	83-1905196	501(3)	290,000.	0.			KALEIDOSCOPE PLAYGROUND AT KIWANIS PARK PROJECT IS A COLLABORATION TO BUILD AN ALL-ABILITIES
ST. JOSEPH JUNIOR FOUNDATION, INC. PO BOX 585 ST. JOSEPH, MI 49085	38-1558024	501(3)	15,200.	0.			CAPITAL PURCHASES FUNDING, GENERAL SUPPORT
ST. JOSEPH LINCOLN SENIOR SERVICE CENTER - 3271 LINCOLN AVENUE - ST. JOSEPH, MI 49085	38-2085893	501(3)	82,500.	0.			GENERAL SUPPORT, CIRCUIT TRAINING ROOM EXPANSION, RESURFACE OUTDOOR FITNESS ZONE, ST. JOE LINCOLN
ST. JOSEPH PUBLIC SCHOOLS FOUNDATION - 2580 S. CLEVELAND AVE. - ST. JOSEPH, MI 49085	38-3296523	501(3)	361,198.	0.			GENERAL SUPPORT, NO SHOW BALL, MARGARET B. UPTON VOLUNTEER AWARD, PRE-K-5 LITERACY INITIATIVE,
ST. JOSEPH TODAY 301 STATE STREET ST. JOSEPH, MI 49085	38-2277933	501(3)	10,000.	0.			AUTHENTIC REFLECTIONS & AUTHENTIC CONNECTIONS 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
ST. JOSEPH YOUTH SPORTS FOUNDATION 1816 NASH DRIVE ST. JOSEPH, MI 49085	87-3941290	501(3)	150,000.	0.			TACKLE FOOTBALL FIELD
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(3)	5,300.	0.			GENERAL SUPPORT
STEVENSVILLE UNITED METHODIST CHURCH (SUMC) - 5506 RIDGE ROAD - STEVENSVILLE, MI 49127	23-1720200	CHURCH	18,000.	0.			RIVERSIDE WEEKEND BACKPACK PROGRAM, GENERAL SUPPORT
STORYLINE CHURCH PO BOX 36 STEVENSVILLE, MI 49127	61-1452641	CHURCH	14,000.	0.			GENERAL SUPPORT
SW MICHIGAN LUTHERAN HIGH SCHOOL FOUNDATION, INC. - 4550 LUTHER PATH - ST. JOSEPH, MI 49085	93-4830866	0	23,272.	0.			GENERAL SUPPORT
TEMPLE B'NAI SHALOM 2050 BROADWAY BENTON HARBOR, MI 49022	38-2056016	501(3)	10,000.	0.			UNITED THROUGH MOTHERHOOD SUPPORT
THE AVENUE FAMILY NETWORK, INC. D.B.A CARING CONNECTION - P.O. BOX 626 - BENTON HARBOR, MI 49023	38-2592238	501(3)	109,600.	0.			REFRESH SHELTER COMMON LIVING SPACE, CORA LAMPING CENTER, CARING CONNECTION ADULT DAY
THE CHAPEL 4250 WASHINGTON AVENUE ST. JOSEPH, MI 49085	38-2293706	0	22,000.	0.			GENERAL SUPPORT
THE IRELAND FUNDS AMERICA 10 POST OFFICE SQUARE, STE. N950 BOSTON, MA 02109	25-1306992	501(3)	20,383.	0.			VOICE OF IRISH CONCERN FOR THE ENVIRONMENT SUPPORT, IRISH CHILDREN'S MUSEUM SUPPORT, "SICK OF

