

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
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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 \$ 33,112,170

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)

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

J Website: WWW.BERRIENCOMMUNITY.ORG

H(c) Group exemption number ▶

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 2020 (Part V, line 2a)	5	9
6 Total number of volunteers (estimate if necessary)	6	476
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b 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)	10,173,629	15,892,728
9 Program service revenue (Part VIII, line 2g)	1,320	1,200
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,304,855	2,018,813
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,943	153,137
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,621,747	18,065,878

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,368,834	7,080,256
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	338,626	365,048
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶80,468		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	323,514	384,282
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,030,974	7,829,586
19 Revenue less expenses. Subtract line 18 from line 12	6,590,773	10,236,292

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	57,323,257	71,725,286
21 Total liabilities (Part X, line 26)	389,596	329,130
22 Net assets or fund balances. Subtract line 21 from line 20	56,933,661	71,396,156

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-04-01
Type or print name and title: LISA CRIPPS-DOWNEY PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-04-01
Check if self-employed PTIN: P00736155
Firm's name: KRUGGEL LAWTON & COMPANY LLC Firm's EIN: 35-1307701
Firm's address: 526 UPTON DRIVE ST JOSEPH, MI 49085 Phone no. (269) 983-0131

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 \$ 7,384,337 including grants of \$ 7,080,256) (Revenue \$ 2,173,150)
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 ▶ 7,384,337

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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 main rows and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 10. Row 1b: 10. Rows 2-9 contain various questions about governance and management with Yes/No columns.

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

Table with 16 rows and 3 columns (10a-16b, Yes, No). Contains 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. Indicate how you made these available. Check all that apply.
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				110,000	0	0

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,845,656	6,845,656		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	234,600	234,600		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110,000	55,000	38,500	16,500
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	228,175	120,851	100,152	7,172
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	26,873	13,974	11,018	1,881
11 Fees for services (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	163,124		163,124	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,924	22,044	6,741	139
12 Advertising and promotion	74,688	26,665	67	47,956
13 Office expenses	12,263	6,539	4,098	1,626
14 Information technology	579	330	208	41
15 Royalties				
16 Occupancy	44,402	25,753	15,985	2,664
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	755		755	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,122	1,231	764	127
23 Insurance	5,011	2,842	1,835	334
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT FUND EXPENSES	16,531	13,288	3,243	
b SOFTWARE SUPPORT	16,335	9,311	5,881	1,143
c COPIER LEASES	4,640	2,645	1,670	325
d POSTAGE	4,180	2,383	1,505	292
e All other expenses	2,228	1,225	735	268
25 Total functional expenses. Add lines 1 through 24e	7,829,586	7,384,337	364,781	80,468
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	3,068,465	2	4,602,205	
	3 Pledges and grants receivable, net	1,031,360	3	2,921,021	
	4 Accounts receivable, net		4	23,500	
	5 Loans and other 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	59,991			
	b Less: accumulated depreciation	55,130	6,085	10c	4,861
	11 Investments—publicly traded securities	53,143,029	11	64,096,920	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	74,318	15	76,779	
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,323,257	16	71,725,286		
Liabilities	17 Accounts payable and accrued expenses	50,110	17	13,893	
	18 Grants payable		18		
	19 Deferred revenue	339,486	19	315,237	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	389,596	26	329,130	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	56,241,787	27	70,680,033	
	28 Net assets with donor restrictions	691,874	28	716,123	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	56,933,661	32	71,396,156		
33 Total liabilities and net assets/fund balances	57,323,257	33	71,725,286		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,065,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,829,586
3	Revenue less expenses. Subtract line 2 from line 1	3	10,236,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,933,661
5	Net unrealized gains (losses) on investments	5	4,226,204
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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 32, column (B))	10	71,396,156

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 (2020)

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

2020

Open to Public Inspection

Name of the organization
BERRIEN COMMUNITY FOUNDATION INC

Employer identification number
38-6057160

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	8,126,864	8,290,982	7,917,586	10,173,629	15,892,728	50,401,789
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	8,126,864	8,290,982	7,917,586	10,173,629	15,892,728	50,401,789
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,188,859
6 Public support. Subtract line 5 from line 4.						44,212,930

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	8,126,864	8,290,982	7,917,586	10,173,629	15,892,728	50,401,789
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,031,421	1,772,780	1,822,050	1,279,462	1,072,802	6,978,515
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,457	48,404	30,000	141,943	153,137	406,941
11 Total support. Add lines 7 through 10						57,787,245

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	76.510 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	66.740 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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 Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization BERRIEN COMMUNITY FOUNDATION INC

Employer identification number 38-6057160

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

Table with 3 columns: 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 (2a, 2b, 2c, 2d).

