

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: BERRIEN COMMUNITY FOUNDATION, INC.
D Employer identification number: 38-6057160
E Telephone number: 269-983-3304
G Gross receipts \$: 24,559,506.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.BERRIENCOMMUNITY.ORG
K Form of organization:
L Year of formation: 1952
M State of legal domicile: MI

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22).

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.

Signature of officer: LISA CRIPPS-DOWNEY, PRESIDENT
Preparer: ROBERT ALEX SCHAEFFER, KRUGGEL, LAWTON & COMPANY, LLC

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,347,794. including grants of \$ 6,757,625. ) (Revenue \$ 3,408,972. ) TO TAKE AND HOLD, BY GIFTS, BEQUEST OR MONEY FOR THE PRESERVATION OF OBJECTS OF HISTORICAL INTEREST OR FOR RELIGIOUS, ELEEMOSYNARY, PHILANTHROPIC OR BENEVOLENT PURPOSES FOR PUBLIC WELFARE.

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

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

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

4e Total program service expenses 7,347,794.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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



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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHIL MAKI CHAIR	5.00	X		X				0.	0.	0.
(2) SARAH JOLLAY VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ALEXIS HARRIS TREASURER	5.00	X		X				0.	0.	0.
(4) RAY LIPSCOMB SECRETARY	5.00	X		X				0.	0.	0.
(5) CHRISTINA HARDY TRUSTEE	2.00	X						0.	0.	0.
(6) GLORIA ENDER TRUSTEE	2.00	X						0.	0.	0.
(7) JOHN GUINNESS TRUSTEE	2.00	X						0.	0.	0.
(8) CAROLYN HANSON TRUSTEE	2.00	X						0.	0.	0.
(9) PHILIP MOLLOY TRUSTEE	2.00	X						0.	0.	0.
(10) HON. TOM NELSON TRUSTEE	2.00	X						0.	0.	0.
(11) KELLY FERNEAU TRUSTEE	2.00	X						0.	0.	0.
(12) KAREN YTTERBERG TRUSTEE	2.00	X						0.	0.	0.
(13) ELIZABETH MCCREE TRUSTEE	2.00	X						0.	0.	0.
(14) LISA CRIPPS-DOWNEY PRESIDENT	60.00			X				131,490.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							131,490.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							131,490.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,159,773.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,664,158.			
	h	<b>Total.</b> Add lines 1a-1f		7,159,773.			
Program Service Revenue	2 a	REGISTRATIONS	Business Code				
	b			3,268.	3,268.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		3,268.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,091,554.	2,091,554.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					15,163,730.		
	b	Less: cost or other basis and sales expenses	7b	13,990,761.			
	c	Gain or (loss)	7c	1,172,969.			
d	Net gain or (loss)		1,172,969.	1,172,969.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	90,841.	90,841.		
	b	CONSULTING		50,340.	50,340.		
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		141,181.			
12	<b>Total revenue.</b> See instructions		10,568,745.	3,408,972.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,466,696.	6,466,696.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	290,929.	290,929.		
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 .....	131,491.	65,745.	59,171.	6,575.
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 .....	389,651.	233,478.	147,328.	8,845.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	20,222.	11,611.	8,013.	598.
9 Other employee benefits .....				
10 Payroll taxes .....	40,695.	23,366.	16,125.	1,204.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	9,100.		9,100.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	401,945.		401,945.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	172,452.	134,013.	38,268.	171.
12 Advertising and promotion .....	104,214.	25,871.	2,473.	75,870.
13 Office expenses .....	11,188.	5,735.	4,545.	908.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	72,034.	36,974.	29,094.	5,966.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	9,623.	2,621.	7,002.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	10,936.	5,613.	4,417.	906.
23 Insurance .....	6,653.	3,411.	2,681.	561.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SOFTWARE SUPPORT</b>	26,413.	13,537.	10,730.	2,146.
b <b>DIRECT FUND EXPENSES</b>	22,185.	19,815.	2,370.	
c <b>POSTAGE</b>	6,656.	3,411.	2,704.	541.
d <b>COPIER LEASE</b>	5,896.	3,022.	2,395.	479.
e All other expenses	3,796.	1,946.	1,542.	308.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,202,775.</b>	<b>7,347,794.</b>	<b>749,903.</b>	<b>105,078.</b>
<b>26 Joint costs.</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	6,414,602.	<b>2</b>	6,867,075.
	<b>3</b> Pledges and grants receivable, net .....	2,590,956.	<b>3</b>	2,415,119.
	<b>4</b> Accounts receivable, net .....	2,039.	<b>4</b>	1,621.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 281,409.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 101,282.	237,552.	<b>10c</b> 180,127.
	<b>11</b> Investments - publicly traded securities .....	71,541,767.	<b>11</b>	82,378,777.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	61,875.	<b>15</b>	44,988.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	80,848,791.	<b>16</b>	91,887,707.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,016.	<b>17</b>	1,291.
	<b>18</b> Grants payable .....	30,000.	<b>18</b>	0.
	<b>19</b> Deferred revenue .....	286,236.	<b>19</b>	242,490.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	182,655.	<b>25</b>	118,189.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	503,907.	<b>26</b>	361,970.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	79,580,263.	<b>27</b>	90,736,867.
	<b>28</b> Net assets with donor restrictions .....	764,621.	<b>28</b>	788,870.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	80,344,884.	<b>32</b>	91,525,737.
<b>33</b> Total liabilities and net assets/fund balances .....	80,848,791.	<b>33</b>	91,887,707.	

**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	10,568,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,202,775.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,365,970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,344,884.
5	Net unrealized gains (losses) on investments	5	8,814,883.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	91,525,737.

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

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

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

(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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10173629.	15892728.	23972070.	9020291.	7159773.	66218491.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	10173629.	15892728.	23972070.	9020291.	7159773.	66218491.
<b>5</b> 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)						6369492.
<b>6 Public support.</b> Subtract line 5 from line 4.						59848999.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	10173629.	15892728.	23972070.	9020291.	7159773.	66218491.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1279462.	1072802.	1157182.	1570052.	2091554.	7171052.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	141,943.	153,137.	75,511.	209,199.	141,181.	720,971.
<b>11 Total support.</b> Add lines 7 through 10						74110514.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	80.76 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	81.83 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

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

**GRANT ADMINISTRATIVE SERVICES AND OTHER NON-RECURRING ITEMS**

Multiple horizontal lines for providing supplemental information.



**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**BERRIEN COMMUNITY FOUNDATION, INC.**

Employer identification number

**38-6057160**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>BERRIEN COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>38-6057160</b>
-----------------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>2,862,581.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,435,900.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>541,206.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>172,420.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>148,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>        </u>	<hr/> <hr/> <hr/>	\$ <u>                    </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BERRIEN COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>38-6057160</b>
-----------------------------------------------------------------------	---------------------------------------------------------

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>808,148.</u>	<u>07/24/23</u>
<u>2</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>1,435,900.</u>	<u>07/27/23</u>
<u>3</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>541,206.</u>	<u>12/20/23</u>
<u>4</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>172,420.</u>	<u>07/28/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>BERRIEN COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>38-6057160</b>
-----------------------------------------------------------------------	---------------------------------------------------------

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2023

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes for reporting requirements and dollar amount fields for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	46,630,994.	52,317,925.	40,346,158.	29,290,526.	23,494,753.
b Contributions	2,554,274.	4,486,988.	8,575,256.	9,056,463.	2,745,205.
c Net investment earnings, gains, and losses	7,295,694.	-8,631,599.	5,735,283.	3,549,844.	4,436,460.
d Grants or scholarships	-1,959,840.	814,314.	1,037,695.	866,681.	761,599.
e Other expenditures for facilities and programs				467.	380.
f Administrative expenses	-800,338.	728,006.	1,301,077.	683,326.	623,913.
g End of year balance	53,720,784.	46,630,994.	52,317,925.	40,346,158.	29,290,526.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.0000 %
  - b Permanent endowment 83.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations?                                                                                        |     | X  |
| (ii) Related organizations?                                                                                         |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		111,294.	27,687.	83,607.
d Equipment		27,086.	17,183.	9,903.
e Other		143,029.	56,412.	86,617.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				180,127.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE LIABILITY</b>	<b>85,800.</b>
(3) <b>LOAN PAYABLE</b>	<b>32,389.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>118,189.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,793,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,814,883.	
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	8,814,883.	
3	Subtract line 2e from line 1	3	7,978,442.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,590,303.	
c	Add lines 4a and 4b	4c	2,590,303.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,568,745.	