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
THE NEW SCHOOL 55 W. 13TH STREET NEW YORK, NY 10011	13-3297197	501(3)	25,000.	0.			GENERAL SUPPORT
THE SOUP KITCHEN, INC. PO BOX 8210 BENTON HARBOR, MI 49023	38-2288520	501(3)	17,039.	0.			GENERAL SUPPORT, OUTDOOR FREEZER PROJECT
THE UNIVERSITY OF TOLEDO FOUNDATION - 4510 DORR STREET, STE. 1002, MAILSTOP 319 - TOLEDO, OH 43615	34-6555110	COLLEGE/UNIVERSI	580,000.	0.			SENIOR DESIGN CLINIC PROGRAM
THERAPEUTIC EQUESTRIAN CENTER PO BOX 1250 NILES, MI 49120	30-0328156	501(3)	5,500.	0.			HORSE PURCHASE SUPPORT, GENERAL SUPPORT
TRI-COUNTY COUNCIL FOR CHILD DEVELOPMENT, INC. - 775 HAZEN ST. - PAW PAW, MI 49079	38-1992598	501(3)	52,000.	0.			CPS MANIKIN'S FOR TRI-COUNTY HEAD START TRAINING, MILLBURG NATURE EXPLORATION CLASSROOM
TWIN CITY PLAYERS P.O. BOX 243 ST. JOSEPH, MI 49085	38-1334859	501(3)	88,500.	0.			NEW COSTUME SHOP, BUILDING, CAPITAL CAMPAIGN SUPPORT, FURNACE A/C REPAIR, NEW BUILDING
UNITED WAY OF SOUTHWEST MICHIGAN PO BOX 288 ST. JOSEPH, MI 49085	38-1358411	501(3)	229,100.	0.			GENERAL SUPPORT, DOLLY PARTON'S IMAGINATION LIBRARY, BOYS AND GIRLS CLUB OF SOUTHWESTERN
UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 02241-8607	13-1635294	501(3)	150,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME - DEVELOPMENT OFFICE - 1251 N. EDDY ST., STE. 300 - SOUTH BEND, IN 46617	35-0868188	COLLEGE/UNIVERSI	40,000.	0.			HERITAGE MUSEUM GRADUATE FELLOWSHIP, SORIN SOCIETY & VILL FAMILY ENDOWED SCHOLARSHIP 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
VILLAGE OF STEVENSVILLE 5768 ST. JOSEPH AVENUE STEVENSVILLE, MI 49127	38-1684880	0	25,000.	0.			HICKORY CREEK PAVILION
WATERVLIET FREE METHODIST CHURCH 7734 PAW PAW AVE WATERVLIET, MI 49098	38-2492990	CHURCH	11,500.	0.			TO PROVIDE A SHELTERED AREA FOR INDIVIDUALS AND FAMILIES REQUIRING FOOD ASSISTANCE, FOOD FOR GOOD
WATERVLIET HIGH SCHOOL 450 E. ST. JOSEPH ST. WATERVLIET, MI 49098	38-6000690	0	9,000.	0.			ATHLETIC DEPARTMENT ATTN: JOHN GUILLEAN HUDL SOFTWARE SUPPORT, ATHLETIC DEPT, ATTN: JOHN
WATERVLIET PUBLIC SCHOOLS FOUNDATION FOR EXCELLENCE - 450 E. RED ARROW HIGHWAY - WATERVLIET, MI 49098	83-4023550	501(3)	55,000.	0.			PRIDE FUND CLASSROOM GRANTS, GENERAL SUPPORT
WEECHO 1625 HOWARD STREET NILES, MI 49120	85-4334369	501(3)	12,500.	0.			WEYS 2 SHINE
WESTERN MICHIGAN UNIVERSITY - FINANCIAL AID - 1903 WEST MICHIGAN AVE. - KALAMAZOO, MI 49008	38-6007327	COLLEGE/UNIVERSI	7,250.	0.			EDUCATIONAL SUPPORT
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 46952-0948	35-0911947	0	21,006.	0.			MINISTRY SUPPORT
YMCA OF GREATER MICHIANA 905 N. FRONT STREET NILES, MI 49120	38-1358236	501(3)	291,298.	0.			CAPITAL CAMPAIGN, BUILDING CAMPAIGN, GENERAL SUPPORT
YOUNG LIFE-SOUTHWEST MICHIGAN 2627 NILES AVE. SAINT JOSEPH, MI 49085	84-0385934	501(3)	8,000.	0.			GENERAL OPERATING/UNRESTRICTED