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	29,290,526	23,494,753	25,724,758	22,453,119	20,943,917
b Contributions	9,056,463	2,745,205	1,110,291	779,582	998,526
c Net investment earnings, gains, and losses	3,549,844	4,436,460	-1,951,728	3,637,983	1,503,936
d Grants or scholarships	866,681	761,599	818,922	659,304	558,882
e Other expenditures for facilities and programs	467	380	941	912	1,635
f Administrative expenses	683,326	623,913	568,705	485,710	432,743
g End of year balance	40,346,158	29,290,526	23,494,753	25,724,758	22,453,119

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 20.000 %
 - b** Permanent endowment ▶ 80.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 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	24,540	2,106
e Other		12,709	9,954	2,755
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,861

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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	20,839,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,226,205
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,226,205
3	Subtract line 2e from line 1	3	16,613,307
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,452,571
c	Add lines 4a and 4b	4c	1,452,571
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,065,878

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

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

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

Part XIII Supplemental Information

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

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

2020

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.	128	234,600		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
ACORN CENTER FOR THE PERFORMING ARTS PO BOX 395 THREE OAKS, MI 49128	47-2717128	501(C)(3)	35,241				GENERAL SUPPORT; ARTS CHALLENGE
AMAZON BIODIVERSITY CENTER PO BOX 96503 42410 WASHINTON, DC 20090	83-0572780	501(C)(3)	40,000				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)	19,550				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)	16,500				GENERAL SUPPORT; RESEARCH GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION PO BOX 1139 LEWISTON, ME 04243	13-1632524	501(C)(3)	5,000				COVID-19 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
ARKANSAS FOODBANK NETWORK 4301 W 65TH STREET LITTLE ROCK, AR 72209	71-0596734	501(C)3	5,000				GENERAL SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS, MI 49104	38-1627600	COLLEGE/UNIVERSITY	7,000				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
ARS ARTS & CULTURE CENTER PO BOX 9151 BENTON HARBOR, MI 49022	46-4235650	501(C)(3)	18,303				GENERAL SUPPORT; ARTS CHALLENGE

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	7,000				MISCELLANEOUS PROJECTS INCLUDING BAND UNIFORMS
BENTON HARBOR EDUCATION FOUNDATION 175 MAIN ST BENTON HARBOR, MI 49022	82-3690593	501(C)3	176,000				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 STREET MINISTRY PO BOX 1081 BENTON HARBOR, MI 49022	38-1539981	501(C)3	5,864				GENERAL SUPPORT
BERRIEN COMMUNITY FOUNDATION 2900 S STATE STREET ST JOSEPH, MI 49085	38-6057160	501(C)(3)	5,000				CENSUS 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 CANCER SERVICE INC 7301 RED ARROW HWY STEVENSVILLE, MI 49127	38-1387101	501(C)3	23,512				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	6,500				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 MENTAL HEALTH COURT 811 PORT STREET ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	20,000				MENTAL HEALTH COURT PROGRAM
BERRIEN COUNTY YOUTH FAIR ASSOCIATION PO BOX 706 BERRIEN SPRINGS, MI 49103	38-1362266	501(C)(3)	6,000				NEW GATE

