

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
BERRIEN COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2900 SOUTH STATE STREET NO 2E

City or town, state or province, country, and ZIP or foreign postal code
ST JOSEPH, MI 49085

D Employer identification number
38-6057160

E Telephone number
(269) 983-3304

G Gross receipts \$ 30,078,723

F Name and address of principal officer:
LISA CRIPPS-DOWNEY
2900 SOUTH STATE STREET NO 2E
ST JOSEPH, MI 49085

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BERRIENCOMMUNITY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1952

M State of legal domicile: MI

Part I Summary

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 COMMUNITIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,917,586	10,173,629
9 Program service revenue (Part VIII, line 2g)	1,690	1,320
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,401,947	4,304,855
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,000	141,943
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,351,223	14,621,747
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,124,277	7,368,834
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)	312,557	338,626
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶62,196		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	267,540	323,514
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,704,374	8,030,974
19 Revenue less expenses. Subtract line 18 from line 12	1,646,849	6,590,773
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	46,915,537	57,323,257
21 Total liabilities (Part X, line 26)	363,735	389,596
22 Net assets or fund balances. Subtract line 21 from line 20	46,551,802	56,933,661

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: 2020-05-06
Type or print name and title: LISA CRIPPS-DOWNEY PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-05-06
Check if self-employed PTIN: P00736155
Firm's name ▶ KRUGGEL LAWTON & COMPANY LLC Firm's EIN ▶ 35-1307701
Firm's address ▶ 526 UPTON DRIVE Phone no. (269) 983-0131
ST JOSEPH, MI 49085

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CONNECT THE POWER OF THE PEOPLE WHO CARE WITH CAUSES AND ORGANIZATIONS THAT STRENGTHEN OUR COMMUNITIES.

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

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 \$ 7,649,801 including grants of \$ 7,368,834) (Revenue \$ 4,448,118)
See Additional Data

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

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

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

4e Total program service expenses ▶ 7,649,801

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)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	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? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LISA CRIPPS-DOWNEY PRESIDENT 2900 SOUTH STATE STREET STE 2E ST JOSEPH, MI 49085 (269) 983-3304

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINA HARDY TREASURER	5.00	X		X				0	0	0
(2) ROBERT HARRISON CHAIR	5.00	X		X				0	0	0
(3) PHIL MAKI VICE CHAIR	5.00	X		X				0	0	0
(4) SARAH JOLLAY SECRETARY	5.00	X		X				0	0	0
(5) WILLIAM SCHALK TRUSTEE	2.00	X						0	0	0
(6) HON MABEL MAYFIELD TRUSTEE	2.00	X						0	0	0
(7) GLORIA ENDER TRUSTEE	2.00	X						0	0	0
(8) CAROLYN HANSON TRUSTEE	2.00	X						0	0	0
(9) JOHN GUINNESS TRUSTEE	2.00	X						0	0	0
(10) HON TOM NELSON TRUSTEE	2.00	X						0	0	0
(11) LISA CRIPPS-DOWNEY PRESIDENT	60.00			X				102,000	0	0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,173,629		
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,634,066		
	h Total. Add lines 1a-1f		10,173,629		

Program Service Revenue			Business Code			
	2a REGISTRATIONS		900099	1,320	1,320	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			1,320			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,279,462	1,279,462			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			6b Less: rental expenses	6b				
		6c Rental income or (loss)	6c					
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			7b Less: cost or other basis and sales expenses	7b	18,482,369	15,456,976		
		7c Gain or (loss)	7c	3,025,393				
		d Net gain or (loss)			3,025,393	3,025,393		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			8b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			9b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a						
			10b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS		900099	111,943	111,943				
b CONSULTING		813211	30,000	30,000				
c								
d All other revenue								
e Total. Add lines 11a-11d			141,943					
12 Total revenue. See instructions			14,621,747	4,448,118	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	7,190,732	7,190,732		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	178,102	178,102		
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	102,000	51,000	35,700	15,300
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	210,916	105,897	96,015	9,004
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	25,710	12,891	10,822	1,997
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,500		8,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	118,507		118,507	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,355	18,517	5,709	129
12 Advertising and promotion	59,465	29,376	969	29,120
13 Office expenses	15,351	8,645	5,776	930
14 Information technology	1,160	661	418	81
15 Royalties				
16 Occupancy	45,096	26,155	16,235	2,706
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,302	3,812	4,022	468
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,010	1,165	724	121
23 Insurance	4,652	2,634	1,707	311
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SOFTWARE SUPPORT	17,545	10,001	6,316	1,228
b DIRECT FUND EXPENSES	8,660	4,608	4,052	
c POSTAGE	4,402	2,509	1,585	308
d COPIER LEASES	3,379	1,925	1,217	237
e All other expenses	2,130	1,171	703	256
25 Total functional expenses. Add lines 1 through 24e	8,030,974	7,649,801	318,977	62,196
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing		1		
	2 Savings and temporary cash investments	3,088,728	2	3,068,465	
	3 Pledges and grants receivable, net	1,031,360	3	1,031,360	
	4 Accounts receivable, net		4		
	5 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		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	59,093			
	b Less: accumulated depreciation	53,008	7,265	10c	6,085
	11 Investments—publicly traded securities	42,759,658	11	53,143,029	
	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	28,526	15	74,318	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,915,537	16	57,323,257		
Liabilities	17 Accounts payable and accrued expenses		17	50,110	
	18 Grants payable		18		
	19 Deferred revenue	363,735	19	339,486	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	363,735	26	389,596	
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	45,884,177	27	56,241,787	
	28 Net assets with donor restrictions	667,625	28	691,874	
	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	46,551,802	32	56,933,661		
33 Total liabilities and net assets/fund balances	46,915,537	33	57,323,257		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,621,747
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,030,974
3	Revenue less expenses. Subtract line 2 from line 1	3	6,590,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,551,802
5	Net unrealized gains (losses) on investments	5	3,791,086
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,933,661