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
ZOY! EXPEDITIONS 1215 LAKE BLVD SAINT JOSEPH, MI 49085	92-1511969	501(3)	16,614.	0.			GENERAL SUPPORT
COMMUNITY CHURCH OF DOUGLAS PO BOX 338 FENNVILLE, MI 49408		0	9,000.	0.			GENERAL SUPPORT, GENERAL OPERATING/UNRESTRICTED
MAYO CLINIC FOUNDATION 200 FIRST ST. SW ROCHESTER, MN 55905		0	27,097.	0.			GENERAL SUPPORT
TRINITY LUTHERAN CHURCH 619 MAIN STREET ST. JOSEPH, MI 49085		0	8,100.	0.			SOCIAL MINISTRIES
VANGUARD CHARITABLE THE REALAMAR FUND A2005603 - PO BOX 9509 - WARWICK, RI 02889-9509		0	5,571.	0.			THE REALAMAR FUND
VILLAGE ADVENTIST CHURCH 635 ST. JOSEPH AVE BERRIEN SPRINGS, MI 49103		CHURCH	32,321.	0.			GENERAL SUPPORT
WATERVLIET DISTRICT LIBRARY 333 NORTH MAIN STREET WATERVLIET, MI 49098		GOVERNMENT	10,000.	0.			ADA ACCESSIBLE FRONT DOOR, GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR PRIMARILY BERRIEN COUNTY RESIDENTS.	170	280,126.	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: 100 WOMEN STRONG, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY NEEDS FOR WOMEN IN BERRIEN COUNTY, GENERAL SUPPORT, GENERAL SUPPORT - OUTSIDE OF BH/SJ

NAME OF ORGANIZATION OR GOVERNMENT: ACORN CENTER FOR THE PERFORMING ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: THREE-DAY JAZZREACH MUSIC EDUCATION RESIDENCY AT THE ACORN, OPERATIONS SUPPORT, ACORN LOCAL ARTIST AND COMMUNITY PROGRAM INITIATIVES, GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: ANDREWS UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATIVE STUDENT FUND - DEPT. OF INNOVATION, SCHOLARSHIP FOR INNOVATION STUDENTS, EDUCATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ARS ARTS & CULTURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING/UNRESTRICTED, SCHOLARSHIPS FOR NEEDY BENTON HARBOR STUDENTS, YOUTH PROGRAMMING AND OPERATIONAL SUPPORT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTIVE RESOURCES FOR CANCER PATIENTS AND NURSE MILEAGE FOR IN-HOME SKILLED NURSING VISITS, BRIDGING HEALTHCARE GAPS FOR PATIENTS WITH CANCER AND RELATED ILLNESSES, GENERAL SUPPORT, AT HOME VISITS, FIGHT CANCER IN ALL COLORS (TABOR HILL FUNDRAISER)

NAME OF ORGANIZATION OR GOVERNMENT: BERRIEN COUNTY SHERIFF'S DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: CHAPLAIN CONFERENCE IN 2023, RESERVE SUPPRESSORS, UNIFORMS, MOTORCYCLES, EXPENSE REIMBURSEMENTS, MENTAL & DRUG HELP

NAME OF ORGANIZATION OR GOVERNMENT: BERRIEN RESA

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING THE QUALITY OF READING INSTRUCTION FOR COGNITIVELY IMPAIRED STUDENTS, ROBOTS, BLOSSOMLAND TRYATHLON, SPED PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: BERRIEN SPRINGS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: RUNNING CLUB PEDOMETERS, LIFE-CYCLE ACTIVITIES, JOB GENIUS, CLASSROOM BOOKS, JONATHAN ORLANDO D-DAY BAND GRANT, ATHLETIC DEPARTMENT - JIM BETCHEK MEMORIAL GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF GREATER SOUTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING/UNRESTRICTED, READY TAE KWON DO PARTNERSHIP, CHRISTMAS CELEBRATION SUPPORT, CAPITAL CAMPAIGN, GENERAL SUPPORT, LEVEL UP AT THE CLUB: WORKFORCE DEVELOPMENT FRAMEWORK