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)	62,800				GENERAL SUPPORT
BLACK SWAMP BIRD OBSERVATORY 13551 W STATE ROUTE 2 OAK HARBOR, MI 43449	34-1702076	501(C)(3)	54,500				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
BLOOMINGDALE CHRISTIAN FELLOWSHIP 43395 6TH AVENUE BLOOMINGDALE, MI 49026	38-2287075	501(C)3	5,000				GENERAL SUPPORT
BOX FACTORY FOR THE ARTS 1101 BROAD STREET ST JOSEPH, MI 49085	38-2494084	501(C)(3)	25,500				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
BROOKVIEW MONTESSORI SCHOOL 501 ZOLLAR DRIVE BENTON HARBOR, MI 49022	38-2078803	501(C)3	10,000				GENERAL SUPPORTSUPPORT 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	283,400				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
CALVARY CHAPEL CHURCH INC 1551 W CAMINO REAL BOCA RATON, FL 33486	65-0879835	CHURCH	10,000				GENERAL SUPPORT
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
CALVIN UNIVERSITY 3201 BURTON SE GRAND RAPIDS, MI 49546	38-1398824	COLLEGE/UNIVERSITY	7,000				EDUCATION SUPPORT;STUDENT SUPPORT
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MICHIGAN 4938 NILES ROAD ST JOSEPH, MI 49085	38-2265793	501(C)3	72,600				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	26,323				GENERAL SUPPORT
CITADEL DANCE & MUSIC CENTER INC 204 WATER ST BENTON HARBOR, MI 49022	37-1474113	501(C)3	64,064				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
CAMP VICTORY MINISTRIES 58212 403RD AVE ZUMBRO FALLS, MN 55991	31-1710184	501(C)3	40,000				COVID-19 SUPPORT
CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 32862	95-6006173	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
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	40,200				NILES CLINIC IMPROVEMENTS
CORNERSTONE ALLIANCE 38 W WALL ST BENTON HARBOR, MI 49022	38-2772476	501(C)3	77,535				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
CARING CIRCLE 4025 HEALTH PARK LANE ST JOSEPH, MI 49085	38-2416086	501(C)3	106,600				GENERAL SUPPORT FOR LORY'S PLACE
CURIOUS KIDS' MUSEUM 415 LAKE BOULEVARD ST JOSEPH, MI 49085	38-2816471	501(C)3	46,500				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)	11,100				VOLUNTEER TRAINING & SUPPORT
CITIZENS MEDIATION SERVICE 811 SHIP STREET 205 ST JOSEPH, MI 49085	38-3024909	501(C)(3)	16,000				GENERAL SUPPORT; DISPUTE RESOLUTION

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
CJE SENIORLIFE 3003 W TOUHY AVENUE CHICAGO, MI 60645	36-2727597	501(C)(3)	10,000				GENERAL SUPPORT; COVID-19 SUPPORT
CLEMETS LIBRARY UNIVERSITY OF MICHIGAN PALATINE, IL 60055	38-6006309	501(C)3	6,827				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
ELE'S PLACE INC 1145 W OAKLAND AVE SUITE 1-G LANSING, MI 48915	38-2976751	501(C)3	12,122				GENERAL SUPPORT
COLOMA WATERVLIET AREA ECONOMIC DEVELOPMENT CORPORATIONS 142 BADT DRIVE COLOMA, MI 49038	38-2810001	501(C)3	7,500				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
FEEDING AMERICA WEST MICHIGAN FOOD BANK 864 WEST RIVER CENTER COMSTOCK PARK, MI 49321	38-2439659	501(C)3	39,750				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

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
FERNWOOD INC 13988 RANGE LINE RD NILES, MI 49120	38-1750543	501(C)3	19,133				SUPPORT AND DEVELOPMENT OF ENVIRONMENTAL EDUCATIONAL EXHIBITS
FERRY STREET RESOURCE CENTER INC 620 FERRY STREET NILES, MI 49120	26-1484619	501(C)3	48,000				BUILDING BRIDGES TO OPPORTUNITY AND SUSTAINABILITY

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
FIRST CHURCH OF GOD 2627 NILES AVE ST JOSEPH, MI 49085	38-1708461	CHURCH	135,950				GENERAL SUPPORT; YOUTH PROGRAMS SUPPORT
FIRST CONGREGATIONAL CHURCH OF ST JOSEPH 2001 NILES AVE ST JOSEPH, MI 49085	38-1578800	CHURCH	48,225				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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DENISON UNIVERSITY 100 W COLLEGE STREET GRANVILLE, OH 43023	31-4379459	COLLEGE/UNIVERSITY	5,000				SCHOLARSHIP; SWIM & DIVE TEAM SUPPORT
FIRST TEE OF BENTON HARBOR 201 GRAHAM AVE BENTON HARBOR, MI 49022	20-4206065	501(C)3	38,400				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	5,000				GENERAL SUPPORT
FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION 303 BROWNSON HALL NOTRE DAME, IN 46556	35-1650154	501(C)3	6,500				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)	19,500				RAMP UP PROGRAM
DOMINICAN REPUBLIC MISSION TEAM 13 FAWN DRIVE WALLINGFORD, CT 06492	82-4005197	501(C)(3)	18,306				MISSION SUPPORT; TRANSPORTATION