**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	7,423,354.
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	7,423,354.	
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	779,421.	
c	Add lines 4a and 4b	4c	779,421.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,202,775.	

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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



**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSE

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a Subtotal</b> .....	0	0			0.
<b>b Total</b> from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL SUPPORT (ORGAINZATION SUPPORTS CHILD WITH AUTISM IN MEXICO).	30,187.		0.		

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

3 Enter total number of other organizations or entities .....

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V**

**Supplemental Information**

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

Ruled area for supplemental information with horizontal lines.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I** General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 WOMEN STRONG PO BOX 272 ST. JOSEPH, MI 49085	27-1041148	501(3)	6,250.	0.			GENERAL SUPPORT
ACORN CENTER FOR THE PERFORMING ARTS - PO BOX 395 - THREE OAKS, MI 49128	47-2717128	501(3)	18,000.	0.			GENERAL SUPPORT, COMMUNITY PROGRAMMING INITIATIVES SUPPORT
ALEX MANDARINO FOUNDATION 3158 ESTATES PLACE NORTH ST. JOSEPH, MI 49085	46-4144469	501(3)	5,500.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY PO BOX 10069 DETROIT, MI 48210	13-1788491	501(3)	16,711.	0.			GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION PO BOX 7023 ATTN: MICHIGAN OFFICE MERRIFIELD, VA 22116	13-1623888	501(3)	6,500.	0.			GENERAL SUPPORT, CAMP MIDICHA SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 840692 DALLAS, TX 75284	13-5613797	501(3)	13,579.	0.			GENERAL SUPPORT

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LEGION POST 518 4789 WEE CHICK RD NEW TROY, MI 49119	38-6147977	501(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - SOUTHWEST MI CHAPTER - 5640 VENTURE COURT - KALAMAZOO, MI 49009		501(3)	5,500.	0.			BERRIEN COUNTY SUPPORT, GENERAL SUPPORT
ARS ARTS & CULTURE CENTER PO BOX 9151 BENTON HARBOR, MI 49023	46-4235650	501(3)	8,000.	0.			STUDENT SCHOLARSHIPS, OCTOBER FUNDRAISER, ARTS EDUCATION FOR UNDERSERVED YOUTH
ARTS COMMISSION OF GREATER TOLEDO 1838 PARKWOOD AVE. SUITE 120 TOLEDO, OH 46304	34-1358701	501(3)	26,000.	0.			YOUNG ARTISTS AT WORK SUPPORT, GENERAL SUPPORT
BEER CITY DOG BISCUITS 3019 COIT AVE NE GRAND RAPIDS, MI 49505	82-4302005	501(3)	6,500.	0.			BREW BAKERS VOCATION
BENTON CHARTER TOWNSHIP POLICE DEPARTMENT - 1725 TERRITORIAL ROAD - BENTON HARBOR, MI 49022	38-6000180	GOVERNMENT	20,000.	0.			PORTABLE 800MHZ RADIOS FOR PATROL OFFICERS
BENTON HARBOR COMMUNITY DEVELOPMENT CORPORATION - 273 MORTON AVENUE #2 - BENTON HARBOR, MI 49022	85-3784631	501(3)	46,000.	0.			TRANSFORMATION BEYOND IMAGINATION, GENERAL SUPPORT, OUTSIDE THE LINES SUMMER CAMP,
BENTON HARBOR DEPARTMENT OF PUBLIC SAFETY - 200 E. WALL STREET - BENTON HARBOR, MI 49022	38-6004537	GOVERNMENT	31,410.	0.			ENHANCING THE INCIDENT COMMAND CAPABILITIES OF BERRIEN COUNTY FIRE DEPARTMENTS, CARCINOGEN
BENTON HARBOR GIRLS ASSOCIATION FOR LEARNING & SELF ESTEEM - PO BOX 840 301 MARTIN LUTHER KING - BENTON HARBOR, MI 49023	20-5842839	501(3)	14,000.	0.			"I CAN", ONE GIRL SPONSORSHIP

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENTON HARBOR LIONS FOUNDATION PO BOX 8822 BENTON HARBOR, MI 49022	38-2680242	501(3)	7,000.	0.			GENERAL SUPPORT
BENTON HARBOR STREET MINISTRY PO BOX 1081 BENTON HARBOR, MI 49023	38-1539981	501(3)	6,612.	0.			SPENDABLE DISTRIBUTION
BERRIEN COUNTY CANCER SERVICE, INC. - 3900 HOLLYWOOD ROAD - ST. JOSEPH, MI 49085	38-1387101	501(3)	28,009.	0.			GENERAL SUPPORT, PATIENT HOME VISITS, SUPPORTIVE RESOURCES FOR THOSE WITH CANCER AND RELATED
BERRIEN COUNTY CONSERVATION DISTRICT - 3334 EDGEWOOD ROAD - BERRIEN SPRINGS, MI 49103	20-4301388	GOVERNMENT	5,500.	0.			BERRIEN FARM FIELD DAY, HALL PARK EARTH DAY CELEBRATION
BERRIEN COUNTY HISTORICAL ASSOCIATION - P.O. BOX 261 - BERRIEN SPRINGS, MI 49103	38-6157771	501(3)	24,895.	0.			GENERAL SUPPORT, CLOCK INSTALLATION PROJECT
BERRIEN COUNTY PARKS DEPARTMENT 701 MAIN STREET 4TH FLOOR ST. JOSEPH, MI 49085	38-6000191	GOVERNMENT	61,877.	0.			GENERAL SUPPORT, BEACH WHEELCHAIR
BERRIEN COUNTY SHERIFF'S DEPARTMENT - 919 PORT STREET - ST. JOSEPH, MI 49085	38-6000191	GOVERNMENT	44,810.	0.			SCHOOL VIOLENCE PREVENTION TRAINING, EXPLORER POST 602, 2023 EXPENSES, MENTAL & DRUG
BERRIEN COUNTY VETERAN SERVICES 701 MAIN ST. ST. JOSEPH, MI 49085	38-6000191	GOVERNMENT	10,000.	0.			DAV VAN MATCHING FUNDS
BERRIEN COUNTY VICTIM SERVICES UNIT - 919 PORT STREET - ST. JOSEPH, MI 49085	27-1133420	501(3)	11,100.	0.			VICTIM ASSISTANCE, NO SHAVE NOVEMBER, EDUCATIONAL TOOLS AND MATERIALS SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRIEN COUNTY YOUTH FAIR ASSOCIATION, INC. - P.O. BOX 7 9122 US HWY 31 - BERRIEN SPRINGS, MI 49103	38-1362266	501(3)	10,500.	0.			TROPHY ROOM ENGRAVING STATION, EMERGENCY MEDICAL EQUIPMENT
BERRIEN SPRINGS COMMUNITY LIBRARY 215 WEST UNION STREET BERRIEN SPRINGS, MI 49103	38-1709120	GOVERNMENT	20,000.	0.			GENERAL SUPPORT
BERRIEN SPRINGS PUBLIC SCHOOLS ONE SYLVESTER AVENUE PO BOX 130 BERRIEN SPRINGS, MI 49103	38-6000658	GOVERNMENT	6,048.	0.			BERRIEN SPRINGS VIRTUAL ACADEMY BRISTLE BOT OLYMPICS, 3D ENGINEERING CAR CHALLENGE, BERRIEN
BEYOND BASICS 18000 W 9 MILE RD STE 450 SOUTHFIELD, MI 48075	75-2993015	501(3)	8,000.	0.			BENTON HARBOR AREA SCHOOLS - LITERACY INTERVENTION PROGRAM
BOYS AND GIRLS CLUBS OF BENTON HARBOR - 600 NATE WELLS SENIOR DRIVE - BENTON HARBOR, MI 49022	38-3461586	501(3)	89,000.	0.			GENERAL SUPPORT, "SUMMER BRAIN GAIN" SUPPORT
BRIDGMAN PUBLIC LIBRARY 4460 LAKE ST BRIDGMAN, MI 49106	38-1817115	GOVERNMENT	54,525.	0.			LIBROS PARA TODOS, GENERAL SUPPORT
BRIGHTPOINT 200 W. MONROE ST., SUITE 2100 CHICAGO, IL 60606	36-2167743	501(3)	10,000.	0.			GENERAL SUPPORT
BROOKVIEW MONTESSORI SCHOOL 501 ZOLLAR DRIVE BENTON HARBOR, MI 49022	38-2078803	501(3)	25,000.	0.			RESTORATION OF BROOKVIEW'S LEARNING ENVIRONMENTS
BUCHANAN DEVELOPMENT ORGANIZATION PO BOX 108 BUCHANAN, MI 49107	92-1888778	501(3)	9,500.	0.			DAYS AVE ACTIVATION - INSTALLATION OF PUBLIC ART IN DOWNTOWN BUCHANAN