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-6057160

Name: BERRIEN COMMUNITY FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BERRIEN COMMUNITY FOUNDATION INC

Employer identification number
38-6057160

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	8,095,564	8,126,864	8,290,982	7,917,586	10,173,629	42,604,625
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	8,095,564	8,126,864	8,290,982	7,917,586	10,173,629	42,604,625
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) . . .						9,172,809
6 Public support. Subtract line 5 from line 4.						33,431,816

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	8,095,564	8,126,864	8,290,982	7,917,586	10,173,629	42,604,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	1,284,310	1,031,421	1,772,780	1,822,050	1,279,462	7,190,023
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.). . .	47,373	33,457	48,404	30,000	141,943	301,177
11 Total support. Add lines 7 through 10						50,095,825

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	66.740 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	59.660 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		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>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GRANT ADMINISTRATIVE SERVICES AND OTHER NON-RECURRING ITEMS

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing aggregate values.

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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with columns: Line number, Held at the End of the Year.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	23,494,753	25,724,758	22,453,119	20,943,917	21,765,765
b Contributions	2,745,205	1,110,291	779,582	998,526	618,515
c Net investment earnings, gains, and losses	4,436,460	-1,951,728	3,637,983	1,503,936	-390,316
d Grants or scholarships	761,599	818,922	659,304	558,882	697,287
e Other expenditures for facilities and programs	380	941	912	1,635	455
f Administrative expenses	623,913	568,705	485,710	432,743	352,305
g End of year balance	29,290,526	23,494,753	25,724,758	22,453,119	20,943,917

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 26.000 %
 - b** Permanent endowment ▶ 74.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,636	20,636	0
d Equipment		26,646	23,602	3,044
e Other		11,811	8,770	3,041
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				6,085

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	15,915,404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,791,084
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,791,084
3	Subtract line 2e from line 1	3	12,124,320
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	2,497,427
c	Add lines 4a and 4b	4c	2,497,427
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,621,747

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

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

1	Total expenses and losses per audited financial statements	1	7,503,866
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,503,866
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	527,108
c	Add lines 4a and 4b	4c	527,108
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,030,974

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-6057160

Name: BERRIEN COMMUNITY FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ORGANIZATION'S ENDOWMENTS ARE USED TO SUPPORT VARIOUS PROGRAMS AND ACTIVITIES FOR NON-PROFITS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT HAS ELECTED TO APPLY THE PROVISIONS OF ASC 740-10-25-5. UNDER THIS ASC, AN ENTITY MUST DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED ON TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2019 THE FOUNDATION HAD NO KNOWN LIABILITY DUE TO THE UNCERTAINTY OF INCOME TAXES.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AGENCY FUND REVENUE ACTIVITY