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGMAN PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH INTEREST BOOKS THAT ARE ENGAGING AT STUDENTS' INSTRUCTIONAL AND INDEPENDENT READING LEVELS

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGMAN PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: REVITALIZING THE ART CLASSROOM: INVESTING IN CREATIVITY AND SUSTAINABILITY, CARING CLOSET, SUMMER BREAK SCHOOL SOCIAL WORKER

NAME OF ORGANIZATION OR GOVERNMENT: CITADEL DANCE & MUSIC CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CITADEL LEGACY - BUILDING OUR FUTURE TOGETHER, CAPITAL CAMPAIGN, ANNUAL BOARD GIFT, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF BUCHANAN

(H) PURPOSE OF GRANT OR ASSISTANCE: BUCHANAN'S ST JOSEPH RIVER PUBLIC ACCESS ADA-ACCESSIBLE KAYAK LAUNCH, BUSINESS INCUBATOR PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF ST. JOSEPH

(H) PURPOSE OF GRANT OR ASSISTANCE: ST. JOSEPH DEPARTMENT OF PUBLIC

Part IV Supplemental Information

SAFETY -- EV & LI-ION FIRE RESPONSE EQUIPMENT, RIVERVIEW PARK PLAYGROUND
PROJECT - BENCHES

NAME OF ORGANIZATION OR GOVERNMENT:

COREWELL HEALTH FOUNDATION SOUTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SPENDABLE DISTRIBUTION, MOTHER'S &
INFANTS FUND, CENTER FOR WELLNESS, GENERAL SUPPORT, TRAN-SIT CAR TRANSFER
SIMULATOR, MATERNAL & INFANT HEALTH HEALTHY BEGINNINGS & HOME VISITING
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: COUNTRYSIDE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GA VOLUNTEER AWARD- BAILEY,
ENHANCING LEARNING WITH FAIRY TALE-THEMED STEM BINS IN A YOUNG FIVES
CLASSROOM

NAME OF ORGANIZATION OR GOVERNMENT:

COURT APPOINTED SPECIAL ADVOCATES OF SOUTHWEST MICHIGAN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CASA OF SOUTHWEST MICHIGAN-
TECHNOLOGY UPGRADE, CASA SECONDARY TRAUMATIC STRESS AND BURNOUT
PREVENTION TRAINING: STAFF, VOLUNTEERS, & STAKEHOLDERS., GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

DISABILITY NETWORK SOUTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: RAMP UP COORDINATES FUNDING,
BUILDERS & VOLUNTEERS TO BUILD RAMPS FOR LOW-INCOME DISABLED PERSONS. ,
RAMP UP, RAMP UP PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ELE'S PLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANN ARBOR CAMPUS SUPPORT, GENERAL
SUPPORT, PEER TO PEER GRIEF SUPPORT FOR CHILDREN AND TEENS , IN HONOR OF
MARY STROLLE, WEST MICHIGAN CAMPUS SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: EMERGE INNOVATION HUB

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGE INNOVATION HUB INDIVIDUALIZED
COACHING PROGRAM, EMERGE LABS FUNDING, THE CATALYST PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

FEEDING AMERICA WEST MICHIGAN FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: MOBILE FOOD PANTRIES - BERRIEN
COUNTY, GENERAL SUPPORT, MOBILE PANTRY PROGRAMS IN BERRIEN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST CONGREGATIONAL CHURCH OF ST. JOSEPH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THE BEAR
PACK/WEEK-END MEALS PROGRAM PROVIDES SUPPLEMENTAL WEEKEND NOURISHMENT TO
CHILDREN AND YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: GRACE CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ABCDEFG, LEARNING IS FUN FOR YOU AND
ME!, SOCIAL STUDIES SUPPLEMENTS FOR STUDENT SUCCESS, KEEP COLD AND COOK
WELL

NAME OF ORGANIZATION OR GOVERNMENT:

HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GENERAL
OPERATING/UNRESTRICTED, RESCUE AND ADOPTION OF DOGS AND CATS, COMMUNITY