Schedule I (Form 990)

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

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BUCHANAN HIGH SCHOOL 401 W. CHICAGO STREET BUCHANAN , MI 49107	38-6000616	2146826246	8,400.	0.			HELP US KEEP THE BEAT
CALVARY CHAPEL CHURCH INC. 1551 WEST CAMINO REAL BOCA RATON, FL 33486	65-0879835	501(3)	10,000.	0.			GENERAL SUPPORT
CAMP VICTORY MINISTRIES 58212 403RD AVENUE ZUMBRO FALLS, MN 55991	31-1710184	501(3)	25,000.	0.			GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRIST INC. PO BOX 628222 ORLANDO , FL 32862	95-6006173	501(3)	13,700.	0.			MISSION WORK
CARING CIRCLE 4025 HEALTH PARK LANE ST. JOSEPH, MI 49085	38-3382353	501(3)	73,125.	0.			GENERAL SUPPORT, LORY'S PLACE, REFLECTIONS REIMAGINED SUPPORT, HANSON HOSPICE CENTER,
CASA OF SW MICHIGAN PO BOX 1146 BENTON HARBOR, MI 49023	83-3301571	501(3)	15,000.	0.			GENERAL SUPPORT, PICNIC WITH A PURPOSE FUNDRAISER, CASA CARES FUND & VOLUNTEER MILEAGE
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST MICHIGAN - 4938 NILES ROAD - ST. JOSEPH, MI 49085	38-2265793	501(3)	7,000.	0.			GENERAL SUPPORT
CHILDREN'S MUSIC WORKSHOP P.O. BOX 69 STEVENSVILLE, MI 49127	38-3624141	501(3)	14,354.	0.			OPERATIONAL SUPPORT, WIRELESS LAVALIER MICROPHONE SYSTEM
CITADEL DANCE & MUSIC CENTER, INC. 204 WATER STREET BENTON HARBOR, MI 49022	37-1474113	501(3)	67,500.	0.			CITADEL ALAMAR, KINDERMUSIC, CITADEL SPECTACULAR, INSTRUMENT MAINTENANCE, PURCHASE,

Schedule I (Form 990)

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

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CITY OF WATERVLIET P.O. BOX 86 WATERVLIET, MI 49098	38-6004747	GOVERNMENT	10,604.	0.			COLOMA DOG PARK
CLEMENTS LIBRARY 909 SOUTH UNIVERSITY AVENUE ANN ARBOR, MI 48109	38-6006309	501(3)	31,950.	0.			POST-GRADUATE CATALOGUER POSITION, CLEMENTS LIBRARY SUPPORT
COLOMA PTO 274 SOUTH WEST STREET COLOMA, MI 49038	47-5175279	501(3)	7,475.	0.			ANGIE SEABURY'S VISION
COLORADO COLLEGE OFFICE FOR ADVANCEMENT PO BOX 1117 COLORADO SPRINGS, CO 80901	84-0402510	501(3)	100,000.	0.			GENERAL SUPPORT
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(3)	40,450.	0.			CAROL'S HOPE SUPPORT, CAROL'S HOPE-DRUG REHAB, CAROL'S HOPE ENGAGEMENT CENTER
CORNERSTONE ALLIANCE 80 W MAIN STREET BENTON HARBOR, MI 49022	38-2772476	501(3)	23,500.	0.			ECONOMIC DEVELOPMENT/BUSINESS SERVICES/COVID RECOVERY SUPPORT, GENERAL SUPPORT
CORNERSTONE PUBLIC ASSET FUND, INC. - 80 W MAIN ST - BENTON HARBOR, MI 49022	46-4405437	501(3)	162,236.	0.			THE WHIRLPOOL COLLECTIVE IMPACT FUND, GENERAL SUPPORT
COUNCIL OF MICHIGAN FOUNDATIONS 3101 EAST GRAND BLVD., STE 300 DETROIT, MI 48202	38-6263347	501(3)	19,300.	0.			2023 MEMBERSHIP
CURIOUS KIDS' MUSEUM 415 LAKE BOULEVARD ST. JOSEPH, MI 49085	38-2816471	501(3)	38,700.	0.			GENERAL SUPPORT, FLOOR PROJECTOR INTERACTIVE GAME SUPPORT - DISCOVERY ZONE, FUNDRAISER

Schedule I (Form 990)