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AGENCY FUND EXPENSE

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS FOR PRIMARILY BERRIEN COUNTY RESIDENTS.	104	177,102		NOT APPLICABLE.	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 38-6057160
Name: BERRIEN COMMUNITY FOUNDATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALANO HOUSE OF SOUTHWEST MICHIGAN 4162 RED ARROW HWY STEVENSVILLE, MI 49127	38-2708183	501(C)(3)	13,500				ALANO HOUSE ROOF REPAIRS
AMAZON BIODIVERSITY CENTER PO BOX 96503 42410 WASHINTON, DC 20090	83-0572780	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 WOMAN STRONG PO BOX 272 ST JOSEPH, MI 49085	27-1041148	501(C)(3)	10,250				GRANTS FOR WOMEN
AMERICAN COUNCIL ON GERMANY 14 EAST 60TH STREET SUITE 1000 NEW YORK, NY 10022	13-1889074	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	11,000				GENERAL SUPPORT
BERRIEN SPRINGS COMMUNITY LIBRARY 215 WEST UNION STREET BERRIEN SPRINGS, MI 49103	38-1709120	GOVERNMENT	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 185 E MAIN STREET SUITE 701 BENTON HARBOR, MI 49022	38-1405282	501(C)3	6,000				GENERAL SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS, MI 49104	38-1627600	COLLEGE/UNIVERSITY	6,500				HUMAN EMPOWERMENT LIFE PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE CHICAGO, IL 60603	36-2167725	501(C)3	10,000				GENERAL SUPPORT
BENTON HARBOR LIONS FOUNDATION PO BOX 8822 BENTON HARBOR, MI 49022	38-2680242	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENTON HARBOR PUBLIC LIBRARY 213 E WALL ST BENTON HARBOR, MI 49022	38-2365358	GOVERNMENT	7,500				MISCELLANEOUS PROJECTS INCLUDING BAND UNIFORMS
BENTON HARBOR PROMISE FOUNDATION 175 W MAIN ST BENTON HARBOR, MI 49022	27-4550291	501(C)3	28,700				CONSTRUCTION TRADES CERTIFICATION; GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENTON HARBOR STREET MINISTRY PO BOX 1081 BENTON HARBOR, MI 49022	38-1539981	501(C)3	5,873				GENERAL SUPPORT
BERRIEN ARTIST GUILD INC 1101 BROAD ST ST JOSEPH, MI 49085	38-2494084	NETWORK UPGRADE	86,207				GENERAL SUPPORT; ROOF REPLACEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRIEN COUNTY CANCER SERVICE INC 7301 RED ARROW HWY STEVENSVILLE, MI 49127	38-1387101	501(C)3	17,227				GENERAL SUPPORT; KEVIN MATTHEW JONES FUNDRAISING PROJECT; LOAN CLOSET; SUPPLEMENTAL NUTRITION SUPPORT
BERRIEN COUNTY HEALTH DEPARTMENT PO BOX 706 BENTON HARBOR, MI 49022	38-6000191	GOVERNMENT	5,400				GENERAL SUPPORT; DISEASE PREVENTION; SEXUAL HEALTH EDUCATION CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRIEN COUNTY PARKS & RECREATION 701 MAIN ST ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	5,800				GENERAL SUPPORT; ROCKY GAP BEACH MAT PROJECT
BERRIEN COUNTY SHERIFF'S DEPARTMENT 919 PORT STREET ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	26,143				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRIEN COUNTY VICTIM SERVICES UNIT 919 PORT STREET ST JOSEPH, MI 49085	27-1133420	GOVERNMENT	7,000				TRAINING/ EQUIPMENT/ SUPPLIES
BERRIEN COMMUNITY FOUNDATION 2900 S STATE STREET ST JOSEPH, MI 49085	38-6057160	501(C)(3)	51,000				CHERRY BEACH PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK SWAMP BIRD OBSERVATORY 13551 W STATE ROUTE 2 OAK HARBOR, OH 43449	34-1702076	501(C)3	10,000				GENERAL SUPPORT; COMPUTER/TECHNOLOGY UPDATE FOR BSBO DIRECTORS
BERRIEN COUNTY 701 MAIN ST ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	5,250				SHOP WITH A COP 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF AMERICA - ATLANTA 1275 PEACHTREE STREET ATLANTA, GA 30309	13-5562976	501(C)3	10,000				SUPPORT OF THE MIDWEST TRUSTEESUPPORT OF THE MIDWEST TRUSTEESUPPORT OF THE MIDWEST TRUSTEE
BOYS AND GIRLS CLUB OF BENTON HARBOR MICHIGAN 600 NATE WELLS SENIOR DRIVE BENTON HARBOR, MI 49022	38-3461586	501(C)3	110,086				GENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM; LEADERSHIP GIFT; HOLIDAY DINNERGENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM; LEADERSHIP GIFT; HOLIDAY DINNERGENERAL SUPPORT; SUPPORT FOR THE MIDWEST TRUSTEE; PARENT REACH OUT; SUMMER LITERACY PROGRAM; LEADERSHIP GIFT; HOLIDAY DINNER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING CIRCLE 4025 HEALTH PARK LANE ST JOSEPH, MI 49085	38-2416086	501(C)3	118,640				GENERAL SUPPORT FOR LORY'S PLACE & HANSON HOSPICE CENTER
CBN INC 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-0678752	501(C)3	30,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT INC 2700 NILES AVE ST JOSEPH, MI 49085	38-2182914	501(C)(3)	7,000				GENERAL SUPPORT
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MICHIGAN 4938 NILES ROAD ST JOSEPH, MI 49085	38-2265793	501(C)3	11,876				GENERAL SUPPORT; CHILDREN'S ASSESSMENT CENTER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSIC WORKSHOP PO BOX 69 STEVENSVILLE, MI 49127	38-3624141	501(C)3	13,000				GENERAL SUPPORT
CITADEL DANCE & MUSIC CENTER INC 204 WATER ST BENTON HARBOR, MI 49022	37-1474113	501(C)3	12,325				INTENSIVE DANCE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMINGDALE CHRISTIAN FELLOWSHIP 43395 6TH AVENUE BLOOMINGDALE, MI 49026	38-2287075	501(C)3	5,000				GENERAL SUPPORT
CAPE ELEUTHERA FOUNDATION PO BOX 842484 BOSTON, MA 02284	31-1591503	501(C)(3)	25,000				ISLAND SCHOOL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	28,700				NILES CLINIC IMPROVEMENTS
CORNERSTONE ALLIANCE 38 W WALL ST BENTON HARBOR, MI 49022	38-2772476	501(C)3	53,750				GENERAL SUPPORT; ECONOMIC DEVELOPMENT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL OF MICHIGAN FOUNDATIONS PO BOX 599 GRAND HAVEN, MI 49417	38-6263347	501(C)3	5,700				GENERAL SUPPORT
CURIOUS KIDS' MUSEUM 415 LAKE BOULEVARD ST JOSEPH, MI 49085	38-2816471	501(C)3	27,300				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SW MICHIGAN PO BOX 1146 BENTON HARBOR, MI 49023	83-3301571	501(C)(3)	25,025				VOLUNTEER TRAINING & SUPPORT
DAVENPORT UNIVERSITY 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	COLLEGE/UNIVERSITY	7,500				EDUCATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAU CLAIRE PUBLIC SCHOOLS 6190 WEST MAIN STREET EAU CLAIRE, MI 49111	38-6000668	GOVERNMENT	10,196				MAKERSPACE; BAND SUPPORT
CHICAGO COMMUNITY TRUST 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	36-2167000	501(C)3	743,804				CLOSING FUND AT BERRIEN COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELE'S PLACE INC 1145 W OAKLAND AVE SUITE 1-G LANSING, MI 48915	38-2976751	501(C)3	110,700				GENERAL SUPPORT
EPICPROMISE EMPLOYEE FOUNDATION 390 INTERLOCKEN CRESCER BROOMFIELD, CO 80021	81-0893973	501(C)3	12,000				GENERAL SUPPORT