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)	15,325				THE GIMME A BREAK PROJECT
GHOSTLIGHT PRODUCTIONS INC PO BOX 72 ST JOSEPH, MI 49085	38-4057017	501(C)(3)	22,573				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)	10,000				MOBILE STEM LAB
EMERGENCY SHELTER SERVICES 185 EAST MAIN STREET SUITE 103 BENTON HARBOR, MI 49022	38-2268351	501(C)3	22,500				GENERAL SUPPORT; 30 YEARS OF GIVING

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	17,600				SCHOLARSHIP
GIRLS ON THE RUN SOUTHWEST MICHIGAN PO BOX 440 ST JOSEPH, MI 49085	81-3590502	501(C)(3)	5,350				GENERAL SUPPORT

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

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HARTFORD PUBLIC SCHOOLS FOUNDATION FOR QUALITY EDUCATION PO BOX 403 HARTFORD, MI 49057	38-3433978	501(C)(3)	6,531				GENERAL SUPPORT
HARTFORD PUBLIC LIBRARY PO BOX 8 HARTFORD, MI 49057	38-2073164	GOVERNMENT	752,674				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	128,919				GENERAL FUNDING
GRACE CHRISTIAN SCHOOL 325 N M-140 HIGHWAY WATERVLIET, MI 49098	38-2045875	CHURCH	7,000				COVID-19 SUPPORT; PATRIOT COMPUTERS

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

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GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVE GRAND HAVEN, MI 49417	38-1467641	501(C)(3)	10,000				COVID-19 SUPPORT
GREENHOUSE SCHOLARS 1820 FOLSOM STREET BOULDER, CO 80302	20-2863499	501(C)(3)	5,500				GENERAL SUPPORT

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

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HOLY NAME CATHEDRAL 730 N WABASH CHICAGO, IL 60611	53-0196617	CHURCH	11,000				GALA; ANNUAL APPEAL; GENERAL SUPPORT
HOMES FOR OUR TROOPS 6 MAIN STREET TAUTON, MA 27800	54-2143612	501(C)(3)	8,000				GENERAL SUPPORT

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HARBERT COMMUNITY CHURCH 6444 HARBERT ROAD PO BOX 197 HARBERT, MI 49115	23-7097779	CHURCH	43,067				GENERAL SUPPORT; CENSUS SUPPORT; FAMILIES FIGHTING CANCER; EMERGENCY SUPPORT
HURON RIVER WATERSHED COUNCIL 1100 NORTH MAIN STREET SUITE 210 ANN ARBOR, MI 48103	38-1806542	501(C)(3)	15,000				GENERAL SUPPORT

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HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN 641 S CRYSTAL BENTON HARBOR, MI 49022	38-1715141	501(C)(3)	74,291				GENERAL SUPPORT
INDIANA UNIVERSITY 601 EAST KIRCKWOOD AVE BLOOMINGTON, IN 47405	35-6001673	COLLEGE/UNIVERSITY	250,500				GENERAL SUPPORT

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

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IN FOCUS CHURCH 562 ROUNTREE WAY EVANS, GA 30809	58-1642007	CHURCH	10,000				GENERAL SUPPORT
HARBOR COUNTRY FOOD PANTRY 6 SOUTH ELM STREET THREE OAKS, MI 49128	38-3013742	501(C)(3)	10,000				COVID-19 SUPPORT

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

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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

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

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HISTORICAL SOCIETY OF MICHIGAN 7435 WESTSHIRE DRIVE LANSING, MI 48917	38-1452689	501(C)(3)	10,000				GENERAL SUPPORT
HOPE COLLEGE PO BOX 9000 HOLLAND, MI 49422	38-1381271	COLLEGE/UNIVERSITY	6,000				SCHOLARSHIP

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KINEXUS 499 W MAIN STREET BENTON HARBOR, MI 49022	38-3287818	501(C)(3)	18,500				RIDE SHARE PILOT PARTNERSHIP PROJECT; LEADERSHIP ACCELERATOR
KRASL ART CENTER INC 707 LAKE BOULEVARD ST JOSEPH, MI 49085	23-7009281	501(C)(3)	102,760				GENERAL SUPPORT; RESILIENCY EXHIBITION; LUPE HOPE MEMORIAL; SCULPTURE PARK SUPPORT

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

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LA CHURCH OF CHRIST 3020 BURBANK BLVD BURBANK, CA 91505	95-4242480	CHURCH	10,000				GENERAL SUPPORT
LAKE MICHIGAN CATHOLIC SCHOOLS 915 PLEASANT STREET ST JOSEPH, MI 49085	38-1889005	CHURCH	37,572				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	31,800				SCHOLARSHIP
LAKE MICHIGAN COLLEGE FOUNDATION 2755 EAST NAPIER AVE BENTON HARBOR, MI 49022	38-2714753	501(C)(3)	220,925				PREMIER PARTNERS; CAMPAIGN FOR TOMORROW; WINE CENTER; SCHOLARSHIP

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HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	04-3129839	501(C)(3)	9,000				EARLY CHILDHOOD CAREGIVER SUPPORT; AFTER SCHOOL/SATURDAY ACADEMY
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVE STEVENSVILLE, MI 49127	38-3402730	501(C)(3)	152,803				GENERAL SUPPORT; STEM SUPPORT;

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

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INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD INDIANAPOLIS, IN 46202	35-6018940	501(C)(3)	10,000				SCHOOL OF BUSINESS SUPPORT
INTERCARE COMMUNITY HEALTH NETWORK 50 INDUSTRIAL PARK DRIVE BANGOR, MI 49013	38-2009364	501(C)(3)	5,004				BLOOD PRESSURE CUFFS

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

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LOGAN COMMUNITY RESOURCES 2505 E JEFFERSON BLVD SOUTH BEND, IN 46615	35-0965639	501(C)(3)	10,750				ANSARI AUTISM CENTER
LOVE CREEK COUNTY PARK 9292 HUCKLEBERRY RD BENTON CENTER, MI 49102	38-6000191	GOVERNMENT	10,000				GENERAL SUPPORT

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

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MICHIGAN STATE UNIVERSITY 556 E CIRCLE DRIVE ROOM 252 EAST LANSING, MI 48824	38-6005984	COLLEGE/UNIVERSITY	11,750				SCHOLARSHIPS
INTERNATIONAL MESSENGERS PO BOX 618 CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	10,000				COVID-19 SUPPORT

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MISSIONARY CHURCH WORLD PARTNERS PO BOX 9127 FORT WAYNE, IN 46899	35-1161320	501(C)(3)	8,000				GENERAL SUPPORT
MORTON HOUSE MUSEUM PO BOX 173 BENTON HARBOR, MI 49023	38-1253706	501(C)(3)	6,147				GENERAL SUPPORT

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MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION 510 W MAIN ST BENTON HARBOR, MI 49023	27-1050319	501(C)(3)	102,915				GENERAL SUPPORT
ISRAEL CANCER RESEARCH FUND 1 NORTHFIELD PLAZA 235 NORTHFIELD, IL 60093	51-0181215	501(C)(3)	6,000				RESEARCH

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JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	10,000				COVID-19 SUPPORT
MAUD PRESTON PALENSKE MEMORIAL LIBRARY 3275 N LINCOLN AVE ST JOSEPH, MI 49085	38-6000191	GOVERNMENT	23,650				GENERAL SUPPORTCENTER FOR INDIVIDUALIZED MEDICINE; MODEL CARE

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

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MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000				TOWNSHIP PARK
NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT 2627 NILES AVE ST JOSEPH, MI 49085	81-5017908	501(C)(3)	60,500				GENERAL SUPPORT