Part IV Supplemental Information**PET CENTER TECHNOLOGY**

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR NEEDY STUDENTS FROM BENTON HARBOR, EDUCATIONAL PROGRAMMING, GENERAL SUPPORT, 00387-KRASL ART CENTER SPECIAL PROJECTS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

LAKE MICHIGAN CATHOLIC SCHOOL FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR LADY OF THE LAKE GENERAL SUPPORT, SCHOLARSHIP SUPPORT, FACILITY & CAPITAL IMPROVEMENTS, OLL TUITION ASSISTANCE & TEACHER SUPPORT FUND

NAME OF ORGANIZATION OR GOVERNMENT: LAKESHORE EXCELLENCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 1 TO 1 TECHNOLOGY PROGRAM FUNDING, GERMAN EXCHANGE PROGRAM, 2023/2024 LANCER LEADER DONATION, TO PURCHASE A TV STAND FOR THE LAKESHORE HIGH SCHOOL CHEER SQUAD

NAME OF ORGANIZATION OR GOVERNMENT:

LIONS OF MICHIGAN SERVICE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LIONS OF MICHIGAN FOUNDATION KIDSIGHT EXPANSION PROJECT, HARTFORD LIONS CLUB - CHRISTMAS BASKET PROGRAM, LIONS CLUB OF ST. JOSEPH

NAME OF ORGANIZATION OR GOVERNMENT: LOGAN COMMUNITY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: LOGAN AUTISM CENTER IN SOUTHWEST MICHIGAN-WATER DAY/ SUMMER FIELD TRIP, PRACTICE (PROMOTING RELATIONSHIPS WITH ADULTS, COMING TOGETHER IN COMMUNITY EXPERIENCES) SUPPORT, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBOR BY NEIGHBOR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CALM THE CRISIS, GENERAL SUPPORT, A ROOF OVER THEIR HEADS, FROM HELP TO HOME, INTERNAL COMPASSION FATIGUE, GOLDEN ACORN AWARD 2024 - HOME REPAIRS FOR SENIORS, FOOD FOR GOOD - FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT:

NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS), GENERAL OPERATING/UNRESTRICTED, BENTON HEIGHTS ESL CLASSES, CAPACITY BUILDING AND CAPITAL INVESTMENTS FOR NEW HEIGHTS AUTO, FOOD FOR GOOD, NEW HEIGHTS DINNER

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHICAGO FIELD STUDIES INTERNSHIP PROGRAM SUPPORT, BYRNS & VILL FAMILIES ENDOWED SCHOLARSHIP FUND SUPPORT, BYRNS & VILL FAMILIES SCHOLARSHIP SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: OUTCENTER SOUTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: LGBTQ COMMUNITY AND RELATIVES, LGBTQ+ COMPETENT HEALTHCARE & SAFETY PROJECT, SAFE SCHOOLS EMPOWERMENT, GENERAL SUPPORT, DELIVERING PREVENTION AND TRAUMA-INFORMED INCLUSION WORKSHOPS IN SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: PAWS OF HOPE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CRITICAL MEDICAL NEEDS, PAWS OF HOPE
URGENT MEDICAL NEEDS, RESCUE/ADOPTION, GENERAL OPERATING/UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: RIVER VALLEY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: HATS FOR THE HERD, RIVER VALLEY
THINKING CLASSROOMS IN MATHEMATICS MOBILE WHITEBOARD STATIONS , OPERATION
FORCES

NAME OF ORGANIZATION OR GOVERNMENT:

SENIOR NUTRITION SERVICES, INC. D/B/A MEALS ON WHEELS OF SW MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCING FOOD INSECURITY IN SENIORS,
ENDING WEEKEND HUNGER FOR HOMEBOUND SENIORS IN BERRIEN COUNTY, GENERAL
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMER POP UP! SERIES EXPANSION,
SPENDABLE DISTRIBUTION, SYMPHONY: UNEXPECTED, GENERAL SUPPORT, , LAKE
MICHIGAN YOUTH SYMPHONY SUPPORT, RADICAL ACTS OF MUSIC, MUSIC OUTREACH
PROGRAM, EDUCATIONAL CONCERTS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, STAINED GLASS
WINDOW RESTORATION, BISHOP'S ANNUAL APPEAL, 2024 DR. JOHN PROOS LAKER
ATHLETIC GOLF CLASSIC SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH COMMUNITY PARK FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: KALEIDOSCOPE PLAYGROUND AT KIWANIS
PARK PROJECT IS A COLLABORATION TO BUILD AN ALL-ABILITIES PARK.,
KALEIDOSCOPE PLAYGROUND AT KIWANIS PARK, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JOSEPH LINCOLN SENIOR SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CIRCUIT TRAINING
ROOM EXPANSION, RESURFACE OUTDOOR FITNESS ZONE, ST. JOE LINCOLN SENIOR
CENTER PICKLE BALL, GENERAL FUND RAISER WALKATHON

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: T.E.A.M NEEDS ASSESSMENT GRANT,
EMPOWERING FUTURE INNOVATORS: ENHANCING STEM EDUCATION, LINCOLN ES LAPS
FOR LINCOLN FUNDRAISER

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH PUBLIC SCHOOLS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, NO SHOW BALL,
MARGARET B. UPTON VOLUNTEER AWARD, PRE-K-5 LITERACY INITIATIVE, STEINWAY
PIANO PURCHASE & LIBRARY UPDATES, SJHS BAND & ORCHESTRA SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THE ABUNDANT ACRE

(H) PURPOSE OF GRANT OR ASSISTANCE: GROWING FOR A CAUSE, PROVIDING FRESH
PRODUCE & PROTEIN TO FOOD BANKS AND DOMESTIC VIOLENCE SHELTERS

NAME OF ORGANIZATION OR GOVERNMENT:

THE AVENUE FAMILY NETWORK, INC. D.B.A CARING CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: REFRESH SHELTER COMMON LIVING SPACE,
CORA LAMPING CENTER, CARING CONNECTION ADULT DAY CARE, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THE IRELAND FUNDS AMERICA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: VOICE OF IRISH CONCERN FOR THE ENVIRONMENT SUPPORT, IRISH CHILDREN'S MUSEUM SUPPORT, "SICK OF PLASTIC" CAMPAIGN SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: ISR STAFF PD FUND SUPPORT, DOBSON DEVELOPMENT SUMMER INTERNSHIP PROGRAM SUPPORT, MICHIGAN PUBLIC RADIO SUPPORT, PULSE JAZZ INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT: TWIN CITY PLAYERS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW COSTUME SHOP, BUILDING, CAPITAL CAMPAIGN SUPPORT, FURNACE A/C REPAIR, NEW BUILDING FUND, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SOUTHWEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, DOLLY PARTON'S IMAGINATION LIBRARY, BOYS AND GIRLS CLUB OF SOUTHWESTERN MICHIGAN, VOLUNTEER UNITED ONLINE

NAME OF ORGANIZATION OR GOVERNMENT: WATERVLIET FREE METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A SHELTERED AREA FOR INDIVIDUALS AND FAMILIES REQUIRING FOOD ASSISTANCE, FOOD FOR GOOD - LIVING WATER FOOD PANTRY, FOOD FOR GOOD

NAME OF ORGANIZATION OR GOVERNMENT: WATERVLIET HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ATHLETIC DEPARTMENT ATTN: JOHN GUILLEAN HUDL SOFTWARE SUPPORT, ATHLETIC DEPT, ATTN: JOHN GUILLEAN, BASEBALL WINDSCREEN AND MISC.

NAME OF ORGANIZATION OR GOVERNMENT: WATERVLIET PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ORGANIZATION, ECONOMIC MALL, REVITALIZING WATERVLIET HIGH SCHOOLS ART PROGRAM WITH ESSENTIAL SUPPLIES, WINTER OUTERWEAR - SOUTH ELEMENTARY

**SCHEDULE J
(Form 990)**

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

[illegible]

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines or other markings present. The paper appears to be a standard sheet of notebook paper.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

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	32	3,408,219.	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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
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.

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

PART XII, LINE 2C

NO CHANGE FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**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) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

[illegible]

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