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FEEDING AMERICA WEST MICHIGAN FOOD BANK 864 WEST RIVER CENTER COMSTOCK PARK, MI 49321	38-2439659	501(C)3	24,500				SUPPORT MOBILE FOOD PANTRY PROGRAM IN SOUTHWEST MICHIGAN
FELLOWSHIP OF CHRISTIAN FARMERS INTERNATIONAL PO BOX 15 LEXINGTON, IL 61753	57-0807260	501(C)3	5,000				GENERAL SUPPORT

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FERNWOOD INC 13988 RANGE LINE RD NILES, MI 49120	38-1750543	501(C)3	8,701				SUPPORT AND DEVELOPMENT OF ENVIRONMENTAL EDUCATIONAL EXHIBITS
FERRY STREET RESOURCE CENTER INC 620 FERRY STREET NILES, MI 49120	26-1484619	501(C)3	30,000				BUILDING BRIDGES TO OPPORTUNITY AND SUSTAINABILITY

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

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FIRST CHURCH OF GOD 2627 NILES AVE ST JOSEPH, MI 49085	38-1708461	CHURCH	78,400				GENERAL SUPPORT; YOUTH PROGRAMS SUPPORT
FIRST CONGREGATIONAL CHURCH OF ST JOSEPH 2001 NILES AVE ST JOSEPH, MI 49085	38-1578800	CHURCH	60,641				GENERAL SUPPORT; KITCHEN RENOVATION; BOY SCOUT TROOP

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

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FAMILY RESCUE CENTER 22103 VANOWEN STREET CANOGA PARK, CA 91303	33-1018720	501(C)(3)	18,000				MOVING FORWARD PROGRAM SUPPORT
FIRST TEE OF BENTON HARBOR 201 GRAHAM AVE BENTON HARBOR, MI 49022	20-4206065	501(C)3	11,500				GENERAL SUPPORT; COALITION PROGRAM

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

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FIVE PINES MINISTRIES 6597 SMITH ROAD BERRIEN CENTER, MI 49102	38-2260897	501(C)3	7,719				GENERAL SUPPORT
FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION 303 BROWNSON HALL NOTRE DAME, IN 46556	35-1650154	501(C)3	12,500				GENERAL SUPPORT

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

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FRIENDS OF NEW TROY PO BOX 1250 NEW TROY, MI 49119	20-3885998	501(C)(3)	13,000				GENERAL SUPPORT
FRIENDS OF PAYTON ASSOCIATION 1034 N WELLS ST CHICAGO, IL 60610	36-1109659	501(C)(3)	5,000				ROV TRIP

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

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GATEWAY INC 1440 E EMPIRE BENTON HARBOR, MI 49022	38-2025227	501(C)(3)	13,500				THE GIMME A BREAK PROJECT
GHOSTLIGHT PRODUCTIONS INC PO BOX 72 ST JOSEPH, MI 49085	38-4057017	501(C)(3)	33,500				GENERAL SUPPORT; GENERAL SUPPLIES; SUMMER CAMP SUPPORT

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

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FRIENDS OF THE EARTH US 1101 15TH STREET WASHINTON, DC 20005	23-7420660	501(C)(3)	20,000				MOBILE STEM LAB
GOOD GRIEF OF NORTHWEST OHIO 6855 SPRING VALLEY DR HOLLAND, OH 43528	46-0765319	501(C)3	19,000				GENERAL SUPPOT; IN-SCHOOL GRIEF SUPPORT GROUPS

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

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GRAND VALLEY STATE UNIVERSITY 100 STUDENT SERVICES 1 CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	COLLEGE/UNIVERSITY	15,500				SCHOLARSHIP
GREENHOUSE SCHOLARS 1820 FOLSON STREET BOULDER, CO 80302	20-2863499	501(C)(3)	5,000				GENERAL SUPPORT

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HARTFORD PUBLIC SCHOOLS FOUNDATION FOR QUALITY EDUCAITON PO BOX 403 HARTFORD, MI 49057	38-3433978	501(C)(3)	6,058				GENERAL SUPPORT
HARTFORD PUBLIC LIBRARY PO BOX 8 HARTFORD, MI 49057	38-2073164	GOVERNMENT	281,161				BUILDING SUPPORT

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

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HERITAGE MUSEUM & CULTURAL CENTER 601 MAIN ST ST JOSEPH, MI 49085	38-1791320	501(C)3	185,270				GENERAL FUNDING
HERO'S AND HORSES PO BOX 35 MANHATTEN, MT 59741	46-4639973	501(C)(3)	5,000				GENERAL SUPPORT

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HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	COLLEGE/UNIVERSITY	8,000				GENERAL SUPPORT
HISPANIC AMERICAN COUNCIL INCORPORATED 930 LAKE STREET KALAMAZOO, MI 49001	38-2437758	501(C)(3)	5,000				GENERAL SUPPORT

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HOLY NAME CATHEDRAL 730 N WABASH CHICAGO, IL 60611	53-0196617	CHURCH	8,500				GALA; ANNUAL APPEAL; GENERAL SUPPORT
HOMES FOR OUR TROOPS 6 MAIN STREET TAUTON, MA 27800	54-2143612	501(C)(3)	6,000				GENERAL SUPPORT