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

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DEER CREEK OPEN SPACE ASSOCIATION 720 ST. JOSEPH DRIVE ST. JOSEPH, MI 49085	38-3474667	501(3)	127,959.	0.			GENERAL SUPPORT
DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 E. CROSSTOWN - KALAMAZOO, MI 49001	38-2351028	501(3)	30,000.	0.			RAMP UP
DISABLED AMERICAN VETERANS 1700 EAST 38TH STREET, BLDG 185, RO MARION, IN 46953	35-6071505	0	9,079.	0.			GENERAL SUPPORT
ELE'S PLACE, INC. 1145 W. OAKLAND AVE. SUITE 1-G LANSING, MI 48915	38-2976751	501(3)	20,655.	0.			DERBY DAY SOIREE SUPPORT, OPERATIONAL SUPPORT, GENERAL SUPPORT, BIRTHDAY FUNDRAISER SUPPORT, ANN
EMERGE INNOVATION HUB 1804 M-139 #1 BENTON HARBOR, MI 49022	88-3098386	501(3)	10,000.	0.			EMERGE LABS
EMERGENCY SHELTER SERVICES 185 EAST MAIN STREET SUITE 103 BENTON HARBOR, MI 49022	38-2268351	501(3)	51,500.	0.			FUND DRIVE FOR REPAIRS, GENERAL SUPPORT, SHELTER SUPPORT
EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 55420	41-0721672	501(3)	7,500.	0.			MISSION SUPPORT
FEEDING AMERICA WEST MICHIGAN FOOD BANK - 864 WEST RIVER CENTER - COMSTOCK PARK, MI 49321	38-2439659	501(3)	69,200.	0.			BERRIEN COUNTY MOBILE FOOD PANTRY SUPPORT, GENERAL SUPPORT, FOOD FOR GOOD CHALLENGE
FERNWOOD, INC. 13988 RANGE LINE RD. NILES, MI 49120	38-1750543	501(3)	41,586.	0.			SPENDABLE DISTRIBUTION, CAPITAL IMPROVEMENTS, THE STUMPERY GARDEN, INTERN FUND, ANNUAL CAMPAIGN,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRY STREET RESOURCE CENTER, INC. PO BOX 465 NILES, MI 49120	26-1484619	501(3)	42,500.	0.			"BUILDING BRIDGES TO OPPORTUNITY AND SUSTAINABILITY", HOUSING, TRANSPORTATION, FOOD &
FIRST CHURCH OF GOD 2627 NILES AVENUE ST. JOSEPH, MI 49085	38-1708461	501(3)	6,650.	0.			BENTON HEIGHTS LAUNDRY HUB PROJECT, GENERAL SUPPORT, CAR MINISTRY
FIRST CONGREGATIONAL CHURCH OF ST. JOSEPH - 2001 NILES AVENUE - ST. JOSEPH, MI 49085	38-1578800	CHURCH	76,527.	0.			WEEKEND BEAR PACKS, GENERAL SUPPORT, THE REMEMBRANCE FUND
FIRST TEE OF BENTON HARBOR 201 GRAHAM AVENUE BENTON HARBOR, MI 49022	20-4206065	501(3)	9,000.	0.			GENERAL SUPPORT
FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION - 119 HAGGAR HALL - NOTRE DAME, IN 46556	35-1650154	501(3)	7,000.	0.			BERRIEN COUNTY PERFORMANCE SUPPORT
GHOSTLIGHT PRODUCTIONS INC 101 HINKLEY ST. BENTON HARBOR, MI 49022	38-4057017	501(3)	7,000.	0.			CIRCESTEEM SUMMER CAMP
GLOBAL STRATEGY; CHURCH OF GOD MINISTRIES - P O BOX 2420 - ANDERSON , IN 46018		0	10,000.	0.			PASS CREEK CHURCH BUILDING IN SD; PROJECT #43.44352
GRAND VALLEY STATE UNIVERSITY 100 STUDENT SERVICES 1 CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	501(3)	8,232.	0.			SOFTBALL TEAM SUPPORT, EDUCATIONAL SUPPORT
GREENHILLS SCHOOL 850 GREENHILLS DRIVE ANN ARBOR, MI 48103	38-6143974	501(3)	10,800.	0.			EVERGREEN SCHOLARS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR COUNTRY EMERGENCY FOOD PANTRY, INC. - 301 N. ELM STREET PO BOX 113 - THREE OAKS, MI 49128	38-3013742	501(3)	11,000.	0.			W.A.R.M. WINTER AID 'ROUND MICHIGAN, FOOD FOR GOOD - FOOD PANTRY SUPPORT, GENERAL SUPPORT
HARBOR COUNTRY MISSION 9600 RED ARROW HIGHWAY BRIDGMAN, MI 49106	46-4817933	501(3)	20,000.	0.			BARRIER REMOVAL & DONATION STORAGE
HARBOR HABITAT FOR HUMANITY 175 W MAIN ST BENTON HARBOR, MI 49022	38-3258418	501(3)	21,500.	0.			HABITAT HOPE
HARBOR IMPACT FOUNDATION PO BOX 905 BENTON HARBOR, MI 49023	88-1377420	0	9,000.	0.			STUDENT ATHLETE ACADEMIC AND LIFE SKILLS PROGRAM
HARBOR OF HOPE-PMC 769 PIPESTONE STREET BENTON HARBOR, MI 49022		0	12,000.	0.			BEYOND THE GAME
HARTFORD FIRE DEPARTMENT 436 E MAIN ST HARTFORD, MI 49057	38-6368410	0	8,095.	0.			GENERAL SUPPORT
HARTFORD PUBLIC SCHOOLS FOUNDATION FOR QUALITY EDUCATION - HARTFORD PUBLIC SCHOOLS FDN. PO BOX 403 - HARTFORD, MI 49057	38-3433978	501(3)	7,981.	0.			GENERAL SUPPORT
HARTFORD UNITED METHODIST CHURCH 425 E MAIN ST HARTFORD, MI 49057	38-1777122	CHURCH	9,079.	0.			GENERAL SUPPORT
HERITAGE MUSEUM AND CULTURAL CENTER - 601 MAIN STREET - ST. JOSEPH, MI 49085	38-1791320	501(3)	174,272.	0.			OPERATIONAL SUPPORT, EDUCATIONAL PROGRAMMING SUPPORT, GENERAL SUPPORT, SUMMER SUNSET SOIREE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE WORLDWIDE, LTD. 290 INTERSTATE NORTH CIRCLE SE, STE ATLANTA, GA 30339	04-3129839	501(3)	7,500.	0.			UKRAINIAN THERAPY SUPPORT, LENDHOPEWW PROGRAM SUPPORT
HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN - 5400 NILES ROAD - ST. JOSEPH, MI 49085	38-1715141	501(3)	18,127.	0.			GENERAL SUPPORT, ANIMAL CARE
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(3)	12,600.	0.			SUMMER CAMP TUITION
INTERNATIONAL MESSENGERS PO BOX 618 CLEAR LAKE, IA 50428	41-1652782	501(3)	10,000.	0.			MISSION SUPPORT
ISHA CARE CLINIC INCORPORATED 951 ISHA LANE MCMINNVILLE, TN 37110	26-3140250	501(3)	10,000.	0.			GENERAL OPERATIONS/REJUVENATION SCHOLARSHIP SUPPORT
JERICO FOUNDATION INC PO BOX 334 OSHTEMO, MI 49009	38-3575834	501(3)	10,000.	0.			GENERAL SUPPORT
JOYCE MEYER MINISTRIES 700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501(3)	20,500.	0.			GENERAL SUPPORT
KRASL ART CENTER, INC. 707 LAKE BOULEVARD ST. JOSEPH, MI 49085	23-7009281	501(3)	26,261.	0.			PROGRAMMING SUPPORT, GENERAL SUPPORT, STUDENT SCHOLARSHIPS
LA INTERNATIONAL CHURCH OF CHRIST 3727 W MAGNOLIA BLVD. #469 BURBANK, CA 91505	95-4242480	501(3)	12,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