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NILES COMMUNITY SCHOOLS 111 SPRUCE ST NILES, MI 49120	38-6000646	GOVERNMENT	21,010				SCHOLARSHIPS FOR NEW ORLEANS TRIP
JOYCE MEYER MINISTRIES 700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501(C)(3)	25,000				COVID-19 SUPPORT

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

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NORTHWESTERN UNIVERSITY 2020 RIDGE AVE EVANSTON, IL 60208	36-2167817	COLLEGE/UNIVERSITY	39,387				SCHOLARSHIP; DANCE MARATHON SUPPORT; COLLEGE OF ENGINEERING; BUSINESS CULTURE ONLINE PROGRAM
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM 1700 ME 63RD STREET OKLAHOMA CITY, OK 73111	73-1374647	501(C)(3)	25,000				GENERAL SUPPORT

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

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KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO, MI 49006	38-1358014	COLLEGE/UNIVERSITY	10,000				CAPITAL IMPROVEMENTS
OUTCENTER 132 WATER STREET BENTON HARBOR, MI 49022	80-0341856	501(C)(3)	33,500				GENERAL SUPPORT

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PARTNERSHIPS FOR CHANGE PO BOX 29455 SAN FRANCISCO, CA 94129	88-0303288	501(C)(3)	22,000				GENERAL SUPPORT
PERFORMING ARTS WORKSHOPS - PAW INC PO BOX 136 NILES, MI 49120	81-1455566	501(C)(3)	20,203				GENERAL SUPPORT

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PILGRIM CONGREGATIONAL UNITED CHURCH OF CHRIST 1200 W GLENLORD ST JOSEPH, MI 49085	34-1927041	CHURCH	7,481				GENERAL SUPPORT
QUALITY SERVICES FOR THE AUTISM COMMUNITY 253 WEST 35TH ST 16TH FL NEW YORK, NY 10001	11-2482974	501(C)(3)	14,000				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)	39,352				GENERAL SUPPORT

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LEADING THE WAY MINISTRIES PO BOX 20100 ATLANTA, MI 30325	58-1816773	501(C)(3)	25,000				COVID-19 SUPPORT
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.

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LOYOLA UNIVERSITY CHICAGO SULLIVAN CENTER SUITE 190 CHICAGO, IL 60660	36-1480475	COLLEGE/UNIVERSITY	10,000				SCHOLARSHIP
MICHIANA PUBLIC BROADCASTING CORPORATIONWNIT PO BOX 7034 SOUTH BEND, MI 46634	35-1155594	501(C)(3)	10,615				GENERAL SUPPORT

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

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RIVER VALLEY SENIOR CENTER 13321 RED ARROW HIGHWAY HARBERT, MI 49115	38-2073282	501(C)(3)	12,500				FITNESS EQUIPMENT PACKAGE
MICHIGAN'S GREAT SOUTHWEST STRATEGIC LEADERSHIP COUNCIL 175 MAIN ST BENTON HARBOR, MI 49022	81-1493607	501(C)(3)	36,000				GENERAL SUPPORT; BERRIEN COUNTY HOUSING STUDY

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)	67,276				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)	46,552				GENERAL SUPPORT
SARETT NATURE CENTER 2300 BENTON CENTER RD BENTON HARBOR, MI 49022	38-3058912	501(C)(3)	23,006				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)	26,000				GENERAL SUPPORT
SOUP KITCHEN INC PO BOX 8210 BENTON HARBOR, MI 49022	38-2288520	501(C)(3)	25,240				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)	10,250				SUPPORT FOR PROMUSICA/MET OPERA NATIONAL COUNCIL
SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA 513 SHIP ST ST JOSEPH, MI 49085	38-6090138	501(C)(3)	137,750				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	18,884				GENERAL SUPPORT
ST AUGUSTINE OF CANTERBUR 1753 UNION STREET BENTON HARBOR, MI 49022	87-0777824	CHURCH	8,750				BARRIER FREE FUND

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 CATHOLIC CHURCH 211 CHURCH ST ST JOSEPH, MI 49085	38-1359067	CHURCH	15,200				GENERAL SUPPORT
ST JOSEPH FIRST UNITED METHODIST CHURCH 2950 LAKEVIEW AVENUE ST JOSEPH, MI 49085	38-1398841	CHURCH	58,000				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)	9,200				GENERAL SUPPORT
SENIOR NUTRITION SERVICES REGION IV INC 1708 COLFAXE AVE BENTON HARBOR, MI 49022	38-2766803	501(C)(3)	30,900				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)	314,162				GENERAL SUPPORT
ST JOSEPH-LINCOLN SENIOR CITIZEN CENTER 3271 LINCOLN AVE ST JOSEPH, MI 49085	38-2085893	501(C)(3)	13,678				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)	6,000				MINISTRY FUND
ST JOSEPH TODAY 301 STATE STREET ST JOSEPH, MI 49085	38-2277933	501(C)(3)	28,000				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
MONDAY MUSICAL CLUB 1010 STATE STREET ST JOSEPH, MI 49085	38-2566379	501(C)(3)	13,000				GENERAL SUPPORT
NATIONAL AUDUBON SOCIETY CORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 34102	13-1624102	501(C)(3)	5,000				GENERAL SUPPORT; COVID-19 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)	46,575				GENERAL SUPPORT
STEVENSVILLE UNITED METHODIST CHURCH 5506 RIDGE ROAD STEVENSVILLE, MI 49127	38-1720200	501(C)(3)	6,000				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	11,000				GENERAL SUPPORT
THERAPEUTIC EQUESTRIAN CENTER PO BOX 1250 NILES, MI 49120	30-0328156	501(C)(3)	25,650				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)	5,000				REFUGEES AID
NATIONAL PEDIATRIC CANCER FOUNDATION 550 WEST EXECUTIVE DRIVE STE 300 TAMPA, FL 33609	59-3097333	501(C)(3)	5,000				RESEARCH

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)	12,000				GENERAL SUPPORT
TWIN CITY AREA CATHOLIC SCHOOL FUND INC PO BOX 32 ST JOSEPH, MI 49085	23-7129409	501(C)(3)	28,549				TEACHER BONUSES

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
TWIN CITY PLAYERS PO BOX 243 ST JOSEPH, MI 49085	38-1334859	501(C)(3)	29,923				TCP TWIN CITIES THEATRE FESTIVAL
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE ST JOSEPH, MI 49085	38-1358411	501(C)(3)	212,800				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
UNIVERSITY OF MICHIGAN 1220 STUDENT ACTIVITIES ANN ARBOR, MI 48109	38-6006309	COLLEGE/UNIVERSITY	50,100				STUDENT SCHOLARSHIP
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	COLLEGE/UNIVERSITY	11,500				VII FAMILY ENDOWMENT FOR EXCELLENCE

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
NEEM KAROLI BABA ASHRAM PO BOX 1710 TAOS, NM 87571	85-0331037	501(C)(3)	8,000				GENERAL SUPPORT
UNITED WAY WORLD WIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(C)(3)	50,000				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
WATER STREET GLASSWORKS 140 WATER STREET BENTON HARBOR, MI 49022	43-2039326	501(C)(3)	63,314				GENERAL SUPPORT
WELL OF GRACE MINISTRIES 5707 RED ARROW HIGHWAY STEVENSVILLE, MI 49127	20-1716641	501(C)(3)	17,000				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
WESTERN MICHIGAN UNIVERSITY 1903 WEST MICHIGAN AVE KALAMAZOO, MI 49008	38-6007327	COLLEGE/UNIVERSITY	39,510				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)	24,000				GENERAL SUPPORT
NEIGHBOR TO NEIGHBOR 9147 US 31 N BERRIEN SPRINGS, MI 49103	38-6068297	501(C)(3)	15,000				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
YMCA OF SOUTHWEST MICHIGAN 905 N FRONT ST NILES, MI 49120	38-1358236	501(C)(3)	104,000				BUILDING EXPANSION AND SUMMER MY WAY
YOUNG LIFE - SOUTHWEST MICHIGAN 2627 NILES AVE ST JOSEPH, MI 49085	84-0385934	501(C)(3)	21,000				GENERAL SUPPORT

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

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NILES DISTRICT LIBRARY 620 E MAIN STREET NILES, MI 49120	61-1418807	GOVERNMENT	7,000				ADA COMPLIANT RENOVATIONS; OUTDOOR LEARNING EXPERIENCE SUPPORT
NORTH POINT MINISTRIES 4350 NORTH POINT PARKWAY ALPHARETTA, GA 30022	20-5420008	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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PKD FOUNDATION 1001 E 101ST TERRACE STE 220 KANSAS CITY, MO 64131	43-1266906	501(C)(3)	6,000				RESEARCH
PRISON FELLOWSHIP MINISTRIES PPI BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	5,000				COVID-19 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
PURDUE FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	31-0958507	COLLEGE/UNIVERSITY	6,000				GENERAL SUPPORT; THE RAY COHEN EXCELLENCE IN THERMAL SYSTEMS FUND
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	31-1052049	501(C)(3)	10,000				RESEARCH

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

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RBM MINISTRIES PO BOX 128 PLAINWELL, MI 49080	38-6006342	501(C)(3)	5,000				COVID-19 SUPPORT
REGION IV AREA AGENCY ON AGING 2900 LAKEVIEW AVENUE ST JOSEPH, MI 49085	38-2332594	501(C)(3)	80,000				COVID-19 CARE SUPPORT

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

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SAINT MARY'S COLLEGE 141 LEMANS HALL NOTRE DAME, IN 46556	35-0868158	COLLEGE/UNIVERSITY	6,000				GENERAL SUPPORT; SCHOLARSHIP
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	26,000				COVID-19 SUPPORT

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

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SIENA HEIGHTS UNIVERSITY 1247 E SIENA HEIGHTS DRIVE ADRIAN, MI 49221	38-1366958	COLLEGE/UNIVERSITY	5,000				SCHOLARSHIP
SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY 185 E MAIN SUITE 200 BENTON HARBOR, MI 49022	38-2415106	501(C)(3)	162,758				GENERAL SUPPORT; EMERGENCY NEEDS

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	9,751				NICKLAUS - BENITEZ
SPECTRUM HEALTH LAKELAND FOUNDATIONS 1234 NAPIER AVE ST JOSEPH, MI 49085	38-2539929	501(C)(3)	58,798				GENERAL SUPPORT; COVID-19 SUPPORT; HEALTHCARE HEROES; YEAGER CANCER CENTER SUPPORT; GROWTH 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
SPRING ARBOR UNIVERSITY 106 E MAIN ST SPRING ARBOR, MI 49283	38-1359569	COLLEGE/UNIVERSITY	5,700				EDUCATION SUPPORT; SCHOLARSHIP
WATERVLIET FREE METHODIST CHURCH 7734 PAW PAW WATERVLIET, MI 49098	35-0877568	501(C)(3)	10,000				KID'S CAMPUS PLAYGROUND

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
YOUTH DEVELOPMENT COMPANY 10781 76TH STREET SOUTH HAVEN, MI 49090	38-3298735	501(C)(3)	20,000				THE YDC LEARNING CENTER COLOMA
ST JUDE'S CHILDREN RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	18,000				GENERAL SUPPORT; COVID-19 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
STORYLINE CHURCH PO BOX 36 STEVENSVILLE, MI 49127	61-1452641	CHURCH	15,133				GENERAL SUPPORT
TOLEDO MUSEUM OF ART PO BOX 1013 TOLEDO, OH 43697	34-4434678	501(C)(3)	9,000				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
WARRIOR PRINCESS HOUSE OF BENTON HARBOR 405 OHIO ST BENTON HARBOR, MI 49022	46-3184628	501(C)(3)	15,000				GROUP HOME RENOVATION PROJECT
WATERVLIET DISTRICT LIBRARY 333 NORTH MAIN ST WATERVLIET, MI 49098	38-6033393	GOVERNMENT	7,600				CENSUS SUPPORT; COMPUTER EQUIPMENT

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
WESTERN MICHIGAN CHRISTIAN SCHOOL 455 E ELLIS ROAD NORTON SHORES, MI 49441	38-3488222	501(C)(3)	10,000				COVID-19 SUPPORT
WYCLIFFE BIBLE TRANSLATORS INC PO BOX 628200 ORLANDO, FL 32862	95-1831097	501(C)(3)	10,000				COVID-19 SUPPORT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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.**

Open to Public Inspection

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	40	6,201,553	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

2020**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

2020

**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).