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HOSPICE AT HOME INC 4025 HEALTH PARK LANE ST JOSEPH, MI 49085	38-2416086	501(C)(3)	7,000				GENERAL SUPPORT
HURON RIVER WATERSHED COUNCIL 1100 NORTH MAIN STREET SUITE 210 ANN ARBOR, MI 48103	38-1806542	501(C)(3)	15,700				GENERAL SUPPORT

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HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN 641 S CRYSTAL BENTON HARBOR, MI 49022	38-1715141	501(C)(3)	168,169				GENERAL SUPPORT
INDIANA UNIVERSITY 601 EAST KIRCKWOOD AVE BLOOMINGTON, IN 47405	35-6001673	COLLEGE/UNIVERSITY	250,500				GENERAL SUPPORT

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IN FOCUS CHURCH 562 ROUNTREE WAY EVANS, GA 30809	58-1642007	CHURCH	50,000				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF MICHIANA PO BOX 765 ST JOSEPH, MI 49085	35-0922731	501(C)(3)	16,500				GENERAL SUPPORT

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ISHA CARE CLINIC INCORPORATED 951 ISHA LANE MCMINNVILLE, TN 37110	26-3140250	501(C)(3)	9,000				GENERAL SUPPORT
JDRF MICHIGAN GREAT LAKES WEST CHAPTER 4595 BROADMOOR AVE KENTWOOD, MI 49512	23-1907729	501(C)(3)	10,000				GENERAL SUPPORT

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JOHN CARROLL UNIVERSITY 1 JOHN CARROLL BLVD UNIVERSITY HEIGHTS, OH 44118	34-0714681	COLLEGE/UNIVERSITY	5,000				GENERAL SUPPORT
KALAMAZOO VALLEY COMMUNITY COLLEGE PO BOX 4070 KALAMAZOO, MI 49003	38-1850178	COLLEGE/UNIVERSITY	7,375				STUDENT SUPPORT

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KINEXUS 499 W MAIN STREET BENTON HARBOR, MI 49022	38-3287818	501(C)(3)	20,600				RIDE SHARE PILOT PARTNERSHIP PROJECT; LEADERSHIP ACCELERATOR
KRASL ART CENTER INC 707 LAKE BOULEVARD ST JOSEPH, MI 49085	23-7009281	501(C)(3)	67,868				GENERAL SUPPORT; RESILIENCY EXHIBITION; LUPE HOPE MEMORIAL; SCULPTURE PARK SUPPORT

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LA CHURCH OF CHRIST 3020 BURBANK BLVD BURBANK, CA 91505	95-4242480	CHURCH	20,000				GENERAL SUPPORT
LAKE MICHIGAN CATHOLIC SCHOOLS 915 PLEASANT STREET ST JOSEPH, MI 49085	38-1889005	CHURCH	31,992				GENERAL SUPPORT; VISION GRANT; CATHOLIC EDUCATION; SCHOLARSHIP

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LAKE MICHIGAN COLLEGE 2755 EAST NAPIER AVE BENTON HARBOR, MI 49022	38-1738980	COLLEGE/UNIVERSITY	311,972				SCHOLARSHIP
LAKE MICHIGAN COLLEGE FOUNDATION 2755 EAST NAPIER AVE BENTON HARBOR, MI 49022	38-2714753	501(C)(3)	58,000				PREMIER PARTNERS; CAMPAIGN FOR TOMORROW; WINE CENTER; SCHOLARSHIP

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LAKELAND HEALTH FOUNDATIONS 1234 NAPIER AVE ST JOSEPH, MI 49085	38-2539929	501(C)(3)	329,039				GENERAL SUPPORT; HOPE GROWS SUPPORT; HEART CENTER
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVE STEVENSVILLE, MI 49127	38-3402730	501(C)(3)	260,643				GENERAL SUPPORT; STEM SUPPORT;

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LEST WE FORGET INC 5821 RIDGE ROAD STEVENSVILLE, MI 49127	20-4679354	501(C)(3)	11,500				GENERAL SUPPORT
LM VINTNERS INC 2755 EAST NAPIER AVE BENTON HARBOR, MI 49022	47-1493425	501(C)(3)	50,000				LMC WINE CENTER

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LOGAN COMMUNITY RESOURCES 2505 E JEFFERSON BLVD SOUTH BEND, IN 46615	35-0965639	501(C)(3)	26,500				ANSARI AUTISM CENTER
LOVE CREEK COUNTY PARK 9292 HUCKLEBERRY RD BENTON CENTER, MI 49102	38-6000191	GOVERNMENT	10,000				GENERAL SUPPORT

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MICHIGAN STATE UNIVERSITY 556 E CIRCLE DRIVE ROOM 252 EAST LANSING, MI 48824	38-6005984	COLLEGE/UNIVERSITY	10,500				SCHOLARSHIPS
LAKE SUPERIOR STATE UNIVERSITY 650 EAST EASTERDAY AVE SAULT SAINTE MARIA, MI 49783	38-2296740	COLLEGE/UNIVERSITY	6,600				EDUCATION SUPPORT; SCHOLARSHIPS

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MISSIONARY CHURCH WORLD PARTNERS PO BOX 9127 FORT WAYNE, IN 46899	35-1161320	501(C)(3)	5,500				GENERAL SUPPORT
MORTON HOUSE MUSEUM PO BOX 173 BENTON HARBOR, MI 49023	38-1253706	501(C)(3)	7,224				GENERAL SUPPORT