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LAKE MICHIGAN COLLEGE FOUNDATION 2755 EAST NAPIER AVENUE BENTON HARBOR, MI 49022	38-2714753	501(3)	50,000.	0.			START TO FINISH PROGRAM SUPPORT
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVENUE STEVENSVILLE, MI 49127	38-3402730	501(3)	109,000.	0.			1 TO 1 TECHNOLOGY PROGRAM FUNDING, GENERAL SUPPORT, EARLY LITERACY PROGRAM, CLASSROOM EDUCATIONAL &
LAKESHORE PUBLIC SCHOOLS 5771 CLEVELAND AVENUE STEVENSVILLE, MI 49127	38-6029219	GOVERNMENT	22,522.	0.			SENIOR CRUISE TRANSPORTATION SUPPORT, PHONICS FOUNDATION - SUPPORT TOOLS, COFFEE
LEST WE FORGET, INC. 5512 IVY DRIVE STEVENSVILLE, MI 49127	20-4679354	501(3)	22,000.	0.			80TH ANNIVERSARY NORMANDY BEACH INVASION, GENERAL SUPPORT, EVENT SUPPORT
LINCOLN TOWNSHIP PUBLIC LIBRARY 2099 W. JOHN BEERS ROAD STEVENSVILLE, MI 49127	38-6034393	GOVERNMENT	17,700.	0.			COMMUNITY LITERACY PROJECT, LTPL LIBRARY OF THINGS, LOAN OF ARTICLES TO RESIDENT
LIONS OF MICHIGAN SERVICE FOUNDATION, INC. - 5730 EXECUTIVE DRIVE - LANSING, MI 48911	38-2537921	501(3)	11,224.	0.			KIDSIGHT EXPANSION PROJECT - BERRIEN COUNTY, CHRISTMAS BASKET PROGRAM
LOGAN COMMUNITY RESOURCES, INC. 2505 E. JEFFERSON BLVD. SOUTH BEND, IN 46615	35-0965639	501(3)	21,250.	0.			CAPITAL IMPROVEMENT - SW MI AUTISM CENTER, GENERAL SUPPORT, COMMUNITY OUTINGS
LVDI INTERNATIONAL INC 941 CAMINO DEL ARROYO SAN MARCOS, CA 92078	47-5038789	501(3)	150,000.	0.			PHIL & HEIDRUN VAULCONER SCHOLARSHIP
MAUD PRESTON PALENSKE MEMORIAL LIBRARY - 500 MARKET ST. - ST. JOSEPH, MI 49085	38-6004649	GOVERNMENT	25,300.	0.			HOOPLA PROGRAM, GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC - DEPARTMENT OF DEVELOPMENT - 200 FIRST ST. SW - ROCHESTER, MN 55905	41-6011702	501(3)	12,500.	0.			GENERAL SUPPORT
MICHIANA HUMANE SOCIETY 722 INDIANA HWY 212 MICHIGAN CITY, IN 46360	35-6031959	501(3)	100,000.	0.			VETERINARIAN & VETERINARY TECH SALARY SUPPORT
MICHIANA PUBLIC BROADCASTING CORPORATION - 300 W. JEFFERSON BLVD. - SOUTH BEND, IN 46601	35-1155594	501(3)	51,500.	0.			PBS KIDS AND EDUCATION OUTREACH, GENERAL SUPPORT
MICHIGAN MARITIME MUSEUM 260 DYCKMAN AVENUE SOUTH HAVEN, MI 49090	38-2342806	501(3)	5,150.	0.			GENERAL SUPPORT, HERITAGE CENTER & MUSEUM, PROGRAM SPONSORSHIP
MICHIGAN STATE UNIVERSITY - FINANCIAL AID OFFICE - OFFICE OF FINANCIAL AID 556 E. CIRCLE DRIVE #252 - LANSING, MI 48824		COLLEGE/UNIVERSI	9,550.	0.			EDUCATIONAL SUPPORT
MISSIONARY CHURCH WORLD PARTNERS PO BOX 9127 FORT WAYNE, IN 46899	35-1161320	501(3)	9,000.	0.			MISSIONARY WORK SUPPORT
MOHANJI FOUNDATION 3104 WINDWOOD FARMS DRIVE OAKTON, VA 22124	46-4413559	501(3)	26,000.	0.			CENTER OF BENEVOLENCE SUPPORT, GENERAL SUPPORT
MORTON HOUSE MUSEUM PO BOX 173 BENTON HARBOR, MI 49023	38-1253706	501(3)	8,029.	0.			GENERAL SUPPORT
MOSAIC CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - PO BOX 1146 - BENTON HARBOR, MI 49023	27-1050319	501(3)	122,254.	0.			JOBS FOR LIFE PROGRAM FOR WOMEN, GENERAL SUPPORT, MORTGAGE, BD ROLE, BUILDING IMPROVEMENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBOR BY NEIGHBOR 16170 RED ARROW HIGHWAY, SUITE C7 P UNION PIER, MI 49129	86-3461874	501(3)	25,000.	0.			SAFE AT HOME, FOOD PANTRY SUPPORT, GENERAL SUPPORT
NEIGHBORS ORGANIZING AGAINST RACISM - 1252 BISHOP - BENTON HARBOR, MI 49022	85-3416221	501(3)	67,300.	0.			BAIL FUND PROJECT, THE JUNE WOODS LEGACY PROJECT, HEALTH MATTERS VACCINE HESITANCY
NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION - 2627 NILES AVE. - ST. JOSEPH, MI 49085	81-5017908	501(3)	256,388.	0.			PURCHASE A/C MACHINE, FOOD FOR GOOD - FOOD PANTRY SUPPORT, VACCINE HESITANCY - DOOR TO DOOR
NEW TROY GRACE BROTHERS CHURCH PO BOX 67 NEW TROY, MI 49119		0	9,750.	0.			ROOF REPAIR FUND SUPPORT
NILES COMMUNITY SCHOOLS 1 TYLER STREET NILES, MI 49120	38-6000646	GOVERNMENT	20,000.	0.			UPTON SCHOLARSHIP FUND SUPPORT
NORTHWESTERN UNIVERSITY 1201 DAVIS ST. EVANSTON, IL 60208	36-2167817	501(3)	6,500.	0.			CHICAGO FIELD STUDIES INTERNSHIP PROGRAM SUPPORT, CLASS OF 1978 ENDOWED SCHOLARSHIP
OKLAHOMA CITY NATIONAL MEMORIAL MUSEUM - PO BOX 323 - OKLAHOMA CITY, OK 73101	73-1472725	501(3)	12,500.	0.			GENERAL SUPPORT
OUR LADY OF THE LAKE CATHOLIC SCHOOLS - 915 PLEASANT STREET - ST. JOSEPH, MI 49085	38-1889005	501(3)	7,196.	0.			GENERAL SUPPORT, DECODABLE READERS, LAKER ATHLETIC SUPPORT
OUTCENTER 132 WATER STREET BENTON HARBOR, MI 49022	80-0341856	501(3)	51,000.	0.			EDUCATION TRAINING FOR ADULTS, OUTCENTER, GENERAL SUPPORT, PROUD & EMPOWERED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIPS FOR CHANGE P.O. BOX 29455 SAN FRANCISCO, CA 94129	88-0303288	501(3)	47,500.	0.			CIAMO SCHOOL SUPPORT, CIAMO SUPPORT, CIAMO CLIMATE CHANGE PROJECT PHASE TWO
PERFORMING ARTS WORKSHOPS - PAW INC. - PO BOX 706 - NILES, MI 49120	81-1455566	501(3)	18,000.	0.			2022 & 2023 MTE WORKSHOP SUPPORT, PAW LEADERSHIP COLLECTIVE INTERNSHIP PROGRAM AND MUSICAL
PILGRIM CONGREGATIONAL UNITED CHURCH OF CHRIST - 1200 W GLENLORD - ST. JOSEPH, MI 49085	34-1927041	501(3)	7,809.	0.			GENERAL SUPPORT
PKD FOUNDATION 1001 E. 101ST TERRACE, STE. 220 KANSAS CITY, MO 64131	43-1266906	501(3)	20,000.	0.			GRANT AND RESEARCH UNDERWRITING SUPPORT, PKD SYMPOSIUM SUPPORT
PRESENT PILLARS FOUNDATION 204 W MAIN ST BENTON HARBOR, MI 49022	87-3600770	501(3)	31,000.	0.			SPANISH SERVICES, MEN'S CENTER SUPPORT, COMMUNICATIONS STRATEGY
READINESS CENTER, INC. 347 CATALPA AVE., PO BOX 1352 BENTON HARBOR, MI 49023	38-2589535	501(3)	26,719.	0.			GENERAL SUPPORT, GATHER WHERE THEY GROW EVENT
RECLAIMING, EQUIPPING, AND DIRECTING YOUTH, INC. - 1968 PIPESTONE ROAD - BENTON HARBOR, MI 49022	72-1347243	501(3)	20,000.	0.			R.E.A.D.Y. TAEKWONDO STUDENT SCHOLARSHIPS
REGION IV AREA AGENCY ON AGING 2900 LAKEVIEW AVENUE ST. JOSEPH, MI 49085	38-2332594	501(3)	15,000.	0.			FRIENDLY HELPERS AT AAA, BUILDING DEMENTIA-FRIENDLY COMMUNITIES
RENAISSANCE ENTERPRISES COMPANY 901 LAY BLVD. KALAMAZOO, MI 49001	38-2816993	501(3)	10,000.	0.			PERFORMANCES FOR CONFINED SENIORS, THERAPEUTIC ENTERTAINMENT FOR CONFINED SENIORS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIGHT TO LIFE OF MICHIGAN 2340 PORTER ST. SW GRAND RAPIDS, MI 49519	36-3081086	501(3)	8,546.	0.			GENERAL SUPPORT
RISING KITES 4294 OAK STREET BRIDGMAN, MI 49106	86-2895046	501(3)	50,000.	0.			EDUCATIONAL RESOURCES
RIVER POINT COMMUNITY CHURCH 350 ANSLEY ROAD DEMOREST, GA 30535	04-3596311	CHURCH	15,500.	0.			RABUN CAMPUS, LANCE A/C FUND
RIVER VALLEY SENIOR CENTER, INC. P.O. BOX 275 HARBERT, MI 49115	38-2073282	501(3)	6,000.	0.			GENERAL SUPPORT
SAINT JOSEPH BASEBALL & SOFTBALL ASSOCIATION - PO BOX 11 - ST. JOSEPH, MI 49085	80-0934751	501(3)	30,000.	0.			INDOOR SOFTBALL FACILITY FOR EATON PARK, EATON PARK FIELD HOUSE
SALVATION ARMY - NILES 424 N. 15TH STREET NILES, MI 49120	38-1370971	501(3)	77,000.	0.			FEEDING HIS SHEEP, NEW FACILITY CAPITAL CAMPAIGN SUPPORT, NILES FACILITY CAPITAL CAMPAIGN SUPPORT
SALVATION ARMY OF BENTON HARBOR 233 MICHIGAN STREET BENTON HARBOR, MI 49022	13-3485289	501(3)	24,219.	0.			FOOD PANTRY SUPPORT, GENERAL SUPPORT
SAN MIGUEL COMMUNITY FOUNDATION 220 N. ZAPATA HWY, STE. 11 LAREDO, TX 78043	74-1869975	501(3)	32,691.	0.			GENERAL SUPPORT
SARETT NATURE CENTER 2300 BENTON CENTER RD. BENTON HARBOR, MI 49022	38-3058912	501(3)	53,510.	0.			SPENDABLE DISTRIBUTION, SCHOOL CHILDREN'S EDUCATIONAL PROGRAMS, GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR NUTRITION SERVICES REGION IV, INC. - 1708 COLFAX AVE. - BENTON HARBOR, MI 49022	38-2766803	501(3)	26,500.	0.			NO SENIOR HUNGRY, SUPPER SACKS SAVE SENIORS, PRODUCE TO YOUR DOOR, GENERAL SUPPORT
SENIOR SERVICES OF VAN BUREN COUNTY, INC. - 8337 M-140 HIGHWAY - SOUTH HAVEN, MI 49090	38-3200638	501(3)	20,000.	0.			AUDIO VISUAL IMPROVEMENTS, GENERAL SUPPORT
SILVER BEACH CAROUSEL SOCIETY, INC. - PO BOX 497 - ST. JOSEPH, MI 49085	38-3439880	501(3)	31,856.	0.			GENERAL SUPPORT, ACCESS PLATFORM/TRUSS INSTALLATION
SISTERS FROM ANOTHER MOTHER 807 WAUCEDA AVE BENTON HARBOR, MI 49022	83-4340532	501(3)	6,270.	0.			VACCINE HESITANCY
SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 185 E. MAIN ST, SUITE 303 - BENTON HARBOR, MI 49022	38-2415106	501(3)	19,000.	0.			FOOD PANTRY SUPPORT, GA EXCELLENCE AWARD, GENERAL SUPPORT
SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA - 513 SHIP STREET - ST. JOSEPH, MI 49085	38-6090138	501(3)	105,013.	0.			2021-2022 OPERATIONAL SUPPORT, SMSO'S POP UP! CONCERTS, GENERAL SUPPORT, MULTIPLE
SOUTHWESTERN MICHIGAN COLLEGE DAVID C. BRIEGEL BUILDING ROOM 1004 DOWAGIAC, MI 49047	38-1786120	COLLEGE/UNIVERSI	5,700.	0.			EDUCATIONAL SUPPORT,
SPECIAL OLYMPICS MICHIGAN, INC. 160 68TH ST. SW GRAND RAPIDS, MI 49548	38-1964643	501(3)	5,600.	0.			SPECIAL OLYMPICS POLAR PLUNGE FUNDRAISER 2023, GENERAL SUPPORT
SPECTRUM COMMUNITY SERVICES 28303 JOY ROAD WESTLAND, MI 48185	38-2882853	501(3)	9,000.	0.			LICENSED HOMES RENOVATION PROJECT

Schedule I (Form 990)

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

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SPECTRUM HEALTH LAKELAND FOUNDATIONS - 1234 NAPIER AVE - ST. JOSEPH, MI 49085	38-2539929	0	60,177.	0.			GENERAL SUPPORT, 3 VR HEADSETS FOR SURGICAL SIMULATION TRAINING, PATIENT ASSISTANCE FUND,
SS. JOHN & BERNARD PARISH 580 COLUMBUS AVENUE BENTON HARBOR, MI 49022	38-1359553	CHURCH	5,403.	0.			GENERAL SUPPORT
ST JOSEPH PUBLIC SCHOOLS FOUNDATION - 2580 S. CLEVELAND AVE. - ST. JOSEPH, MI 49085	38-3296523	501(3)	50,000.	0.			BOWEN PIANO
ST. AUGUSTINE OF CANTERBURY EPISCOPAL CHURCH - 1753 UNION AVENUE - BENTON HARBOR, MI 49022	87-0777824	501(3)	10,300.	0.			FOOD PANTRY SUPPORT
ST. JOSEPH CATHOLIC CHURCH 220 CHURCH STREET ST. JOSEPH, MI 49085	38-1359067	CHURCH	23,269.	0.			GENERAL SUPPORT, BISHOP'S ANNUAL APPEAL
ST. JOSEPH COMMUNITY PARK FOUNDATION - 728 PLEASANT ST., STE. 101 - ST. JOSEPH, MI 49085	83-1905196	501(3)	14,666.	0.			MAIDS OF THE MIST REPAIRS, KALEIDOSCOPE PLAYGROUND AT KIWANIS PARK
ST. JOSEPH FIRST UNITED METHODIST CHURCH - 2950 LAKEVIEW AVENUE - ST. JOSEPH, MI 49085	38-1398841	501(3)	14,000.	0.			GENERAL SUPPORT
ST. JOSEPH HOUSING COMMISSION 601 PORT ST #200 ST. JOSEPH, MI 49085	38-6004649	0	81,406.	0.			APPLIANCE PURCHASE SUPPORT
ST. JOSEPH JUNIOR FOUNDATION, INC. PO BOX 585 7 LIGHTHOUSE LANE ST. JOSEPH, MI 49085	38-1558024	501(3)	10,200.	0.			GENERAL SUPPORT, EQUIPMENT PURCHASE AND PAVILION CONSTRUCTION

Schedule I (Form 990)

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

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ST. JOSEPH PUBLIC SCHOOLS FOUNDATION - 2580 S. CLEVELAND AVENUE - ST. JOSEPH, MI 49085	38-3296523	501(3)	103,350.	0.			PRE-K-5 LITERACY INITIATIVE, GENERAL SUPPORT, SJHS BAND & ORCHESTRA SUPPORT, NO
ST. JOSEPH TODAY 301 STATE STREET ST. JOSEPH, MI 49085	38-2277933	501(3)	10,000.	0.			AUTHENTIC REFLECTIONS & AUTHENTIC CONNECTIONS SUPPORT
ST. JOSEPH YOUTH SPORTS FOUNDATION 1816 NASH DRIVE ST. JOSEPH, MI 49085	87-3941290	501(3)	100,000.	0.			GENERAL SUPPORT
STORYLINE CHURCH PO BOX 36 STEVENSVILLE, MI 49127	61-1452641	CHURCH	11,500.	0.			GENERAL SUPPORT
SW MICHIGAN LUTHERAN HIGH SCHOOL FOUNDATION, INC. - THE TITAN CENTER 4550 LUTHER PATH - ST. JOSEPH, MI 49085	93-4830866	0	14,384.	0.			GENERAL SUPPORT
TAHOE MUSIC ALIVE 12577 GRANITE DRIVE TRUCKEE, CA 96161	93-7996605	0	7,500.	0.			GENERAL SUPPORT
TELAMON CORPORATION 5560 MUNFORD RD STE 201 RALEIGH, NC 27612	56-1022483	501(3)	6,700.	0.			THE GARDEN PROJECT, LANGUAGE AND LITERACY
TEMPLE B'NAI SHALOM 2050 BROADWAY BENTON HARBOR, MI 49022	38-2056016	501(3)	20,000.	0.			UNITED THROUGH MOTHERHOOD DIAPER BANK, UNITED THROUGH MOTHERHOOD SUPPORT
THE AVENUE FAMILY NETWORK 525 RIVERVIEW DR BENTON HARBOR, MI 49023	38-2592238	501(3)	101,450.	0.			GENERAL SUPPORT, 2023 ICE CREAM SOCIAL, CORA LAMPING CETNER

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE CHAPEL 4250 WASHINGTON AVENUE ST. JOSEPH, MI 49085	38-2293706	501(3)	20,000.	0.			GENERAL SUPPORT
THE GRAY ACADEMY 528 PALISADES DR. #554 PACIFIC PALISADES, CA 90272	83-1590154	501(3)	10,000.	0.			SUPPORT EDUCATION FOR CHILDREN WITH NEUROLOGICAL DISORDERS
THE HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039	06-0647018	501(3)	7,000.	0.			GENERAL OPERATIONS & SCHOLARSHIP SUPPORT
THE IRELAND FUNDS AMERICA 10 POST OFFICE SQUARE STE. N950 BOSTON, MA 02109	25-1306992	501(3)	18,000.	0.			VOICE SUPPORT, IRISH CHILDREN'S MUSEUM SUPPORT
THE NEW SCHOOL 55 W. 13TH STREET NEW YORK, NY 10011	13-3297197	501(3)	25,000.	0.			GENERAL SUPPORT
THE REGION OF THREE OAKS MUSEUM PO BOX 121 5 FEATHERBONE AVE. THREE OAKS, MI 49128	26-1691132	501(3)	10,000.	0.			STORAGE AREA EXPANSION
THE SALVATION ARMY 233 MICHIGAN ST BENTON HARBOR, MI 49022	36-2167910	501(3)	30,000.	0.			MENS SHELTER RENOVATION DOMICILE FURNISHINGS
THE SALVATION ARMY - NILES CORPS 424 N 15TH ST. NILES, MI 49120	38-1359297	0	15,000.	0.			FEEDING HIS SHEEP
THE SOUP KITCHEN, INC. PO BOX 8210 BENTON HARBOR, MI 49023	38-2288520	501(3)	35,456.	0.			GENERAL SUPPORT, OUTDOOR FREEZER, FREEZER PURCHASE

Schedule I (Form 990)

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

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THE ST. JOSEPH COMMUNITY PARK FOUNDATION, INC - 728 PLEASE ST, STE 101 - ST. JOSEPH, MI 49085	83-1905196	501(3)	25,000.	0.			KALEIDESCOPE PARK
THERAPEUTIC EQUESTRIAN CENTER PO BOX 1250 NILES, MI 49120	30-0328156	501(3)	17,500.	0.			EMERGENCY GENERATOR PURCHASE, GENERAL SUPPORT
TRI-COUNTY HEAD START 775 HAZEN ST. PAW PAW, MI 49079	38-1992598	501(3)	6,830.	0.			CHILDCARE EXPANSION STUDY SUPPORT
TWIN CITY PLAYERS P.O. BOX 243 ST. JOSEPH, MI 49085	38-1334859	501(3)	29,000.	0.			DISBURSEMENT REQUEST, SCHOLARSHIPS, LIGHT BOARD & EQUIPMENT
UNITED WAY OF SOUTHWEST MICHIGAN PO BOX 288 ST. JOSEPH, MI 49085	38-1358411	501(3)	225,350.	0.			GENERAL SUPPORT, MATCHING GRANT-WHIRLPOOL, FOR BOYS & GIRLS CLUB OF BH
UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(3)	150,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME - DEVELOPMENT OFFICE - 1100 GRACE HALL - NOTRE DAME, IN 46656	35-0868188	501(3)	40,000.	0.			HERITAGE MUSEUM GRADUATE FELLOWSHIP, SORIN SOCIETY & VILL FAMILY SCHOLARSHIP SUPPORT
UNIVERSITY OF TOLEDO FOUNDATION 2801 W. BANCROFT, DRISCOLL CTR STE. 1002, MAILSTOP 319 - TOLEDO, OH 43606	34-6555110	501(3)	100,000.	0.			MEN'S BASKETBALL DEVELOPMENT PROGRAM
VILLAGE OF THREE OAKS 21 N. ELM STREET PO BOX 335 THREE OAKS, MI 49128		GOVERNMENT	7,500.	0.			PRESERVING LOCAL HISTORY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION OF WISDOM 1840 UNION STREET BENTON HARBOR, MI 49022	38-3600134	501(3)	32,800.	0.			VACCINE HESITANCY PROJECT
WATER STREET GLASSWORKS 140 WATER STREET BENTON HARBOR, MI 49022	43-2039326	501(3)	5,500.	0.			EQUIPMENT SUPPORT FOR FIRED UP! AND PROGRAMMING, GENERAL SUPPORT
WATERVLIET BUSINESS ASSOCIATION PO BOX 7 WATERVLIET, MI 49098		0	5,118.	0.			GENERAL SUPPORT
WATERVLIET DISTRICT LIBRARY 333 NORTH MAIN STREET WATERVLIET, MI 49098		GOVERNMENT	9,250.	0.			GENERAL SUPPORT
WATERVLIET FREE METHODIST CHURCH 7734 PAW PAW AVE WATERVLIET, MI 49098	35-0877568	501(3)	5,500.	0.			COMMUNITY DOG PARK, FOOD ASSISTANCE PROGRAM, FOOD PANTRY SUPPORT
WATERVLIET PUBLIC SCHOOLS 450 E. RED ARROW HIGHWAY WATERVLIET, MI 49098	38-6000690	GOVERNMENT	11,500.	0.			WINTER OUTERWEAR PROGRAM, EDUCATION PROGRAMS FOR GRADUATING SENIORS
WATERVLIET PUBLIC SCHOOLS FOUNDATION FOR EXCELLENCE - 450 E. RED ARROW HIGHWAY - WATERVLIET, MI 49098	83-4023550	501(3)	35,500.	0.			WOOD SHOP PICNIC COLLABORATIVE, PANTHER STADIUM FIELD TURF PROJECT, GENERAL SUPPORT
WEECHO 1922 E. MAIN ST NILES, MI 49120	85-4334369	501(3)	7,000.	0.			WEYS 2 GROW AFTERSCHOOL PROGRAM
WESTERN MICHIGAN UNIVERSITY - FINANCIAL AID - STUDENT FINANCIAL AID 1903 WEST MICHIGAN AVE - KALAMAZOO, MI 49008	38-6007327	501(3)	18,500.	0.			EDUCATIONAL SUPPORT

Schedule I (Form 990)

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

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WESTERN MICHIGAN UNIVERSITY FOUNDATION - 1903 W. MICHIGAN - KALAMAZOO, MI 49008	38-2138856	501(3)	7,500.	0.			HOUGHTON ENDOWMENT & "WE TALK" SUPPORT, CHHS BH BOYS & GIRLS CLUB INITIATIVE
WOMEN'S CARE CENTER 621 E. MAIN STREET NILES, MI 49120	35-1609945	501(3)	20,000.	0.			OPERATIONAL SUPPORT
WORLD GOSPEL MISSION 3783 EAST STATE ROAD 18 PO BOX 948 MARION, IN 46952	35-0911947	501(3)	18,300.	0.			MISSION SUPPORT
YMCA OF GREATER MICHIANA 905 N. FRONT STREET NILES, MI 49120	38-1358236	501(3)	48,000.	0.			CAPITAL CAMPAIGN BH/SJ YMCA, SUMMER MY WAY SUPPORT
YOUNG LIFE-SOUTHWEST MICHIGAN 2627 NILES AVE. ST. JOSEPH, MI 49085	84-0385934	501(3)	8,000.	0.			GENERAL SUPPORT
YOUTH DEVELOPMENT COMPANY PO BOX 453 SOUTH HAVEN, MI 49090	38-3298735	501(3)	17,000.	0.			COMET PAL'S SUMMER DAY CAMP, CURRICULUM & DATA COLLECTION SUPPORT, COLOMA-WATERVLIET YOUTH
STEVENSVILLE UNITED METHODIST CHURCH - 5506 RIDGE ROAD - STEVENSVILLE, MI 49127	23-7421880	CHURCH	11,500.	0.			HAGAR RIVERSIDE #6 BACKPACK PROGRAM, GENERAL FUND

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR PRIMARILY BERRIEN COUNTY RESIDENTS.	177	290,929.	0.	NOT APPLICABLE.	

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

**PART I, LINE 2:**

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

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

BENTON HARBOR COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFORMATION BEYOND IMAGINATION, GENERAL SUPPORT, OUTSIDE THE LINES SUMMER CAMP, (PRESENT PILLARS) SUMMER WITH DAD 2023

NAME OF ORGANIZATION OR GOVERNMENT:

BENTON HARBOR DEPARTMENT OF PUBLIC SAFETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING THE INCIDENT COMMAND CAPABILITIES OF BERRIEN COUNTY FIRE DEPARTMENTS, CARCINOGEN EXPOSURE REDUCTION, FORCIBLE ENTRY TRAINING DOOR

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PATIENT HOME VISITS, SUPPORTIVE RESOURCES FOR THOSE WITH CANCER AND RELATED ILLNESSES, SUPPORTIVE RESOURCES FOR CANCER PATIENTS AND NURSING TRANSPORTATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL VIOLENCE PREVENTION TRAINING, EXPLORER POST 602, 2023 EXPENSES, MENTAL & DRUG HELP

NAME OF ORGANIZATION OR GOVERNMENT: BERRIEN SPRINGS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: BERRIEN SPRINGS VIRTUAL ACADEMY BRISTLE BOT OLYMPICS, 3D ENGINEERING CAR CHALLENGE, BERRIEN SPRINGS HIGH SCHOOL DRAMA MAKEUP KITS, BERRIEN SPRINGS HIGH SCHOOL BAND INSTRUMENTS

NAME OF ORGANIZATION OR GOVERNMENT: CARING CIRCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LORY'S PLACE, REFLECTIONS REIMAGINED SUPPORT, HANSON HOSPICE CENTER, LORY'S PLACE -

**Part IV** Supplemental Information

COMMUNITY OUTREACH, HOSPICE CARE, RUN WALK ROCK FUNDRAISER, CAMP

LIFETIMES, LORY'S PLACE STAFF EDUCATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF SW MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PICNIC WITH A

PURPOSE FUNDRAISER, CASA CARES FUND & VOLUNTEER MILEAGE SUPPORT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CITADEL ALAMAR, KINDERMUSIC, CITADEL

SPECTACULAR, INSTRUMENT MAINTENANCE, PURCHASE, STEAMED NUTCRACKER

PERFORMANCE SUPPORT, GENERAL SUPPORT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DERBY DAY SOIREE SUPPORT,

OPERATIONAL SUPPORT, GENERAL SUPPORT, BIRTHDAY FUNDRAISER SUPPORT, ANN

ARBOR OPERATIONAL SUPPORT, ANN ARBOR BRANCH SUPPORT, ANN ARBOR CAMPUS

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FERNWOOD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SPENDABLE DISTRIBUTION, CAPITAL

IMPROVEMENTS, THE STUMPERY GARDEN, INTERN FUND, ANNUAL CAMPAIGN, FERNWOOD

LIGHTS

NAME OF ORGANIZATION OR GOVERNMENT: FERRY STREET RESOURCE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: "BUILDING BRIDGES TO OPPORTUNITY AND

SUSTAINABILITY", HOUSING, TRANSPORTATION, FOOD & JFL SUPPORT, GENERAL

SUPPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HERITAGE MUSEUM AND CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATIONAL SUPPORT, EDUCATIONAL PROGRAMMING SUPPORT, GENERAL SUPPORT, SUMMER SUNSET SOIREE SUPPORT, PERMANENT EXHIBIT SUPPORT, STABILIZATION, MODERNIZATION, AND OPERATIONAL SUSTAINABILITY OF THE HERITAGE MUSEUM AND CULTURAL CENTER

NAME OF ORGANIZATION OR GOVERNMENT: LAKESHORE EXCELLENCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 1 TO 1 TECHNOLOGY PROGRAM FUNDING, GENERAL SUPPORT, EARLY LITERACY PROGRAM, CLASSROOM EDUCATIONAL & TECHNOLOGY UPGRADES, CNC MACHINES FOR CTE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LAKESHORE PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SENIOR CRUISE TRANSPORTATION SUPPORT, PHONICS FOUNDATION - SUPPORT TOOLS, COFFEE CART FOR SPECIAL EDUCATION + CLASSROOM MAP, BASEBALL PROGRAM, ENVIRONMENTAL STEWARDSHIP, BUTTERFLY PAVILION SCHOOL KITS FOR 2ND GRADERS, CLASSROOM DRY ERASE SLATES, ORFF INSTRUMENT PROJECT, ELECTRONIC WHITEBOARDS FOR 2ND GRADERS, MAGNETIC TILE LETTERS FOR PHONICS INSTRUCTIONS, GENERAL SUPPORT FOR HIGH SCHOOL, HEAD COVERS, PUSH CARTS & JERSEYS FOR GIRLS GOLF TEAM

NAME OF ORGANIZATION OR GOVERNMENT:

NEW HEIGHTS CHRISTIAN COMMUNITY DEVELOPMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE A/C MACHINE, FOOD FOR GOOD - FOOD PANTRY SUPPORT, VACCINE HESITANCY - DOOR TO DOOR COVID CARE KIT EXECUTION/COMMUNITY DINNERS, PROVIDE 35 REPAIRS TO LOW-INCOME HOUSEHOLDS., LAUNDRY HUB CONSTRUCTION SHORTFALL, MBU AWARD WINNER - NH AUTO SERVICES SUPPORT, SOCIAL ENTERPRISE & SUSTAINABILITY SUPPORT, NEW HEIGHTS AUTO CENTER SUPPORT, LAUNDRY HUB



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHICAGO FIELD STUDIES INTERNSHIP

PROGRAM SUPPORT, CLASS OF 1978 ENDOWED SCHOLARSHIP SUPPORT, BYRNS & VILL  
FAMILY SCHOLARSHIP SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PERFORMING ARTS WORKSHOPS - PAW INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 & 2023 MTE WORKSHOP SUPPORT,

PAW LEADERSHIP COLLECTIVE INTERNSHIP PROGRAM AND MUSICAL THEATRE  
EXPERIENCE, TRAILER PURCHASE & WINTER MUSICAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST MICHIGAN SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021-2022 OPERATIONAL SUPPORT,

SMSO'S POP UP! CONCERTS, GENERAL SUPPORT, MULTIPLE PROJECTS, LAKE  
MICHIGAN YOUTH ORCHESTRA FUND, YOUTH CONCERTS

NAME OF ORGANIZATION OR GOVERNMENT: SPECTRUM HEALTH LAKELAND FOUNDATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 3 VR HEADSETS FOR

SURGICAL SIMULATION TRAINING, PATIENT ASSISTANCE FUND, FUND-A-NEED,  
STROKE SURVIVOR OCCUPATIONAL THERAPY ADVANCEMENT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PRE-K-5 LITERACY INITIATIVE, GENERAL

SUPPOR, SJHS BAND & ORCHESTRA SUPPORT, NO SHOW BALL, DENNIS BOWEN PIANO  
FUND

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH DEVELOPMENT COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMET PAL'S SUMMER DAY CAMP,



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://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 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	19	2,663,093.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

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

COMMUNITIES.

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

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2023

Name of the organization

BERRIEN COMMUNITY FOUNDATION, INC.

Employer identification number

38-6057160

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

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

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

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

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2023





**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	1b	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	1c	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	1d	
<b>e</b> Loans or loan guarantees by related organization(s) .....	1e	
<b>f</b> Dividends from related organization(s) .....	1f	
<b>g</b> Sale of assets to related organization(s) .....	1g	
<b>h</b> Purchase of assets from related organization(s) .....	1h	
<b>i</b> Exchange of assets with related organization(s) .....	1i	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	1j	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	1k	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	1l	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	1m	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	1n	
<b>o</b> Sharing of paid employees with related organization(s) .....	1o	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	1p	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	1q	
<b>r</b> Other transfer of cash or property to related organization(s) .....	1r	
<b>s</b> Other transfer of cash or property from related organization(s) .....	1s	

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

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

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

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

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