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MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION 510 W MAIN ST BENTON HARBOR, MI 49023	27-1050319	501(C)(3)	162,916				GENERAL SUPPORT
MYTEAM TRIUMPH SOUTHWEST MICHIGAN 2968 KEVIN STREET ST JOSEPH, MI 49085	26-2511957	501(C)(3)	6,095				2019 CAPITAL & OPERATING EXPENSES PROJECT

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MANDARIN CHRISTIAN CHURCH CHRIST'S CHURCH 6045 GREENLAND ROAD JACKSONVILLE, FL 32258	59-1484534	CHURCH	5,325				GENERAL SUPPORT
MAUD PRESTON PALENSKE MEMORIAL LIBRARY 3275 N LINCOLN AVE ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	25,500				GENERAL SUPPORTCENTER FOR INDIVIDUALIZED MEDICINE; MODEL CARE

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MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	51,500				TOWNSHIP PARK
NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT 2627 NILES AVE ST JOSEPH, MI 49085	81-5017908	501(C)(3)	82,000				GENERAL SUPPORT

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NILES COMMUNITY SCHOOLS 111 SPRUCE ST NILES, MI 49120	38-6000646	GOVERNMENT	76,792				SCHOLARSHIPS FOR NEW ORLEANS TRIP
MICHIANA YOUTH ROBOTICS & ENGINEERING 3577 TABOR ROAD SODUS, MI 49126	46-5770183	501(C)(3)	5,500				FRC ROBOT BUILD

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NORTHWESTERN UNIVERSITY 2020 RIDGE AVE EVANSTON, IL 60208	36-2167817	COLLEGE/UNIVERSITY	33,434				SCHOLARSHIP; DANCE MARATHON SUPPORT; COLLEGE OF ENGINEERING; BUSINESS CULTURE ONLINE PROGRAM
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM 1700 ME 63RD STREET OKLAHOMA CITY, OK 73111	73-1374647	501(C)(3)	20,000				GENERAL SUPPORT

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OPTIONS PREGNANCY CENTER 401 S 2ND STREET CABOT, AR 72023	71-0850660	501(C)(3)	7,000				MOBILE PREGNANCY CENTER SUPPORT
OUTCENTER 132 WATER STREET BENTON HARBOR, MI 49022	80-0341856	501(C)(3)	7,615				GENERAL SUPPORT

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PARTNERSHIPS FOR CHANGE PO BOX 29455 SAN FRANCISCO, CA 94129	88-0303288	501(C)(3)	15,000				GENERAL SUPPORT
PERFORMING ARTS WORKSHOPS - PAW INC PO BOX 136 NILES, MI 49120	81-1455566	501(C)(3)	10,000				GENERAL SUPPORT

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PILGRIM CONGREGATIONAL UNITED CHURCH OF CHRIST 1200 W GLENLORD ST JOSEPH, MI 49085	34-1927041	CHURCH	7,417				GENERAL SUPPORT
QUALITY SERVICES FOR THE AUTISM COMMUNITY 253 WEST 35TH ST 16TH FL NEW YORK, NY 10001	11-2482974	501(C)(3)	16,000				SELF-ADVOCACY PROGRAM SUPPORT; TRAINING SUPPORT

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PGA REACH 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	59-1809626	501(C)(3)	50,000				GENERAL SUPPORT
READINESS CENTER INC 347 CATALPHA AVE BENTON HARBOR, MI 49023	38-2589535	501(C)(3)	20,569				GENERAL SUPPORT

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ROTARY CLUB OF BENTON HARBOR PO BOX 1552 BENTON HARBOR, MI 49023	38-2967287	501(C)(3)	19,300				TECHONOLOGY TO THE RESCUE
RENAISSANCE ENTERPRISES COMPANY 901 LAY BLVD KALAMAZOO, MI 49001	38-2816993	501(C)(3)	10,000				SENIORS ART PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHYME & REASON MINISTRY INC 56909 WILD HEATHER DR SOUTH BEND, IN 46619	30-0755028	501(C)(3)	6,350				FOSTER KID SUPPORT
SALEM LUTHERN CHURCH PO BOX 729 COLOMA, MI 49038	38-6078284	CHURCH	20,820				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER VALLEY SENIOR CENTER 13321 RED ARROW HIGHWAY HARBERT, MI 49115	38-2073282	501(C)(3)	7,500				FITNESS EQUIPMENT PACKAGE
ROAD TO HOPE FOOD PANTRY 3800 NILES ROAD ST JOSEPH, MI 49085	82-1002663	501(C)(3)	10,000				PROGRAM EXPANSION AND SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF WESTERN MICHIGAN 1323 CEDAR ST NE GRAND RAPIDS, MI 49503	38-2781170	501(C)(3)	5,000				FAMILY SUPPORT; PROGRAM SUPPORT
SALVATION ARMY - NILES 233 MICHIGAN ST BENTON HARBOR, MI 49022	13-3485289	501(C)(3)	21,500				FOOD BANK SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF BENTON HARBOR 233 MICHIGAN ST BENTON HARBOR, MI 49023	13-3485289	501(C)(3)	22,769				GENERAL SUPPORT
SARETT NATURE CENTER 2300 BENTON CENTER RD BENTON HARBOR, MI 49022	38-3058912	501(C)(3)	26,696				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER BEACH CAROUSEL SOCIETY INC PO BOX 497 ST JOSEPH, MI 49085	38-3439880	501(C)(3)	30,000				GENERAL SUPPORT
SOUP KITCHEN INC PO BOX 8210 BENTON HARBOR, MI 49022	38-2288520	501(C)(3)	11,260				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN MIGUEL COMMUNITY FOUNDATION 220 N ZAPATA HWY STE 11 LAREDO, TX 78043	74-1869975	501(C)(3)	5,500				SUPPORT FOR PROMUSICA/MET OPERA NATIONAL COUNCIL
SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA 513 SHIP ST ST JOSEPH, MI 49085	38-6090138	501(C)(3)	223,167				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SS JOHN & BERNARD PARISH 600 COLUMBUS AVE BENTON HARBOR, MI 49022	38-1359553	CHURCH	18,022				GENERAL SUPPORT
ST AUGUSTINE OF CANTERBUR 1753 UNION STREET BENTON HARBOR, MI 49022	87-0777824	CHURCH	8,500				BARRIER FREE FUND

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

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ST JOSEPH CATHOLIC CHURCH 211 CHURCH ST ST JOSEPH, MI 49085	38-1359067	CHURCH	17,600				GENERAL SUPPORT
ST JOSEPH FIRST UNITED METHODIST CHURCH 2950 LAKEVIEW AVENUE ST JOSEPH, MI 49085	38-1398841	CHURCH	62,000				MEG RODGERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH JUNIOR FOUNDATION INC 3 LIGHTHOUSE LANE ST JOSEPH, MI 49085	38-1558024	501(C)(3)	8,500				GENERAL SUPPORT
SENIOR NUTRITION SERVICES REGION IV INC 1708 COLFAXE AVE BENTON HARBOR, MI 49022	38-2766803	501(C)(3)	39,000				NO SENIOR HUNGRY; SENIORS COUNT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH PUBLIC SCHOOLS FOUNDATION 3275 N LINCOLN AVE ST JOSEPH, MI 49085	38-3296523	501(C)(3)	252,386				GENERAL SUPPORT
ST JOSEPH-LINCOLN SENIOR CITIZEN CENTER 3271 LINCOLN AVE ST JOSEPH, MI 49085	38-2085893	501(C)(3)	52,261				WALKING TRAIL CONSTRUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL'S LUTHERAN CHURCH 2673 W JOHN BEERS STEVENSVILLE, MI 49127	38-1671460	501(C)(3)	5,500				MINISTRY FUND
ST JOSEPH TODAY 301 STATE STREET ST JOSEPH, MI 49085	38-2277933	501(C)(3)	12,500				TROLLEY SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARKEY HEARING FOUNDATION 6700 WASHINGTON AVENUE EDEN PRAIRIE, MN 55344	36-3297852	501(C)(3)	15,500				HEARING MISSIONS
ST THOMAS AQUINAS CATHOLIC CENTER 904 14TH STREET BOULDER, CO 80302	84-0430715	CHURCH	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AVENUE FAMILY NETWORK INC 2450 M 139 BENTON HARBOR, MI 49022	38-2592238	501(C)(3)	72,053				GENERAL SUPPORT
STEVENSVILLE UNITED METHODIST CHURCH 5506 RIDGE ROAD STEVENSVILLE, MI 49127	38-1720200	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHAPEL 4250 WASHINGTON ST JOSEPH, MI 49085	38-2293706	CHURCH	10,000				GENERAL SUPPORT
THERAPEUTIC EQUESTRIAN CENTER PO BOX 1250 NILES, MI 49120	30-0328156	501(C)(3)	10,750				HORSE PURCHASE

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

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THE SOUTHWEST HERITAGE FOUNDATION PO BOX 27617 TEMPE, AZ 85285	61-1423580	501(C)(3)	8,000				REFUGEES AID
TURNING POINT LA CHURCH 827 NORTH HOLLYWOOD WAY BURBANK, CA 91505	81-1568607	CHURCH	6,000				SPECIAL MISSIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEOS VILLAGE THE TBCK FOUNDATION 2801 WILDWOOD LANE STEVENSVILLE, MI 49127	83-3095299	501(C)(3)	19,000				GENERAL SUPPORT
TWIN CITY AREA CATHOLIC SCHOOL FUND INC PO BOX 32 ST JOSEPH, MI 49085	23-7129409	501(C)(3)	7,878				TEACHER BONUSES

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

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TWIN CITY PLAYERS PO BOX 243 ST JOSEPH, MI 49085	38-1334859	501(C)(3)	26,950				TCP TWIN CITIES THEATRE FESTIVAL
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE ST JOSEPH, MI 49085	38-1358411	501(C)(3)	292,400				GENERAL SUPPORT

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

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UNIVERSITY OF MICHIGAN 1220 STUDENT ACTIVITIES ANN ARBOR, MI 48109	38-6006309	COLLEGE/UNIVERSITY	45,850				STUDENT SCHOLARSHIP
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	COLLEGE/UNIVERSITY	7,500				VII FAMILY ENDOWMENT FOR EXCELLENCE

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

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UNITED AGAINST POVERTY 2746 US 1 VERO BEACH, FL 32960	11-3697936	501(C)(3)	5,000				GENERAL SUPPORT
UNITED WAY WORLD WIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(C)(3)	75,000				GENERAL SUPPORT

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

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WATER STREET GLASSWORKS 140 WATER STREET BENTON HARBOR, MI 49022	43-2039326	501(C)(3)	26,000				GENERAL SUPPORT
WELL OF GRACE MINISTRIES 5707 RED ARROW HIGHWAY STEVENSVILLE, MI 49127	20-1716641	501(C)(3)	14,200				GENERAL SUPPORT

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

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WESTERN MICHIGAN UNIVERSITY 1903 WEST MICHIGAN AVE KALAMAZOO, MI 49008	38-6007327	COLLEGE/UNIVERSITY	32,324				GENERAL SUPPORT
WE CARE INC 06321 BLUE STAR HWY SOUTH HAVEN, MI 49090	38-2463936	501(C)(3)	5,000				GENERAL SUPPORT

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

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WHIRLPOOL COLLECTIVE IMPACT FUND 2600 M63 NORTH - MD 2604 BENTON HARBOR, MI 49022	46-1592577	501(C)(3)	29,000				GENERAL SUPPORT
WORLD GOSPEL MISSION 3783 EAST STATE ROAD MARION, IN 46952	35-0911947	501(C)(3)	6,900				GENERAL SUPPORT

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

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YMCA OF SOUTHWEST MICHIGAN 905 N FRONT ST NILES, MI 49120	38-1358236	501(C)(3)	112,238				BUILDING EXPANSION AND SUMMER MY WAY
YOUNG LIFE - SOUTHWEST MICHIGAN 2627 NILES AVE ST JOSEPH, MI 49085	84-0385934	501(C)(3)	32,500				GENERAL SUPPORT

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

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CHURCH OF CHRIST OF BENTON HARBOR MI 1495 E EMPIRE BENTON HARBOR, MI 49022	38-2522716	CHURCH	9,900				PREACHER'S TRAINING
CITY OF COLOMA DDA 119 N PAW PAW COLOMA, MI 49038	38-6004604	GOVERNMENT	5,000				RANDALL PARK PROJECT

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

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COMMUNITIES IN SCHOOLS OF MICHIGAN 741 N CEDAR LANSING, MI 48906	45-3736821	501(C)(3)	5,000				CIS OF MICHIGAN IN BENTON HARBOR - PROCESS ACCESS
CONCERNS OF POLICE SURVIVORS PO BOX 508 DEWITT, MI 48820	38-2850738	501(C)(3)	8,643				GENERAL SUPPORT

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

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DISABILITY NETWORK SOUTHWEST MICHIGAN 517 E CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501(C)(3)	22,000				RAMP UP; CENSUS 2020
DOMINICAN REPUBLIC MISSION TEAM 13 FAWN DRIVE WALLINGFORD, CT 06492	82-4005197	501(C)(3)	13,932				MAKERSPACE; BAND SUPPORT

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

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EMERGENCY SHELTER SERVICES 185 EAST MAIN STREET SUITE 103 BENTON HARBOR, MI 49022	38-2268351	501(C)(3)	44,500				GENERAL SUPPORT
LOYOLA UNIVERSITY CHICAGO SULLIVAN CENTER SUITE 190 CHICAGO, IL 60660	36-1480475	COLLEGE/UNIVERSITY	7,000				YIP - JOHNSON-STANISH

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

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MICHIGAN LUTHERN HIGH SCHOOL 615 E MARQUETTE WOODS ROAD ST JOSEPH, MI 49085	38-1915418	CHURCH	50,000				GENERAL SUPPORT
MICHIGAN'S SHERIFF'S ASSOCIATION 620 S CAPITAL AVE SUITE 320A LANSING, MI 48933	38-2289072	501(C)(3)	5,000				GENERAL SUPPORT

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

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PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47906	35-6002041	COLLEGE/UNIVERSITY	15,000				SCHOLARSHIPS; EDUCATIONAL SUPPORT
THREE OAKS TOWNSHIP 6810 US 12 THREE OAKS, MI 49128	38-1953526	GOVERNMENT	22,500				SPRING CREEK SCHOOL RESTORATION PROJECT

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

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UNIVERSITY OF MICHIGAN - FLINT 277 UNIVERSITY PAVILION FLINT, MI 48502	38-6006309	COLLEGE/UNIVERSITY	5,663				NICKLAUS - BENITEZ
UNIVERSITY OF MICHIGAN REGENTS 909 S UNIVERSITY AVE ANN ARBOR, MI 48109	38-6006309	COLLEGE/UNIVERSITY	27,000				HIRING CLEMENTS LIBRARY INTERN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UP SAIL 1200 WRIGHT STREET SUITE A MARQUETTE, MI 49855	38-3363721	501(C)(3)	5,000				GENERAL SUPPORT
WATERVLIET FREE METHODIST CHURCH 7734 PAW PAW WATERVLIET, MI 49098	35-0877568	501(C)(3)	6,700				KID'S CAMPUS PLAYGROUND

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

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YOUTH DEVELOPMENT COMPANY 10781 76TH STREET SOUTH HAVEN, MI 49090	38-3298735	501(C)(3)	10,000				THE YDC LEARNING CENTER COLOMA
INDIANA UNIVERSITY HEALTH FOUNDATION PO BOX 7168 INDIANAPOLIS, IN 46207	35-6043086	501(C)(3)	10,000				GENERAL SUPPORT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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	39	3,634,066	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 IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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.

Part II **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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

BERRIEN COMMUNITY FOUNDATION INC

Employer identification number

38-6057160

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE ON ITS WEBSITE (WWW.BERRIENCOMMUNITY.ORG) UNDER THE HEADING "ABOUT US." THESE ARE ALSO AVAILABLE UPON REQUEST AND AT WWW.GUIDESTAR.ORG .

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

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
(1) BCF GIVING LLC 2900 S STATE STREET STE 2E ST JOSEPH, MI 49085	GIVING ARM	MI			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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation