

EXTENDED TO NOVEMBER 15, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

800 NORTH MAIN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SHEFFIELD, MA 01257**F** Name and address of principal officer: **PETER TAYLOR****SAME AS C ABOVE****D** Employer identification number**06-1254469****E** Telephone number**(413) 229-0370****G** Gross receipts \$**39,610,392.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **BERKSHIRETACONIC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987****M** State of legal domicile: **CT****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO STRENGTHEN COMMUNITIES THROUGH PHILANTHROPY AND LEADERSHIP.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	21	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	25	
	6	Total number of volunteers (estimate if necessary)	400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	169,239.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	23,631.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,605,084.	18,970,906.
	9	Program service revenue (Part VIII, line 2g)	0.	152,501.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,677,925.	7,838,309.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,642.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,442,651.	26,961,716.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,652,485.	13,734,786.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,917,651.	2,046,849.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 643,270.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,097,757.	2,015,453.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,667,893.	17,797,088.
19	Revenue less expenses. Subtract line 18 from line 12	9,774,758.	9,164,628.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	198,820,984.	235,546,714.
	21	Total liabilities (Part X, line 26)	1,474,517.	907,415.
	22	Net assets or fund balances. Subtract line 21 from line 20	197,346,467.	234,639,299.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	PETER TAYLOR, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/15/22	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945	Phone no. 914-381-8900		
	Firm's address ▶ 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633				

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
**TO CONNECT DONORS WITH CAUSES, BUILD PERMANENT COMMUNITY RESOURCES,
 AND STRENGTHEN NONPROFIT ORGANIZATIONS TO IMPROVE THE QUALITY OF LIFE
 IN BERKSHIRE, MA; COLUMBIA & NE DUTCHESS, NY AND NW LITCHFIELD, CT
 COUNTIES.**
- 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
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **X** No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
 revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 12,210,210. including grants of \$ 10,867,035.) (Revenue \$ 0.)
**COMMUNITY PHILANTHROPY:
 PROVIDED SUPPLEMENTAL FINANCIAL SUPPORT TO ENHANCE THE COMMUNITY BOTH
 THROUGH AND TO RECOGNIZED CHARITABLE AGENCIES.**
- 4b** (Code:) (Expenses \$ 1,491,632. including grants of \$ 1,318,813.) (Revenue \$ 0.)
**PROGRAM PHILANTHROPY:
 PROVIDED SUPPORT TO SPECIFIC FIELDS OF INTEREST TO STRENGTHEN OUR
 COMMUNITY, INCLUDING ENVIRONMENTAL PROTECTION, SOCIAL SERVICES,
 EDUCATION, AND YOUTH DEVELOPMENT.**
- 4c** (Code:) (Expenses \$ 1,140,410. including grants of \$ 1,008,283.) (Revenue \$ 152,501.)
**REGIONAL PHILANTHROPY:
 PROVIDED CHARITABLE SUPPORT FOR SPECIFIC GEOGRAPHIC AREAS WITHIN THE
 REGION WE SERVE, AND FUND ADMINISTRATION FOR RELATED SUPPORTING
 ORGANIZATIONS SERVING THE COMMUNITY.**
- 4d** Other program services (Describe on Schedule O.)
 (Expenses \$ 611,503. including grants of \$ 540,655.) (Revenue \$ 0.)
- 4e** Total program service expenses **15,453,755.**

Form **990** (2021)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page **3****Part IV Checklist of Required Schedules**

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	121
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page 5

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 25		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?			
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page 6

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 ☒ **X**

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	21			
b Enter the number of voting members included on line 1a, above, who are independent		21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **IL, MA, NY**

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 ►
JOSEPH BAKER, VP FINANCE & ADMINISTRATION - (413) 229-0370
800 NORTH MAIN STREET, SHEFFIELD, MA 01257

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER TAYLOR PRESIDENT / CEO	50.00 2.50			X				173,914.	0.	52,600.
(2) JOSEPH BAKER VP FINANCE & ADMIN	50.00 5.00			X				138,115.	0.	39,042.
(3) KARA MIKULICH CHIEF PHILANTHROPY OFFICER	37.50 0.00				X			109,506.	0.	38,712.
(4) MAEVE O'DEA PROGRAM DIRECTOR	37.50 0.00				X			116,549.	0.	30,535.
(5) TIMOTHY WILMOT DIR., STRATEGY, EVALUATION, LEARNING	37.50 0.00				X			111,997.	0.	18,778.
(6) JUSTIN BURKE MARKETING DIRECTOR	37.50 0.00				X			105,715.	0.	7,914.
(7) ACKNEIL M. MULDROW, III DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) BRYAN E. HOUSE DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) DAVID OFFENSEND DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) DR. PETER DILLON DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) DR. RICHARD WEININGER CHAIR	3.00 0.50	X		X				0.	0.	0.
(12) ELEANORE VELEZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) ELIZABETH M. HEWITT DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) ELIZABETH R. HILPMAN DIRECTOR	2.00 0.50	X						0.	0.	0.
(15) ELLEN C. BOYD DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) EMILIE PRYOR SECRETARY	3.00 0.50	X		X				0.	0.	0.
(17) HENRY PUTZEL III DIRECTOR	2.00 0.50	X						0.	0.	0.

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page **8****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			
(18) JANE IREDALE DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) JODI K. RATHBUN-BRIGGS TREASURER	3.00 0.50	X		X				0.	0.	0.
(20) KELLY A. MORGAN DIRECTOR	2.00 0.50	X						0.	0.	0.
(21) NANCY HUMPHREYS DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) NANCY NEEDHAM HATHAWAY DIRECTOR (THRU 10/2021)	2.00 0.00	X						0.	0.	0.
(23) PAMELA R. GREEN VICE CHAIR	2.00 0.50	X		X				0.	0.	0.
(24) PETER FRANK DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) ROBERT NORRIS DIRECTOR	3.00 0.50	X						0.	0.	0.
(26) SARAH STACK DIRECTOR (THRU 6/2021)	2.00 0.50	X						0.	0.	0.
1b Subtotal								755,796.	0.	187,581.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								755,796.	0.	187,581.

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 **6**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
PRIME BUCHHOLZ ASSOCIATES, INC., 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH	INVESTMENT MANAGEMENT	158,891.
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 1		

SEE PART VII, SECTION A CONTINUATION SHEETSForm **990** (2021)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	934,105.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,036,801.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,796,216.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a FUND ADMINISTRATION	Business Code	523920	152,501.	152,501.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			152,501.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,379,814.		169,239.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	18,107,171.				
c Gain or (loss)		7c	12,648,676.				
d Net gain or (loss)			5,458,495.				
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	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			26,961,716.	152,501.	169,239.	7669070.

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page **10****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	12,773,272.	12,773,272.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	961,514.	961,514.		
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	403,672.	148,688.	162,924.	92,060.
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	1,232,588.	711,834.	205,303.	315,451.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,536.	49,420.	13,453.	21,663.
9 Other employee benefits	206,521.	120,479.	32,885.	53,157.
10 Payroll taxes	119,532.	63,950.	25,665.	29,917.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,035.		7,035.	
c Accounting	57,984.	27,769.	30,215.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,127,197.		1,127,197.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	130,747.	102,207.	3,835.	24,705.
12 Advertising and promotion	33,061.	24,795.	4,133.	4,133.
13 Office expenses	100,161.	69,277.	13,108.	17,776.
14 Information technology	169,940.	79,399.	41,966.	48,575.
15 Royalties				
16 Occupancy	64,980.	35,005.	13,871.	16,104.
17 Travel	13,093.	7,271.	2,709.	3,113.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,306.	13,306.		
23 Insurance	33,982.	18,109.	7,371.	8,502.
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 FUND EXPENSES	216,105.	216,105.		
b STAFF DEVELOPMENT / REC	28,616.	14,344.	7,372.	6,900.
c REPAIRS & MAINTENANCE	13,317.	13,317.		
d COMMUNITY OUTREACH	5,929.	3,694.	1,021.	1,214.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,797,088.	15,453,755.	1,700,063.	643,270.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page 11

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,711,545.	1	3,732,595.
	2 Savings and temporary cash investments	18,965,422.	2	9,638,497.
	3 Pledges and grants receivable, net	362,604.	3	112,421.
	4 Accounts receivable, net	50,606.	4	38,018.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,125.	9	46,069.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 238,559.		
	b Less: accumulated depreciation	10b 186,552.	10c	52,007.
	11 Investments - publicly traded securities	75,859,931.	11	80,398,585.
	12 Investments - other securities. See Part IV, line 11	99,753,583.	12	141,528,522.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	198,820,984.	16	235,546,714.	
Liabilities	17 Accounts payable and accrued expenses	272,961.	17	337,617.
	18 Grants payable	423,251.	18	171,765.
	19 Deferred revenue	380,000.	19	382,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	398,305.	25	16,033.
	26 Total liabilities. Add lines 17 through 25	1,474,517.	26	907,415.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		95,075,612.	27	54,840,810.
28 Net assets with donor restrictions		102,270,855.	28	179,798,489.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		197,346,467.	32	234,639,299.
33 Total liabilities and net assets/fund balances		198,820,984.	33	235,546,714.

Form 990 (2021)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Form 990 (2021)

06-1254469 Page **12****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	26,961,716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,797,088.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,164,628.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	197,346,467.
5	Net unrealized gains (losses) on investments	5	28,167,107.
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	-38,903.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	234,639,299.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
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.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	<input checked="" type="checkbox"/>
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 _____	3b	

Form **990** (2021)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2021

06-1254469 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15755469.	10500578.	13502215.	15605084.	18970906.	74334252.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15755469.	10500578.	13502215.	15605084.	18970906.	74334252.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4133856.
6 Public support. Subtract line 5 from line 4.						70200396.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	15755469.	10500578.	13502215.	15605084.	18970906.	74334252.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1394370.	3037196.	2519837.	2367779.	2379814.	11698996.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					23,631.	23,631.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						86056879.
12 Gross receipts from related activities, etc. (see instructions)					12	722,024.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	81.57 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.20 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2021

06-1254469 Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2021

06-1254469 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2021

06-1254469 Page 5

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2021

06-1254469 Page 6

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

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

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

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

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

Schedule A (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2021

06-1254469 Page 7

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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 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

2021Open to Public
InspectionName of the organization **BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**Employer identification number
06-1254469**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	182	197
2 Aggregate value of contributions to (during year)	10,572,085.	4,692,328.
3 Aggregate value of grants from (during year)	5,831,435.	3,425,381.
4 Aggregate value at end of year	57,709,796.	83,714,707.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
day of the tax year.
- | | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure
listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule D (Form 990) 2021

06-1254469 Page 3

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) NON-EARNING ASSETS	20,200.	END-OF-YEAR MARKET VALUE
(B) SPLIT-INTEREST AGREEMENTS	1,165,353.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	140,342,969.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	141,528,522.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	
(3) LIABILITY	16,033.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,033.

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 ... ☐

Schedule D (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule D (Form 990) 2021

06-1254469 Page 4

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	42,109,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	28,167,107.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	150,430.
e	Add lines 2a through 2d	2e	28,317,537.
3	Subtract line 2e from line 1	3	13,791,607.
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	1,127,197.
b	Other (Describe in Part XIII.)	4b	12,042,912.
c	Add lines 4a and 4b	4c	13,170,109.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,961,716.

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	13,277,074.
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	33,661.
e	Add lines 2a through 2d	2e	33,661.
3	Subtract line 2e from line 1	3	13,243,413.
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	1,127,197.
b	Other (Describe in Part XIII.)	4b	3,426,478.
c	Add lines 4a and 4b	4c	4,553,675.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,797,088.

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 ENDOWMENT FUNDS CONSIST OF 222 INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF CHARITABLE PURPOSES IN THE REGION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-38,903.
INVESTMENT MANAGEMENT FEES - AGENCY FUNDS	189,333.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	150,430.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EARNINGS IN AGENCY FUNDS	10,268,444.
GIFTS RECEIVED - AGENCY FUNDS	1,774,468.

Part XIII

Supplemental Information

(continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B

12,042,912.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET LOSS OF SUBSIDIARY INCLUDED IN CONSOLIDATED FINANCIAL
STATEMENTS

33,661.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS FROM AGENCY FUNDS

3,426,478.

**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 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number

06-1254469

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		39,601,738.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,131,593.
3 a Subtotal	0	0			42,733,331.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			42,733,331.

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

Schedule F (Form 990) 2021

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

06-1254469

Schedule F (Form 990) 2021

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)

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 ►

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

06-1254469

Schedule F (Form 990) 2021

Page 3

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.

[illegible]

Schedule F (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule F (Form 990) 2021

06-1254469 Page 4

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 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 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 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 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 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 Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2021

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule F (Form 990) 2021

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.

SCHEDULE F, PART IV:

THE FOUNDATION IS NOT REQUIRED TO FILE FORMS 5471 OR 8621 BECAUSE IT
DID NOT MEET THE APPLICABLE OWNERSHIP THRESHOLD OR OTHER FILING
REQUIREMENTS.

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization **BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**Employer identification number
06-1254469**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
18 DEGREES 480 WEST STREET, SUITE 2 PITTSFIELD, MA 01201-5784	04-2226238	501(C)(3)	110,691.	0.			SUPPORT OF CHILDREN AND FAMILIES
21ST CENTURY FUND FOR HVRHS, INC. 246 WARREN TURNPIKE ROAD PO BOX 132 FALLS VILLAGE, CT 06031	46-3683577	501(C)(3)	24,739.	0.			GENERAL SUPPORT
ABC LATINO 356 MAIN STREET POUGHKEEPSIE, NY 12601	20-2138478	501(C)(3)	25,000.	0.			TO SUPPORT PROGRAMMING
ADAMS COUNCIL ON AGING 3 HOOSAC STREET ADAMS, MA 01220	04-6001064	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ADIRONDACK FOUNDATION PO BOX 288 LAKE PLACID, NY 12946	16-1535724	501(C)(3)	6,000.	0.			FOR PLACID LAKE PROTECTION FUND
AFRICAN COMMUNITY EDUCATION PROGRAM - 484 MAIN STREET, STE 355 - WORCESTER, MA 01608	14-1970474	501(C)(3)	25,000.	0.			FOR CROCODILE RIVER MUSIC INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**313.****3** Enter total number of other organizations listed in the line 1 table**11.**

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

Schedule I (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
ALLIED MEDIA PROJECTS 4126 THIRD AVENUE DETROIT, MI 48201	01-0559608	501(C)(3)	20,332.	0.			SUPPORT OF CURRENT MOVEMENTS
AMERICAN AGORA FOUNDATION, INC. 27 UNION SQ W STE 302 NEW YORK, NY 10003	20-4000236	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	17,200.	0.			TO SUPPORT MEMBERSHIP
AMERICAN HORSE TRIALS FOUNDATION, INC. - 363 NORTH LOOMIS STREET - SOUTHWICK, MA 01077	52-1495923	501(C)(3)	15,000.	0.			GENERAL SUPPORT
AMERICAN MURAL PROJECT 100 WHITING STREET PO BOX 538 WINSTED, CT 06098	26-3993911	501(C)(3)	5,350.	0.			GENERAL SUPPORT
AMNESTY INTERNATIONAL 311 WEST 43RD STREET, 7TH FLOOR NEW YORK, NY 10036	52-0851555	501(C)(3)	6,100.	0.			TO SUPPORT MEMBERSHIP
ANITA CHAPMAN SCHALORSHIP FUND, INC. - PO BOX 420 - RICHMOND, MA 01254	84-2525915	501(C)(3)	6,450.	0.			TO SUPPORT HIGHER EDUCATION
ART SCHOOL OF COLUMBIA COUNTY 1198 ROUTE 21C GHENT, NY 12075	46-2627343	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AUSTERLITZ HISTORICAL SOCIETY 11550 STATE ROUTE 22 PO BOX 144 AUSTERLITZ, NY 12017	14-1758407	501(C)(3)	8,661.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
BALANCED INNOVATIVE TEACHING STRATEGIES, INC. - PO BOX 127 - OLD CHATHAM, NY 12136	14-1732835	501(C)(3)	7,000.	0.			TO SUPPORT THE WORK AT LITTLE BROOK FARM
BARRINGTON STAGE COMPANY, INC. 122 NORTH STREET PITTSFIELD, MA 01201-5104	04-3263298	501(C)(3)	34,900.	0.			TO SUPPORT PROGRAMMING FOR YOUTH
BECKET ARTS CENTER 7 BROOKER HILL ROAD BECKET, MA 01223	04-2625991	501(C)(3)	18,000.	0.			TO SUPPORT PROGRAMMING
BECKET ATHENAEUM PO BOX 9 BECKET, MA 01223	04-3458519	501(C)(3)	53,462.	0.			TO SUPPORT PROGRAMMING
BECKET CHIMNEY CORNERS YMCA 748 HAMILTON ROAD BECKET, MA 01223	04-2105946	501(C)(3)	15,000.	0.			TO SUPPORT YOUTH ATTENDING CAMP
BECKET LAND TRUST 12 BROOKER HILL ROAD PO BOX 44 BECKET, MA 01223	04-3133527	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMMING
BERKSHIRE AGRICULTURAL VENTURES, INC. - 314 MAIN STREET, OFFICE #11 - GREAT BARRINGTON, MA 01230	81-4386302	501(C)(3)	303,000.	0.			GENERAL SUPPORT; BAV MEAT PROGRAM
BERKSHIRE AHEC, INC. 397 MAIN ST DALTON, MA 01226	04-2681453	501(C)(3)	7,500.	0.			TO SUPPORT PROGRAMMING AND FOOD INSECURITIES
BERKSHIRE ART CENTER PO BOX 1400 STOCKBRIDGE, MA 01262	04-3132409	501(C)(3)	33,575.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE ROAD PO BOX 826 STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	19,381.	0.			TO SUPPORT PROGRAMMING AND BOARD PARTICIPATION
BERKSHIRE BOUNTY, INC. 33 COMMONWEALTH AVENUE GREAT BARRINGTON, MA 01230	83-0905992	501(C)(3)	9,800.	0.			TO SUPPORT PROGRAMMING AND FOOD INSECURITIES
BERKSHIRE COMMUNITY ACTION COUNCIL, INC. - 1531 EAST STREET - PITTSFIELD, MA 01201	04-2422074	501(C)(3)	111,200.	0.			FOR PANDEMIC RELIEF AND GENERAL PROGRAMMING
BERKSHIRE COMMUNITY COLLEGE FOUNDATION - 1350 WEST STREET - PITTSFIELD, MA 01201	04-2736585	501(C)(3)	41,584.	0.			GENERAL SUPPORT OF HIGHER EDUCATION
BERKSHIRE COUNTRY DAY SCHOOL, INC. PO BOX 867 LENOX, MA 01240-0867	04-2030686	501(C)(3)	10,027.	0.			FOR SUPPORT OF EDUCATIONAL PROGRAMMING
BERKSHIRE FILM AND MEDIA COLLABORATIVE - 66 ALLEN STREET - PITTSFIELD, MA 01201	47-2531703	501(C)(3)	63,730.	0.			TO SUPPORT YOUTH PROGRAMMING
BERKSHIRE FOOD PROJECT, INC. 134 MAIN STREET PO BOX 651 NORTH ADAMS, MA 01247	02-2946660	501(C)(3)	8,300.	0.			TO ADDRESS FOOD INSECURITIES
BERKSHIRE FUND, INC. PO BOX 1180 PITTSFIELD, MA 01201	04-2483221	501(C)(3)	20,000.	0.			TO ADDRESS FOOD INSECURITIES
BERKSHIRE GROWN, INC. 314 MAIN STREET PO BOX 983 GREAT BARRINGTON, MA 01230	20-0482070	501(C)(3)	25,469.	0.			TO SUPPORT FARM TO TABLE & FOOD INSECURITIES

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
BERKSHIRE HEALTH SYSTEMS, INC. 725 NORTH STREET PO BOX 4999 PITTSFIELD, MA 01201	04-2442944	501(C)(3)	7,872.	0.			GENERAL SUPPORT
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET PO BOX 617 - STOCKBRIDGE, MA 01262	04-2426357	GOV'T ENTITY	42,475.	0.			EDUCATIONAL SUPPORT
BERKSHIRE HORSEWORKS PO BOX 214 GREAT BARRINGTON, MA 01230	46-5419671	501(C)(3)	7,000.	0.			TO SUPPORT PROGRAMMING
BERKSHIRE HUMANE SOCIETY, INC. 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	88,452.	0.			TO SUPPORT THE NEEDS OF SHELTER ANIMALS
BERKSHIRE IMMIGRANT CENTER, INC. / ST. STEPHEN'S CHURCH - 67 EAST STREET - PITTSFIELD, MA 01201	86-2361326	501(C)(3)	174,250.	0.			FOR IMMIGRANT SUPPORT, SERVICES AND PANDEMIC RELIEF
BERKSHIRE INNOVATION CENTER 45 WOODLAWN AVENUE PITTSFIELD, MA 01201	47-1691933	501(C)(3)	45,000.	0.			TO SUPPORT THE BETA PROGRAM
BERKSHIRE MEDICAL CENTER, INC. 725 NORTH STREET PITTSFIELD, MA 01201	04-2791396	501(C)(3)	15,617.	0.			TO SUPPORT PATIENTS & CHARITABLE PURPOSES
BERKSHIRE MUSEUM 39 SOUTH STREET PITTSFIELD, MA 01201	04-2103878	501(C)(3)	25,182.	0.			TO SUPPORT PROGRAMMING & EXPAND COMMUNITY EXPOSURE
BERKSHIRE NATURAL RESOURCES COUNCIL, INC. - 309 PITTSFIELD ROAD, SUITE B - LENOX, MA 01240	04-2430091	501(C)(3)	68,845.	0.			TO SUPPORT THE MISSION OF BNR

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)(3)	29,600.	0.			FOR GENERAL PROGRAMMING AND NO BERK LACTATION SUPPORT PROGRAM
BERKSHIRE PULSE INC. 420 PARK STREET PO BOX 37 HOUSATONIC, MA 01236	43-2052204	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BERKSHIRE SCHOOL, INC. 245 NORTH UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257-9672	04-2121313	501(C)(3)	5,150.	0.			GENERAL SUPPORT
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)(3)	6,015.	0.			TO SUPPORT YOUTH PROGRAMMING
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD, MA 01201	04-2104841	501(C)(3)	83,450.	0.			FOR GENERAL SUPPORT AND COVID EMERGENCY RESPONSE
BERKSHIRE WALDORF SCHOOL 35 WEST PLAIN ROAD GREAT BARRINGTON, MA 01230	04-2484589	501(C)(3)	52,070.	0.			GENERAL SUPPORT
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	55,565.	0.			GENERAL SUPPORT OF THE TANGLEWOOD FUND & OTHER
BOYS AND GIRLS CLUB OF THE BERKSHIRES - 16 MELVILLE STREET - PITTSFIELD, MA 01201	04-2103925	501(C)(3)	6,000.	0.			FOR GENERAL MAINTENANCE & REPAIRS
BRADY CENTER TO PREVENT HANDGUN VIOLENCE - 840 FIRST STREET NORTHEAST, STE 400 - WASHINGTON, DC 20002	52-1285097	501(C)(3)	6,200.	0.			TO SUPPORT MEMBERSHIP

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
BRIEN CENTER FOR MENTAL HEALTH & SUBSTANCE ABUSE SERVICES - PO BOX 4219 - PITTSFIELD, MA 01202	04-2081870	501(C)(3)	14,671.	0.			TO PROVIDE FUNDING FOR MENTAL HEALTH SERVICES
CARY INSTITUTE OF ECOSYSTEM STUDIES - 2801 SHARON TURNPIKE PO BOX AB - MILLBROOK, NY 12545-0129	22-3232968	501(C)(3)	34,250.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF COLUMBIA AND GREENE COUNTIES - 431 EAST ALLEN STREET - HUDSON, NY 12534	14-1595821	501(C)(3)	10,500.	0.			GENERAL ADMINISTRATIVE SUPPORT
CBRS WEEKEND BACKPACK PROGRAM, INC. - 117 ELMORE DRIVE - DALTON, MA 01226	84-3875261	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CENTER FOR PEACE THROUGH CULTURE 26 DRESSER AVENUE, #1 GREAT BARRINGTON, MA 01230	54-2081431	501(C)(3)	12,000.	0.			TO SUPPORT ARTS 4 US
CENTER OF COMPASSION PO BOX 665 DOVER PLAINS, NY 12522	27-3477999	501(C)(3)	10,000.	0.			TO SUPPORT YOUTH RETURNING TO SCHOOL
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVENUE PO BOX 2717 - PITTSFIELD, MA 01202	04-3157085	501(C)(3)	152,000.	0.			FOR GENERAL SUPPORT AND PANDEMIC RELIEF
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT - 254 HINSDALE ROAD PO BOX 299 - DALTON, MA 01227	04-6006427	GOV'T ENTITY	68,242.	0.			TO PROMOTE EDUCATIONAL ENRICHMENT, PROGRAMMING & HIGHER EDUCATION
CHAPTER HOUSE LA 1438 ALLESANDRO STREET LOS ANGELES, CA 90026	83-4564456	501(C)(3)	35,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
CHATHAM CENTRAL SCHOOL DISTRICT 50 WOODBRIDGE AVENUE CHATHAM, NY 12037	14-6010837	GOV'T ENTITY	46,295.	0.			TO PROMOTE EDUCATIONAL ENRICHMENT, PROGRAMMING & HIGHER EDUCATION
CHESTER AGRICULTURAL CENTER, INC. 6 SOUTH 2ND STREET HUDSON, NY 12534	83-2899262	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CHESTERWOOD MUSEUM, NATIONAL TRUST FOR HISTORIC PRESERVATION - 4 WILLIAMSVILLE RD PO BOX 827 - STOCKBRIDGE, MA 01262	30-0188229	501(C)(3)	20,912.	0.			FOR GENERAL OPERATING AND COMMUNITY PROGRAMMING
CHILD CARE OF THE BERKSHIRES 210 STATE ST PO BOX 172 NORTH ADAMS, MA 01247	04-2457299	501(C)(3)	56,549.	0.			TO IMPLEMENT PARENT-CHILD PROGRAMMING
CHORE SERVICE, INC. PO BOX 522 LAKEVILLE, CT 06039	51-0416899	501(C)(3)	34,126.	0.			GENERAL SUPPORT
CHRISTIAN CENTER OF PITTSFIELD 193 ROBBINS AVENUE PITTSFIELD, MA 01201	04-2546021	501(C)(3)	16,225.	0.			FOR W'S HEALTH AND GENERAL SUPPORT
CHURCH OF ST. THOMAS MORE 65 EAST 89TH STREET NEW YORK, NY 10128	13-1623960	501(C)(3)	6,500.	0.			SPRING APPEAL; CHRISTMAS OFFERING
CHURCHTOWN FIRE COMPANY #1 PO BOX 193 CLAVERACK, NY 12513	14-6037150	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CITY OF NORTH ADAMS 10 MAIN STREET PO BOX 566 NORTH ADAMS, MA 01247	04-6001405	GOV'T ENTITY	24,000.	0.			TO SUPPORT N ADAMS FARMERS' MARKET

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
CIVIC LIFE PROJECT INC. 1 BRUSH HILL ROAD, #533 NEW FAIRFIELD, CT 06812	45-3455554	501(C)(3)	23,100.	0.			GENERAL SUPPORT
CLARK UNIVERSITY BUSINESS AND FINANCIAL SERVICES - 950 MAIN STREET - WORCESTER, MA 01610	04-2111203	501(C)(3)	17,500.	0.			GENERAL SUPPORT
CLINTON COMMUNITY LIBRARY 1215 CENTRE ROAD RHINEBECK, NY 12572	14-1699640	501(C)(3)	6,000.	0.			FOR GENERAL PROGRAMMING
CLOSE ENCOUNTERS WITH MUSIC PO BOX 34 GREAT BARRINGTON, MA 01230	14-1783014	501(C)(3)	13,000.	0.			GENERAL SUPPORT
COLUMBIA COUNTY SANCTUARY MOVEMENT PO BOX 785 HUDSON, NY 12534	82-1804199	501(C)(3)	12,500.	0.			TO SUPPORT THE MISSION OF CCS
COLUMBIA GREENE COMMUNITY COLLEGE 4400 ROUTE 23 HUDSON, NY 12534	51-0243890	GOV'T ENTITY	50,000.	0.			TO SUPPORT COVID RELIEF AND ASSISTANCE
COLUMBIA LAND CONSERVANCY 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	43,000.	0.			FOR GENERAL SUPPORT AND ROADWAY IMPROVEMENTS
COLUMBIA MEMORIAL HOSPITAL 71 PROSPECT AVENUE HUDSON, NY 12534	14-1338373	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT OF COVID RELIEF AND PPE
COLUMBIA OPPORTUNITIES, INC. 540 COLUMBIA STREET HUDSON, NY 12534	14-1627038	501(C)(3)	13,492.	0.			FOR PROGRAMMING TO SUPPORT ELLN & FOOD INSECURITIES

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
COLUMBIA UNIVERSITY 2960 BROADWAY, MAIL CODE 5757 NEW YORK, NY 10027	13-5598093	501(C)(3)	33,000.	0.			GENERAL SUPPORT
COLUMBIA-GREENE COMMUNITY COLLEGE FOUNDATION, INC. - 4400 ROUTE 23 - HUDSON, NY 12534	22-2308614	501(C)(3)	10,200.	0.			TO BE USED FOR STUDENT AID
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA, INC. - PO BOX 35040 - BRIGHTON, MA 02135	52-1332702	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY ACCESS TO THE ARTS 420 STOCKBRIDGE ROAD, SUITE 2 GREAT BARRINGTON, MA 01230	04-3196265	501(C)(3)	90,925.	0.			TO SUPPORT THE PHYSICALLY DISADVANTAGED
COMMUNITY FOUNDATION OF COLLIER COUNTY - 1110 PINE RIDGE ROAD, STE 200 - NAPLES, FL 34108	59-2396243	501(C)(3)	17,738.	0.			FOR THE ELIZABETH T FRANK FUND
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC. - PO BOX 23019 - HILTON HEAD, SC 29925-3019	57-0756987	501(C)(3)	10,000.	0.			FOR THE DON RYAN CENTER FOR INNOVATION
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY - 25 VAN WAGNER ROAD - POUGHKEEPSIE, NY 12603	23-7026859	501(C)(3)	64,979.	0.			MILLERTON COMMUNITY PARK CREATION
COMMUNITY HEALTH AND WELLNESS CENTER OF GREATER TORRINGTON, INC. - 469 MIGEON AVENUE - TORRINGTON, CT 06790	56-2286940	501(C)(3)	40,000.	0.			ONGOING DEVELOPMENT OF N CANAAN SITE
COMMUNITY HEALTH ASSOCIATION OF RICHMOND AND WEST STOCKBRIDGE - PO BOX 368 - WEST STOCKBRIDGE, MA 01266	04-2121326	501(C)(3)	6,450.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
COMMUNITY HEALTH PROGRAMS, INC. 444 STOCKBRIDGE ROAD PO BOX 30 GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	143,552.	0.			FOR GENERAL SUPPORT, EDUCATION AND PROGRAMMING FOR HEALTH & WELLNESS
COMMUNITY LEGAL AID, INC. 405 MAIN STREET WORCESTER, MA 01608	04-2446242	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COMPANIONS AND ANIMALS FOR REFORM AND EQUITY - 420 DUNKIRK ROAD - BALTIMORE, MD 21212	85-0557068	501(C)(3)	8,000.	0.			GENERAL SUPPORT
CONGREGATION AHAVATH SHOLOM 15 NORTH STREET PO BOX 464 GREAT BARRINGTON, MA 01230	04-2664758	501(C)(3)	5,400.	0.			GENERAL SUPPORT
CONGREGATION B'NAI JESHURUN 270 WEST 89TH STREET NEW YORK, NY 10024	13-0594858	501(C)(3)	10,000.	0.			FOR KOL NIDRE
CONNECTICUT COMMUNITY FOUNDATION 43 FIELD STREET WATERBURY, CT 06702	06-6038074	501(C)(3)	26,875.	0.			FOR ADAPTIVE LEADERSHIP FOR SMALL NONPROFITS
CONSTRUCT, INC. 316A STATE ROAD GREAT BARRINGTON, MA 01230	23-7099108	501(C)(3)	81,743.	0.			FOR SUPPORT OF AFFORDABLE HOUSING AND THE HOMELESS
CONWAY SCHOOL OF LANDSCAPE DESIGN 88 VILLAGE HILL ROAD NORTHAMPTON, MA 01060	04-2596491	501(C)(3)	6,100.	0.			FOR CLIMATE CHANGE CLASSES
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 ROUTE 44 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	20,000.	0.			FOR 4-H SUMMER LEARNING

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
CORNER FOOD PANTRY PO BOX 705 LAKEVILLE, CT 06039	46-3253476	501(C)(3)	32,000.	0.			FOR OWL'S KITCHEN AND GENERAL SUPPORT
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	10,000.	0.			FOR HOUSING NEEDS
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)(3)	44,500.	0.			FOR GENERAL SUPPORT AND FUNDING TOWARDS FOOD INSECURITIES
DALTON UNITED METHODIST 755 MAIN STREET DALTON, MA 01226	04-2436816	CHURCH	6,500.	0.			FOR THE ALLEVIATION OF FOOD INSECURITIES
DANCERS GROUP 44 GOUGH STREET, STE 201 SAN FRANCISCO, CA 94103	94-2879185	501(C)(3)	30,000.	0.			FOR PROGRAMMING SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	48,152.	0.			TO SUPPORT THE MISSION OF DWB
DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	10,000.	0.			FOR REFUGEE ASSISTANCE
DUTCHESS BOCES 5 BOCES ROAD POUGHKEEPSIE, NY 12601	14-6012196	501(C)(3)	21,842.	0.			GENERAL SUPPORT
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601-3303	14-1611857	501(C)(3)	68,000.	0.			FOR COVID RELIEF SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
DUTCHESS LAND CONSERVANCY, INC. 4289 ROUTE 82 PO BOX 138 MILLBROOK, NY 12545	14-1667526	501(C)(3)	15,100.	0.			GENERAL SUPPORT
EARTH ISLAND INSTITUTE 2051 ALLSTON WAY SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	10,000.	0.			CAPACITY BUILDING FOR SEEDING SOVEREIGNTY
EAST TENNESSEE FOUNDATION 520 W. SUMMIT HILL DRIVE, SUITE 110 KNOXVILLE, TN 37902	62-0807696	501(C)(3)	25,000.	0.			FOR THE STUDENT HEALTH COALITION LEGACY FUND
ECU-HEALTH CARE, INC. 71 HOSPITAL AVENUE NORTH ADAMS, MA 01247	22-3298358	501(C)(3)	8,150.	0.			GENERAL SUPPORT
EDADVANCE 355 GOSHEN ROAD PO BOX 909 LITCHFIELD, CT 06759	06-0842189	501(C)(3)	20,000.	0.			FOR NW CT CHILDCARE INITIATIVE
EDITH WHARTON RESTORATION, INC. 2 PLUNKETT STREET PO BOX 974 LENOX, MA 01240	04-2666846	501(C)(3)	49,150.	0.			FOR GENERAL PROGRAMMING AND COMMUNITY AWARENESS & ENGAGEMENT
ELDER SERVICES OF BERKSHIRE COUNTY 877 SOUTH STREET, STE 4E PITTSFIELD, MA 01201-6335	04-2542001	501(C)(3)	27,843.	0.			ELDERLY SUPPORT WITH COVID RELIEF, TRANSPORTATION AND EMERGENCY ASSISTANCE
ELEANOR HEALTH FOUNDATION 221 CRESCENT STREET WALTHAM, MA 02453	85-1463864	501(C)(3)	20,000.	0.			FOR TREATMENT SCHOLARSHIPS IN ASHVILLE NC
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)(3)	31,100.	0.			FOR PROGRAMMING TO PREVENT VIOLENCE AGAINST WOMEN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
EMS INSTITUTE, INC. 1 LOW ROAD PO BOX 91 SHARON, CT 06069	20-0061963	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH 17TH FLOOR NEW YORK, NY 10010	11-6107128	501(C)(3)	13,800.	0.			GENERAL SUPPORT
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE 101 DANVERS, MA 01923	04-3407816	501(C)(3)	21,000.	0.			GENERAL SUPPORT
EXTRASPECIALTEAS, INC. 2 ELM STREET GREAT BARRINGTON, MA 01230	46-3705034	501(C)(3)	9,000.	0.			GENERAL SUPPORT
FAIRVIEW HOSPITAL, BERKSHIRE HEALTH SYSTEMS - 29 LEWIS AVENUE - GREAT BARRINGTON, MA 01230	04-2133860	501(C)(3)	62,479.	0.			TO SUPPORT THE MISSION OF FH
FALMOUTH TOGETHER WE CAN PO BOX 303 FALMOUTH, MA 02541	04-3296466	501(C)(3)	55,000.	0.			SUPPORT OF FILM PROJECT, GOLF TOURNAMENT AND GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF DALTON - 514 MAIN STREET - DALTON, MA 01226	04-2121338	CHURCH	21,500.	0.			GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF WILLIAMSTOWN - 906 MAIN STREET - WILLIAMSTOWN, MA 01267	04-6000944	CHURCH	12,300.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF MILLERTON - 58 MAIN STREET PO BOX 427 - MILLERTON, NY 12546-0427	14-1605968	CHURCH	10,009.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
FLYING CLOUD INSTITUTE 20 STOCKBRIDGE ROAD, STE 2 GREAT BARRINGTON, MA 01230	04-2730172	501(C)(3)	13,868.	0.			FOR GENERAL PROGRAMMING AND SCHOLARSHIP SUPPORT
FOUNDATION FOR COMMUNITY HEALTH 478 CORNWALL BRIDGE ROAD SHARON, CT 06069	20-0057897	501(C)(3)	2,356,616.	0.			GENERAL SUPPORT
FREE COLUMBIA, INC. 651 HARLEMVILLE ROAD HILLSDALE, NY 12529	84-2446804	501(C)(3)	15,530.	0.			FOR GENERAL PROGRAMMING
FRIENDS OF HUDSON YOUTH, INC. PO BOX 285 HUDSON, NY 12534	82-4654406	501(C)(3)	21,000.	0.			GENERAL PROGRAMMING FOR YOUTH
FRIENDS OF THE RICHMOND LIBRARY 2821 STATE ROAD RICHMOND, MA 01254	04-3365378	501(C)(3)	15,209.	0.			GENERAL SUPPORT
FRIENDS OF WETHERSFIELD, INC. 88 WETHERSFIELD WAY AMENIA, NY 12501	81-5441612	501(C)(3)	5,500.	0.			FOR WETHERSFIELD GARDEN AND GENERAL SUPPORT
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE NORTHWEST WASHINGTON, DC 20001	53-0196603	501(C)(3)	10,000.	0.			FOR LAW W'S LAW AND PUBLIC POLICY FELLOWSHIP
GERMANTOWN STUDENT EDUCATION FOUNDATION - PO BOX 533 - GERMANTOWN, NY 12526	26-2074955	501(C)(3)	10,209.	0.			FOR GSEF FUNDING
GLADYS ALLEN BRIGHAM COMMUNITY CENTER OF PITTSFIELD, INC. - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)(3)	15,740.	0.			FOR CHILDCARE, SCHOLARSHIPS & PROGRAM SUPPORT FOR SINGLE WOMEN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
GLYNWOOD CENTER, INC. PO BOX 157 COLD SPRING, NY 10516	13-3852957	501(C)(3)	7,500.	0.			FOR BUILDING FOOD SOVEREIGNTY IN COLUMBIA COUNTY
GRACE CHURCH PO BOX 114 GREAT BARRINGTON, MA 01230-1814	04-2104816	CHURCH	17,000.	0.			IMMIGRANT SUPPORT
GRACE EPISCOPAL CHURCH 3328 FRANKLIN AVENUE PO BOX 366 MILLBROOK, NY 12545	13-3902908	CHURCH	181,402.	0.			TO SUPPORT THE MISSION, IMMIGRANT OUTREACH AND THE EPIC PROGRAM
GREAT OAK EQUINE ASSISTED PROGRAMS PO BOX 698 AIKEN, SC 29802	57-1049733	501(C)(3)	10,000.	0.			FOR SITE IMPROVEMENTS FOR THERAPEUTIC RIDING
GREATER HUDSON PROMISE NEIGHBORHOOD - 369 WARREN ST. - HUDSON, NY 12534	85-0949720	501(C)(3)	141,850.	0.			FOR PROGRAMMING, EDUCATION AND POLICE/COMMUNITY RELATIONS
GREENAGERS 62 UNDERMOUNTAIN ROAD PO BOX 157 SOUTH EGREMONT, MA 01258-0157	46-1728356	501(C)(3)	47,550.	0.			TO ENGAGE TEENAGERS IN ENVIRONMENTAL TRADES, EDUCATION & CARE
HABITAT FOR HUMANITY OF NORTHWEST CONNECTICUT, INC. - PO BOX 1 - SALISBURY, CT 06068	06-1316993	501(C)(3)	8,000.	0.			FOR HOME REPAIRS AND GENERAL MISSION OF HFH
HANCOCK SHAKER VILLAGE, INC. PO BOX 927 PITTSFIELD, MA 01202-0927	04-2281657	501(C)(3)	65,285.	0.			FOR GENERAL REPAIRS, PROGRAMMING AND SUPPORT
HANCOCK VOLUNTEER FIRE DEPARTMENT PO BOX 1144 HANCOCK, MA 01237	04-3241141	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
HAWTHORNE VALLEY ASSOCIATION, INC. 327 ROUTE 21C GHENT, NY 12075	13-2722428	501(C)(3)	22,250.	0.			FOR GENERAL OPERATING SUPPORT
HEIFER PROJECT INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HELPING EDUCATE TO ADVANCE THE RIGHTS OF THE DEAF - PO BOX 1160 - WASHINGTON, DC 20013	27-5032142	501(C)(3)	35,000.	0.			GENERAL SUPPORT
HILLTOWN VILLAGE, INC. PO BOX 146 CUMMINGTON, MA 01026	47-1394720	501(C)(3)	17,900.	0.			FOR CENTRAL BERKSHIRE FUND AND GENERAL PROGRAMMING
HISTORIC HUDSON, INC. 541 WARREN STREET HUDSON, NY 12534	14-1795837	501(C)(3)	16,000.	0.			FOR MEMBERSHIP SUPPORT
HONEST REPORTING 165 E. 56TH STREET, 2ND FL NEW YORK, NY 10022	06-1611859	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOOSAC VALLEY REGIONAL SCHOOL DISTRICT - 191 CHURCH STREET - CHESHIRE, MA 01225	04-2422135	GOV'T ENTITY	31,000.	0.			FOR PURCHASE OF VEHICLE
HOSPICE CARE IN THE BERKSHIRES, INC. - 877 SOUTH STREET - PITTSFIELD, MA 01201	04-3084466	501(C)(3)	14,152.	0.			FOR GENERAL OPERATING SUPPORT
HOTCHKISS LIBRARY OF SHARON 10 UPPER MAIN STREET SHARON, CT 06069	06-0655489	501(C)(3)	110,676.	0.			OPERATING PURPOSES AND CAPITAL CAMPAIGN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
HOUSATONIC CHILD CARE CENTER, INC. 30-B SALMON KILL RD SALISBURY, CT 06068	23-7055646	501(C)(3)	15,439.	0.			FOR GENERAL SUPPORT AND TUITION ASSISTANCE
HOUSATONIC VALLEY ASSOCIATION PO BOX 28 CORNWALL BRIDGE, CT 06754-0028	06-6049295	501(C)(3)	18,579.	0.			FOR GENERAL SUPPORT AND STAFFING
HOUSATONIC YOUTH SERVICE BUREAU, INC. - 236 WARREN TURNPIKE ROAD PO BOX 356 - FALLS VILLAGE, CT 06031	22-3124429	501(C)(3)	41,959.	0.			FOR SUPPORT OF PROGRAMMING, EDUCATIONAL MATERIALS AND INTERNSHIPS
HOUSING COLLECTIVE 815 MAIN STREET SUITE 201 BRIDGEPORT, CT 06604	20-5529890	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HUDSON AREA ASSOCIATION LIBRARY 51 NORTH 5TH STREET HUDSON, NY 12534	14-1456213	501(C)(3)	17,450.	0.			FOR GENERAL SUPPORT, PROGRAMMING AND MEMBERSHIP
HUDSON CITY SCHOOL DISTRICT 215 HARRY HOWARD AVENUE HUDSON, NY 12534-1606	14-6004219	GOV'T ENTITY	24,461.	0.			FOR AFTERSCHOOL PROGRAMMING, LIFE SKILLS TRAINING AND OTHER EDUCATION ENRICHMENT
HUDSON OPERA HOUSE 327 WARREN STREET HUDSON, NY 12534-2413	14-1752524	501(C)(3)	27,000.	0.			FOR PROGRAMMING AND MEMBERSHIP
HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	10,000.	0.			TO SUPPORT COALITION FOR AFFORDABLE HOUSING
ICHABOD CRANE CENTRAL SCHOOL DISTRICT - PO BOX 820 - VALATIE, NY 12184-0137	14-6010281	GOV'T ENTITY	9,903.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
INTERNATIONAL ORANGE CHORALE OF SAN FRANCISCO - 77 VAN NESS AVENUE, STE 101 PMB 2222 - SAN FRANCISCO, CA 94102	45-4887073	501(C)(3)	12,500.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	5,650.	0.			FOR GENERAL SUPPORT AND REFUGEE SUPPORT
JACOB'S PILLOW DANCE FESTIVAL, INC. - 358 GEORGE CARTER ROAD - BECKET, MA 01223	04-6002993	501(C)(3)	87,550.	0.			FOR PROGRAMMING, EDUCATIONAL AND GENERAL SUPPORT IN DANCE
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	9,500.	0.			FOR REFUGEE ASSISTANCE; ANNUAL CAMPAIGN AND GENERAL SUPPORT
JEWISH FEDERATION OF THE BERKSHIRES, INC. - 196 SOUTH STREET - PITTSFIELD, MA 01201	04-2131409	501(C)(3)	20,547.	0.			FOR OPERATING SUPPORT AND ANNUAL CAMPAIGN
KENT DENVER COUNTRY DAY SCHOOL 4000 EAST QUINCY AVENUE ENGLEWOOD, CO 80113	84-0242810	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KITE'S NEST 108 SOUTH FRONT STREET HUDSON, NY 12534	46-0954848	501(C)(3)	50,800.	0.			FOR PROGRAMMING AND MEMBERSHIP
LAKEVILLE HOSE COMPANY #1 4 BROOK STREET LAKEVILLE, CT 06039	06-0899132	501(C)(3)	7,850.	0.			FOR ANNUAL APPEAL AND GENERAL SUPPORT
LEE PUBLIC SCHOOL DISTRICT 300A GREYLOCK STREET LEE, MA 01238	04-6001196	GOV'T ENTITY	9,755.	0.			SO COUNTY SCHOOL DISTRICT WELLNESS GRANT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
LEGAL SERVICES OF THE HUDSON VALLEY - 90 MAPLE AVENUE - WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	15,000.	0.			FOR COVID RELIEF SUPPORT; IMMIGRANT SUPPORT
LENOX PUBLIC SCHOOLS 6 WALKER STREET LENOX, MA 01240	04-6001198	GOV'T ENTITY	10,710.	0.			SO COUNTY SCHOOL DISTRICT WELLNESS GRANT
LEOPOLD SCHEPP FOUNDATION 930 3RD AVENUE STE 3100 NEW YORK, NY 10022	13-5562353	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LITERACY NETWORK OF SOUTH BERKSHIRE - 100 MAIN STREET - LEE, MA 01238	04-3252289	501(C)(3)	15,215.	0.			FOR LITERACY SUPPORT AND SUPPORT OF CITIZENSHIP PROCESS
LOUISON HOUSE FAMILY LIFE SUPPORT CENTER - PO BOX 54 - ADAMS, MA 01220	22-3051367	501(C)(3)	23,137.	0.			FOR HOUSING STABILITY SUPPORT
MAHAIWE PERFORMING ARTS CENTER 244 MAIN STREET PO BOX 690 GREAT BARRINGTON, MA 01230	57-1140453	501(C)(3)	87,185.	0.			FOR PROGRAMMING, EDUCATIONAL AND GENERAL SUPPORT IN THEATER
MANHATTAN THEATRE CLUB 311 WEST 43RD STREET NEW YORK, NY 10036	23-7086643	501(C)(3)	12,500.	0.			GENERAL SUPPORT
MARY C. WHEELER SCHOOL, INC. 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501(C)(3)	37,500.	0.			FOR EDUCATIONAL PROGRAMMING AND ENRICHMENT
MASS AUDUBON BERKSHIRE WILDLIFE SANCTUARIES - 472 WEST MOUNTAIN ROAD - LENOX, MA 01240	04-2104702	501(C)(3)	17,950.	0.			FOR OPERATING SUPPORT; EDUCATIONAL PROGRAMMING; CAPITAL CAMPAIGN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
MASS MOCA FOUNDATION 1040 MASS MOCA WAY NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	94,910.	0.			FOR EDUCATIONAL PROGRAMMING AND ENRICHMENT
MASSACHUSETTS COLLEGE OF LIBERAL ARTS FOUNDATION - 375 CHURCH STREET - NORTH ADAMS, MA 01247	04-2613803	501(C)(3)	54,731.	0.			FOR EDUCATIONAL PROGRAMMING, ENRICHMENT AND SUPPOR OF ADULT LEARNERS
MASSACHUSETTS FOREST TRUST 249 LAKESIDE AVENUE MARLBOROUGH, MA 01752-4503	23-7119602	501(C)(3)	9,000.	0.			GENERAL SUPPORT
MASSHIRE BERKSHIRE WORKFORCE BOARD 66 ALLEN STREET PITTSFIELD, MA 01201	04-3291395	501(C)(3)	25,000.	0.			FOR EDUCATIONAL ATTAINMENT AND PAID INTERNSHIPS
MCCALL CENTER FOR BEHAVIORAL HEALTH - 58 HIGH STREET PO BOX 806 - TORRINGTON, CT 06790	06-0961756	501(C)(3)	21,500.	0.			FOR BEHAVIORAL HEALTH DISPARITIES
MENTAL HEALTH ASSOCIATION OF COLUMBIA-GREENE COUNTIES - 713 UNION STREET - HUDSON, NY 12534	14-6030796	501(C)(3)	11,891.	0.			FOR OUTDOOR COUNSELING AND HUDSON WRITING CENTER
METROPOLITAN OPERA ASSOCIATION 30 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624087	501(C)(3)	35,000.	0.			FOR PRESIDENT'S CIRCLE FELLOW
MIDDLE PASSAGE CEREMONIES AND PORT MARKERS PROJECT, INC. - PO BOX 3071 - JACKSONVILLE, FL 32206	45-4601270	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MILLBROOK EARLY CHILDHOOD EDUCATION CENTER - PO BOX 757 - MILLBROOK, NY 12545	38-3770734	501(C)(3)	7,500.	0.			FOR TUITION ASSISTANCE FOR CHILDCARE AND EARLY CHILDHOOD EDUCATION

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
MONUMENT MOUNTAIN SCHOOL CENTER, INC. - 117 HOLLENBECK AVENUE - GREAT BARRINGTON, MA 01230	04-2754124	GOV'T ENTITY	201,379.	0.			TO CLOSE THE FUND AS REQUESTED OF ORGANIZATION
MOUNT GREYLOCK REGIONAL HIGH SCHOOL - 1781 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-6006483	GOV'T ENTITY	34,353.	0.			FOR EDUCATIONAL PROGRAMMING AND ENRICHMENT
MULTICULTURAL BRIDGE 17 MAIN STREET, SUITE B3 LEE, MA 01238	26-1211169	501(C)(3)	85,450.	0.			TO SUPPORT ANTI-RACISM EDUCATION AND PANDEMIC RELIEF
MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVENUE NEW YORK, NY 10029	13-1624098	GOV'T ENTITY	10,000.	0.			SPRING FUND RAISING DRIVE
MUSIC MOUNTAIN, INC. PO BOX 375 HAYDENVILLE, MA 01039	23-7219961	501(C)(3)	7,065.	0.			FOR GENERAL OPERATING SUPPORT AND REPAIRS
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	15,300.	0.			GENERAL SUPPORT
NATURE CONSERVANCY OF MASSACHUSETTS - 99 BEDFORD STREET, 5TH FLOOR - BOSTON, MA 02111	53-0242652	501(C)(3)	9,600.	0.			GENERAL SUPPORT
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	5,500.	0.			TO ADDRESS FOOD INSECURITIES
NEW YORK PUBLIC LIBRARY FIFTH AVENUE AT 42ND STREET NEW YORK, NY 10018	13-1887440	501(C)(3)	0.	75,000.	APPRAISAL	ARCHIVE OF THE PAPERS OF POET AMY CLAMPITT	GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 520 8TH AVENUE SUITE 1401 - NEW YORK, NY 10018	13-1624134	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NOBLE AND GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	04-2104784	501(C)(3)	5,150.	0.			GENERAL SUPPORT
NOBLE HORIZONS 17 COBBLE ROAD SALISBURY, CT 06068	06-0763898	501(C)(3)	6,800.	0.			FOR GENERAL SUPPORT OF ELDERLY PROGRAMMING
NONPROFIT CENTER OF THE BERKSHIRES, INC. - 40 RAILROAD STREET, STE 10, PO BOX 388 - GREAT BARRINGTON, MA 01230	81-2027063	501(C)(3)	16,665.	0.			FOR GENERAL SUPPORT, UNDERWRITING AND EDUCATION
NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC. - 9 GLENDALE ROAD PO BOX 308 - STOCKBRIDGE, MA 01262-0308	04-2450813	501(C)(3)	24,200.	0.			GENERAL SUPPORT FOR PROGRAMMING, EDUCATION AND COMMUNITY ENGAGEMENT
NORTH CANAAN CONGREGATIONAL CHURCH PO BOX 306 CANAAN, CT 06018	06-0992783	501(C)(3)	5,875.	0.			FOR RENOVATIONS
NORTH CHATHAM FREE LIBRARY 4287 ROUTE 203 PO BOX 907 NORTH CHATHAM, NY 12132	14-1499448	501(C)(3)	6,962.	0.			FOR GENERAL SUPPORT AND PROGRAMMING
NORTH EAST COMMUNITY CENTER, INC. 51 SOUTH CENTER STREET PO BOX 35 MILLERTON, NY 12546	14-1736237	501(C)(3)	173,997.	0.			FOR COMMUNITY SUPPORT, EDUCATION AND PANDEMIC RELIEF
NORTHEAST-MILLERTON LIBRARY 75 MAIN STREET PO BOX 786 MILLERTON, NY 12546	14-6030232	501(C)(3)	17,004.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
NORTHERN BERKSHIRE EMS 10 HARRIS STREET PO BOX 1045 NORTH ADAMS, MA 01247-1045	04-2630567	501(C)(3)	5,250.	0.			GENERAL SUPPORT
NORTHERN BERKSHIRE INTERFAITH ACTION - 45 EAGLE STREET - NORTH ADAMS, MA 01247	46-5770220	501(C)(3)	13,850.	0.			FOR FRIENDSHIP CENTER FOOD PANTRY
NORTHSIDE CENTER FOR CHILD DEVELOPMENT - 1301 FIFTH AVENUE - NEW YORK, NY 10029	13-1656679	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NORTHWEST HILLS COUNCIL OF GOVERNMENTS - 59 TORRINGTON ROAD, STE A-1 - GOSHEN, CT 06756	38-3917142	501(C)(3)	30,000.	0.			FOR ADMINISTRATION OF PROGRAMMING AND PANDEMIC RELIEF
O'BOYLE PHOTOGRAPHY 30 SOUTH CARSON AVENUE DALTON, MA 01226	27-3305752	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OMPRAKASH 2311 N. 45TH STREET SEATTLE, WA 98103	20-8655418	501(C)(3)	10,000.	0.			COVID RELIEF
OPERATION UNITE NEW YORK, INC. 360 COLUMBIA STREET PO BOX 1305 HUDSON, NY 12534	14-1783766	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING AND COMMUNITY PROGRAMMING
PERFECT TEN AFTERSCHOOL 51 NORTH 5TH ST 3RD FLR HUDSON, NY 12534	45-4522521	501(C)(3)	26,500.	0.			FOR PROGRAMMING AND MEMBERSHIP
PINE COBBLE SCHOOL 163 GALE ROAD WILLIAMSTOWN, MA 01267	04-2105910	501(C)(3)	12,300.	0.			PROGRAMMING, SCHOLARSHIPS AND ANNUAL FUND

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
PINE PLAINS CENTRAL SCHOOL DISTRICT - 2829 CHURCH STREET - PINE PLAINS, NY 12567	14-6001821	GOV'T ENTITY	21,150.	0.			FOR COLLABORATIVE PROGRAMMING
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	21,700.	0.			GENERAL SUPPORT FOR REPRODUCTIVE HEALTH
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	6,850.	0.			GENERAL SUPPORT FOR REPRODUCTIVE HEALTH
PS21: PERFORMANCE SPACES FOR THE 21ST CENTURY - PO BOX 321 - CHATHAM, NY 12037	14-1818409	501(C)(3)	7,614.	0.			FOR VIRTUAL THEATRE ARTS
RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)(3)	38,200.	0.			FOR GENERAL SUPPORT AND CAREER READINESS
REBUILDING TOGETHER DUTCHESS COUNTY - PO BOX 3695 - POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	6,000.	0.			FOR SAFE & HEALTHY HOUSING
RED HOOK PLAYGROUP 295 COLUMBIA STREET BROOKLYN, NY 11231	65-1313171	501(C)(3)	10,000.	0.			FOR TUITION ASSISTANCE FOR CHILDCARE AND EARLY CHILDHOOD EDUCATION
RED ROCK HISTORICAL SOCIETY 242 ROUTE 24 PO BOX 52 EAST CHATHAM, NY 12060	14-1827566	501(C)(3)	6,000.	0.			FOR NEW ROOF
RED ROCK VOLUNTEER FIRE COMPANY 401 COUNTY ROUTE 24 EAST CHATHAM, NY 12060	04-3731008	501(C)(3)	12,092.	0.			FOR BUILDING AND EQUIPMENT FUND

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
RICHMOND CONSOLIDATED SCHOOL 1831 STATE ROAD RICHMOND, MA 01254	04-6001279	GOV'T ENTITY	6,330.	0.			FOR VARIOUS PROGRAMMING AND EDUCATIONAL ENRICHMENTS
RICHMOND LAND TRUST, INC. PO BOX 21 RICHMOND, MA 01254	04-3060494	501(C)(3)	6,650.	0.			GENERAL SUPPORT
rites of passage and empowerment 56 DEXTER STREET PITTSFIELD, MA 01201	87-4393361	501(C)(3)	9,000.	0.			FOR PUBLIC ART MURAL
ROCKEFELLER PHILANTHROPY ADVISORS, INC. - 6 WEST 48TH STREET, 10TH FLOOR - NEW YORK, NY 10036	13-3615533	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ROOTS RISING, INC. PO BOX 1805 PITTSFIELD, MA 01201	83-2950864	501(C)(3)	8,000.	0.			FOR TEEN PROGRAMMING, FARMERS MARKET AND GENERAL SUPPORT
ROOTS TEEN CENTER 43 EAGLE STREET NORTH ADAMS, MA 01247	04-2831330	501(C)(3)	10,500.	0.			BICYCLE PROGRAM
SAINT THOMAS EPISCOPAL CHURCH 40 LEEDSVILLE ROAD AMENIA, NY 12501	14-1496937	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SALISBURY ASSOCIATION, INC. 24 MAIN STREET PO BOX 553 SALISBURY, CT 06068-0553	06-6054763	501(C)(3)	23,344.	0.			SUPPORT OF LAND TRUST PROGRAMS AND GENERAL OPERATING
SALISBURY CONGREGATIONAL CHURCH UCC - 30 MAIN ST PO BOX 392 - SALISBURY, CT 06068	13-1957221	CHURCH	14,700.	0.			GENERAL OPERATING AND SOUP KITCHEN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
SALISBURY FAMILY SERVICES, INC. PO BOX 379 SALISBURY, CT 06068	06-0739807	501(C)(3)	14,612.	0.			FOR GENERAL SUPPORT, FUEL BANK AND LOCAL SERVICES
SALISBURY HOUSING COMMITTEE, INC. PO BOX 10 SALISBURY, CT 06068	11-5309016	501(C)(3)	15,184.	0.			GENERAL SUPPORT
SALISBURY HOUSING TRUST PO BOX 52 SALISBURY, CT 06068	35-2160939	501(C)(3)	12,284.	0.			GENERAL SUPPORT
SALISBURY SCHOOL, INC. 251 CANAAN ROAD SALISBURY, CT 06068	06-0646888	501(C)(3)	7,500.	0.			FOR SCHOLARSHIPS FOR LOCAL STUDENTS, GENERAL SUPPORT & DEI TRAINING
SALISBURY VISITING NURSES ASSOCIATION/HOSPICE - 30A SALMON KILL ROAD - SALISBURY, CT 06068	06-0646887	501(C)(3)	27,912.	0.			ANNUAL APPEAL & GENERAL SUPPORT
SALISBURY VOLUNTEER AMBULANCE SERVICE, INC. - PO BOX 582 - SALISBURY, CT 06068	23-7121173	501(C)(3)	11,150.	0.			GENERAL SUPPORT
SALISBURY WINTER SPORTS ASSOCIATION - 80 INDIAN CAVE ROAD - SALISBURY, CT 06068	06-0672022	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SALVATION ARMY, GATEWAY NEW LIFE CENTER - 393 RIVER STREET PO BOX 348 - NORTH ADAMS, MA 01247	22-2406433	501(C)(3)	5,150.	0.			FOR THE ALLEVIATION OF FOOD INSECURITIES
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	12,950.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
SCOVILLE MEMORIAL LIBRARY ASSOCIATION, INC. - 38 MAIN STREET - SALISBURY, CT 06068	06-0653164	501(C)(3)	5,450.	0.			SUPPORT EFFORTS TO PROVIDE FREE BOOKS
SCULPTURE NOW PO BOX 600 BECKET, MA 01223	06-1254469	501(C)(3)	90,012.	0.			FISCAL SPONSOREE
SEDGWICK RESERVE, LLC 22 MAIN STREET PO BOX 418 STOCKBRIDGE, MA 01262	04-2327143	501(C)(3)	8,260.	0.			GENERAL SUPPORT
SHAKER MUSEUM & LIBRARY PO BOX 328 CHATHAM, NY 12037	14-1364601	501(C)(3)	7,000.	0.			GENERAL SUPPORT
SHAKESPEARE & COMPANY 70 KEMBLE STREET LENOX, MA 01240-2813	04-2666826	501(C)(3)	19,300.	0.			FOR GENERAL OPERATING, PROGRAMMING AND EDUCATION IN THE ARTS
SHARON AUDUBON CENTER 325 CORNWALL BRIDGE ROAD SHARON, CT 06069	13-1624102	501(C)(3)	7,457.	0.			TO SUPPORT PRESERVATION , EDUCATION AND COMMUNITY AWARENESS
SHARON CENTER SCHOOL 80 HILLTOP ROAD SHARON, CT 06069	06-6001663	501(C)(3)	6,490.	0.			FOR STUDENT SUPPORT AND ENRICHMENT PROGRAMMING
SHARON HISTORICAL SOCIETY 18 MAIN STREET PO BOX 511 SHARON, CT 06069	06-6050703	501(C)(3)	18,351.	0.			GENERAL SUPPORT
SHARON LAND TRUST, INC. PO BOX 1027 SHARON, CT 06069	06-1069118	501(C)(3)	10,882.	0.			FOR SUPPORT OF THE PRESERVATION OR PROMOTION OF OPEN SPACES & WATERS

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
SHEFFIELD HISTORICAL SOCIETY 159-161 MAIN STREET PO BOX 747 SHEFFIELD, MA 01257	23-7295955	501(C)(3)	5,600.	0.			FOR PROGRAMMING AND EDUCATION
SHEFFIELD LAND TRUST, INC. 96 MAIN STREET PO BOX 940 SHEFFIELD, MA 01257-0940	04-3079035	501(C)(3)	5,900.	0.			FOR SUPPORT OF THE PRESERVATION OR PROMOTION OF OPEN SPACES & WATERS
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	28,000.	0.			FOR FARM BASED EDUCATION AND PROGRAMMING
SMITH COLLEGE 76 ELM STREET, STODDARD ANNEX NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	14,900.	0.			GENERAL SUPPORT
SOAR EDUCATIONAL ENRICHMENT, INC. PO BOX 593 SALISBURY, CT 06068	47-1188127	501(C)(3)	27,030.	0.			FOR GENERAL SUPPORT AND CHARITABLE CAUSES IN SALISBURY
SOCIAL GOOD FUND 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SONRISAS, INC. 669 SANDMILL ROAD CHESHIRE, MA 01225	20-4405556	501(C)(3)	25,720.	0.			FOR ADMINISTRATIVE SUPPORT, PROGRAMMING AND EDUCATION
SOUTH CONGREGATIONAL CHURCH 110 SOUTH STREET PITTSFIELD, MA 01201	04-2121379	CHURCH	15,000.	0.			FOR THE ALLEVIATION OF FOOD INSECURITIES
SOUTH FLORIDA PBS, INC. PO BOX 610002 MIAMI, FL 33261-0002	59-0737868	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
SOUTH WILLIAMSTOWN COMMUNITY ASSOCIATION - 1491 HANCOCK ROAD PO BOX 432 - WILLIAMSTOWN, MA 01267	04-2751459	501(C)(3)	62,500.	0.			FOR STEWARDSHIP ASSOCIATION
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT - 491 BERKSHIRE SCHOOL ROAD PO BOX 339 - SHEFFIELD, MA 01257	04-6006133	GOV'T ENTITY	14,810.	0.			FOR EDUCATIONAL ENRICHMENT, PROGRAMMING AND WELLNESS
ST. AGNES PARISH 489 MAIN STREET DALTON, MA 01226	04-2205322	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT AND ALLEVIATION OF FOOD INSECURITIES
ST. ANDREWS SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709	51-0079506	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. MARK'S SCHOOL 25 MARLBOROUGH ROAD SOUTHBOROUGH, MA 01772	04-2103623	501(C)(3)	35,000.	0.			FOR SCHOLARSHIP FUNDS
ST. PETERS CHURCH PO BOX 1502 MILLBROOK, NY 12545	14-1607494	CHURCH	7,600.	0.			FOR CEMETERY OPERATIONS AND GENERAL SUPPORT
STERLING AND FRANCINE CLARK ART INSTITUTE - 225 SOUTH STREET - WILLIAMSTOWN, MA 01267-0008	04-2163004	501(C)(3)	12,650.	0.			GENERAL SUPPORT
STERLING COLLEGE PO BOX 72 CRAFTSBURY COMMON, VT 05827	03-0197728	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STOCKBRIDGE BOWL ASSOCIATION PO BOX 118 STOCKBRIDGE, MA 01262	22-2521512	501(C)(3)	10,750.	0.			FOR GENERAL SUPPORT AND CAPITAL CAMPAIGN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
SUSAN B. ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	5,500.	0.			FOR SERVICES IN THE NW CORNER AND GENERAL SUPPORT
TACONIC HILLS CENTRAL SCHOOL DISTRICT - 73 COUNTY ROUTE 11A - CRARYVILLE, NY 12521	14-1508274	GOV'T ENTITY	10,574.	0.			FOR EDUCATIONAL ENRICHMENT, PROGRAMMING AND SUPPLIES
TAMARACK HOLLOW PO BOX 115 WINDSOR, MA 01270	46-3157103	501(C)(3)	18,350.	0.			FOR EDUCATIONAL ENRICHMENT, PROGRAMMING AND SUPPLIES
TAPESTRY HEALTH SYSTEMS 1985 MAIN STREET 2ND FLOOR, STE 202 SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	6,240.	0.			FOR GENERAL SUPPORT AND REPRODUCTIVE HEALTH SERVICES
THE ABRAHAM FUND INITIATIVES 1460 BROADWAY, SUITE 9021 NEW YORK, NY 10038	13-3556715	501(C)(3)	13,000.	0.			GENERAL SUPPORT
THE BIDWELL HOUSE MUSEUM 100 ART SCHOOL ROAD PO BOX 537 MONTEREY, MA 01245	22-2864958	501(C)(3)	14,693.	0.			GENERAL SUPPORT
THE BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205 STREET BRONX, NY 10468	13-3763299	GOV'T ENTITY	10,000.	0.			GENERAL SUPPORT
THE EVERGREEN REVIEW 130 WEST 24TH STREET, #5A NEW YORK, NY 10011	13-3981873	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE FOOD BANK OF WESTERN MASSACHUSETTS - PO BOX 160 97 NORTH HATFIELD RD - HATFIELD, MA 01038	04-2751023	501(C)(3)	30,702.	0.			GENERAL SUPPORT TO ADDRESS FOOD INSECURITIES

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREAT MOUNTAIN FOREST CORPORATION - 200 LITCHFIELD RD, PO BOX 129 - NORFOLK, CT 06058	13-2998991	501(C)(3)	275,456.	0.			FOR GENERAL OPERATIONS
THE LIGHTHOUSE WORKS, INC. 1070 MONTAUK AVE PO BOX 385 FISHERS ISLAND, NY 06390	46-0865290	501(C)(3)	15,000.	0.			FOR 10TH ANNIVERSARY FUND
THE PEOPLE'S PANTRY PO BOX 1115 GREAT BARRINGTON, MA 01230	04-3491750	501(C)(3)	7,650.	0.			GENERAL SUPPORT TO ADDRESS FOOD INSECURITIES
THE PLAY COMPANY 321 WEST 44TH STREET, STE 802 NEW YORK, NY 10036	31-1630552	501(C)(3)	8,500.	0.			GENERAL SUPPORT
THE STISSING CENTER PO BOX 1024 PINE PLAINS, NY 12567	47-3035907	501(C)(3)	10,000.	0.			FOR CHAMBER MUSIC
THE SYLVIA CENTER 2417 3RD AVENUE, SUITE 301 BRONX, NY 10451	20-4297703	501(C)(3)	36,000.	0.			FOR GENERAL SUPPORT OF COLUMBIA COUNTY LOCATIONS AND FOOD INSECURITIES
THE WATERSHED CENTER, INC. 42 KAYE ROAD MILLERTON, NY 12547	36-4624060	501(C)(3)	15,000.	0.			FOR ROCK STEADY OPERATIONAL SUPPORT
THE WOMEN'S FUND OF WESTERN MASSACHUSETTS - 1350 MAIN STREET, STE 1006 - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	7,752.	0.			GENERAL SUPPORT OF WOMEN'S SERVICES
TIME AND SPACE LIMITED 434 COLUMBIA STREET PO BOX 343 HUDSON, NY 12534	23-7428682	501(C)(3)	7,000.	0.			FOR YOUTH PROGRAMMING

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
TOWN HALL FOUNDATION, INC. 123 WEST 43RD STREET NEW YORK, NY 10036	23-7296167	501(C)(3)	8,500.	0.			FOR CAPITAL CAMPAIGN
TOWN OF CORNWALL FOOD AND FUEL FUND - PO BOX 97 - CORNWALL, CT 06753	06-6001976	501(C)(3)	9,500.	0.			GENERAL SUPPORT
TOWN OF GREAT BARRINGTON 334 MAIN STREET GREAT BARRINGTON, MA 01230	04-6001162	GOV'T ENTITY	8,000.	0.			FOR SUPPORT OF SERVICE DOG; SENIOR CENTER
TOWN OF SALISBURY PO BOX 548 SALISBURY, CT 06068	06-6002078	GOV'T ENTITY	11,200.	0.			FOR GENERAL SUPPORT AND EXTRAS
TOWN OF STANFORD 26 TOWN HALL ROAD PO BOX 436 STANFORDVILLE, NY 12581	14-6002454	GOV'T ENTITY	13,580.	0.			CONSTRUCTION OF PICKLE BALL COURT
TRINITY EPISCOPAL CHURCH 88 WALKER STREET LENOX, MA 01240	04-2105754	CHURCH	6,300.	0.			IMMIGRANT FOOD RELIEF PROGRAM
TRUSTEES OF BOSTON UNIVERSITY PO BOX 22605 NEW YORK, NY 10087	93-1019725	501(C)(3)	25,000.	0.			FOR DEI FUND
TRUSTEES OF RESERVATIONS 200 HIGH STREET, STE. 4A BOSTON, MA 02110-3044	04-2105780	501(C)(3)	30,948.	0.			FOR GENERAL SUPPORT OF BERKSHIRE COUNTY PROPERTIES
U.S. NATIONAL SKI AND SNOWBOARD HALL OF FAME - 610 PALMS AVENUE PO BOX 191 - ISHPEMING, MI 49849	38-2561101	501(C)(3)	117,395.	0.			FOR OPERATING SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
UNITED CHURCH OF CHRIST BOARD 700 PROSPECT AVE E CLEVELAND, OH 44115	34-1927041	CHURCH	28,600.	0.			GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	10,700.	0.			GENERAL SUPPORT
UNIVERSITY MUSEUM OF CONTEMPORARY ART - 100 VENTURE WAY, SUITE 201 - HADLEY, MA 01035	54-2084125	501(C)(3)	7,000.	0.			ARTISTS RESOURCE TRUST FUND GRANT
UNIVERSITY OF NEW HAMPSHIRE 131 MAIN STREET UNH NESMITH HALL DURHAM, NH 03824	02-6000937	GOV'T ENTITY	10,000.	0.			EDUCATIONAL TALENT SEARCH SCHOLARSHIPS
UNIVERSITY OF VERMONT FOUNDATION 411 MAIN STREET BURLINGTON, VT 05495-1306	45-1556038	501(C)(3)	10,000.	0.			FOR THE FORESTRY SCHOOL
UNIVERSITY OF WASHINGTON FOUNDATION - 407 GERBERDING HALL PO BOX 351210 - SEATTLE, WA 98195	94-3079432	501(C)(3)	20,200.	0.			FOR THE PRESIDENT'S FUND
UPPER HOUSATONIC VALLEY NATIONAL HERITAGE AREA, INC. - PO BOX 493 - SALISBURY, CT 06068	06-1613798	501(C)(3)	8,000.	0.			GENERAL SUPPORT
UPPER HUDSON PLANNED PARENTHOOD INC - 855 CENTRAL AVENUE - ALBANY, NY 12206	14-6000805	501(C)(3)	33,250.	0.			GENERAL OPERATING SUPPORT FOR REPRODUCTIVE HEALTH
UPSTATE FILMS PO BOX 324 RHINEBECK, NY 12572	14-1546573	501(C)(3)	12,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
URBAN RURAL ACTION 300 3RD STREET NE, APT 102 WASHINGTON, DC 20002	82-2940446	501(C)(3)	5,400.	0.			TO SUPPORT RACIAL EQUITY
VERMONT STUDIO CENTER PO BOX 613 JOHNSON, VT 05656	22-2478074	501(C)(3)	10,000.	0.			FOR FUNDING TO SUPPORT THE ARTS
VIOLET H. SIMMONS SCHOLARSHIP FUND, INC. - 200 DEPOT HILL ROAD - AMENIA, NY 12501	14-1634968	501(C)(3)	32,710.	0.			GENERAL SUPPORT
VOLUNTEERS IN MEDICINE BERKSHIRES, INC. - 777 MAIN STREET, STE 4 - GREAT BARRINGTON, MA 01230	90-0140004	501(C)(3)	229,193.	0.			GENERAL OPERATING SUPPORT AND PROGRAMMING FOR HEALTH AND WELLNESS
WAM THEATRE COMPANY PO BOX 712 LENOX, MA 01240	27-1595793	501(C)(3)	31,150.	0.			GENERAL OPERATING SUPPORT AND DEI TRAINING
WAMC 318 CENTRAL AVENUE PO BOX 66600 ALBANY, NY 12206	22-2400593	501(C)(3)	22,200.	0.			GENERAL SUPPORT
WASSAIC PROJECT PO BOX 220 WASSAIC, NY 12592-0220	27-2691962	501(C)(3)	23,100.	0.			GENERAL SUPPORT
WEBUTUCK CENTRAL SCHOOL DISTRICT 194 HAIGHT ROAD PO BOX 405 AMENIA, NY 12501	14-6010101	GOV'T ENTITY	12,080.	0.			ART CLUB ENRICHMENT WORKSHOP; GENERAL SUPPORT OF EDUCATIONAL ENRICHMENT
WILLIAM J. GOULD ASSOCIATES, INC. PO BOX 157 MONTEREY, MA 01245	04-2134819	501(C)(3)	20,550.	0.			FOR BUILDING IMPROVEMENTS, PROGRAMMING AND GENERAL SUPPORT

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
WILLIAMS COLLEGE BURSAR'S OFFICE PO BOX 406 WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	149,896.	0.			GENERAL SUPPORT
WILLIAMSTOWN COMMUNITY CHEST PO BOX 204 WILLIAMSTOWN, MA 01267-0204	04-6044550	501(C)(3)	7,100.	0.			GENERAL SUPPORT
WILLIAMSTOWN ELEMENTARY SCHOOL 115 CHURCH STREET WILLIAMSTOWN, MA 01267	04-6001368	GOV'T ENTITY	30,896.	0.			FOR EDUCATIONAL ENRICHMENT, PROGRAMMING AND SUPPLIES
WILLIAMSTOWN MEETINGHOUSE PRESERVATION FUND - 73 WATER STREET, STE 7 - WILLIAMSTOWN, MA 01267	85-4185260	501(C)(3)	22,600.	0.			GENERAL SUPPORT
WILLIAMSTOWN RURAL LANDS FOUNDATION - 671 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-2940686	501(C)(3)	11,100.	0.			FOR GENERAL SUPPORT AND THE TRAIL PROJECT
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-3439329	501(C)(3)	19,300.	0.			FOR GENERAL SUPPORT AND PROGRAMMING
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180-8368	14-1400177	501(C)(3)	14,265.	0.			GENERAL SUPPORT
WNET 825 EIGHTH AVENUE NEW YORK, NY 10019-7435	26-2810489	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOMEN'S SUPPORT SERVICES 13A PORTER STREET PO BOX 717 LAKEVILLE, CT 06039	06-1072379	501(C)(3)	203,507.	0.			FOR GENERAL SUPPORT, BUILDING RENOVATIONS AND SERVICES FOR WOMEN

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

Page 1

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
WORKER JUSTICE CENTER OF NEW YORK 1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	7,500.	0.			IMMIGRANT SUPPORT SERVICES
WREXHAM FOUNDATION, INC. PO BOX 201913 NEW HAVEN, CT 06509	06-0769957	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06508-2038	91-1864328	501(C)(3)	7,750.	0.			FOR GENERAL SUPPORT AND EBS ART BARN FUND
YOUTH CENTER, INC. 191 CHURCH STREET PO BOX 92 CHESHIRE, MA 01225	04-2591290	501(C)(3)	24,000.	0.			FOR PROGRAMMING

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990) 2021

06-1254469

Page 2

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
ARTS	87	269,185.	0.		
EDUCATIONAL	223	602,326.	0.		
HEALTH, GENERAL	61	88,490.	0.		
HUMAN SERVICE	2	1,513.	0.		

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:

BERKSHIRE TACONIC COMMUNITY FOUNDATION REQUIRES ANNUAL UTILIZATION REPORTS

OR RECEIPTS TO SUBSTANTIATE THE CHARITABLE USE OF GRANT DOLLARS WHEN

SCHOLARSHIPS AND GRANTS ARE PAID DIRECTLY TO THE RECIPIENT. THE FOUNDATION

ALSO PAYS SCHOLARSHIP GRANTS DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR

THE USE OF THE SCHOLARSHIP RECIPIENT.

GRANTEES ARE SELECTED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS. THE

GROUP FROM WHICH GRANT RECIPIENTS ARE SELECTED MUST BE SUFFICIENTLY BROAD

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule I (Form 990)

06-1254469 Page 2

Part IV Supplemental Information

SO THAT GIVING GRANTS TO ONE OR MORE MEMBERS OF THE GROUP FULFILLS A CHARITABLE PURPOSE; HOWEVER, SELECTION FROM SUCH A GROUP IS NOT NECESSARY IF ONE OR MORE GRANT RECIPIENTS ARE SELECTED ON THE BASIS OF THEIR EXCEPTIONAL QUALIFICATIONS TO CARRY OUT THE PURPOSES OF THE GRANT OR IT IS OTHERWISE EVIDENT THAT THE SELECTION IS PARTICULARLY CALCULATED TO EFFECTUATE THE CHARITABLE PURPOSE OF THE GRANT RATHER THAN TO BENEFIT PARTICULAR PERSONS OR A PARTICULAR CLASS OF PERSONS. APPLICATIONS ARE REVIEWED AND SELECTED FOR RECOMMENDATION BY THE FOUNDATION'S SELECTION COMMITTEES.

SCHOLARSHIP GRANTS:

FOUNDATION STAFF AND DESIGNATED MEMBERS OF SELECTION COMMITTEES ESTABLISHED FOR SUCH AWARDS CONTACT HIGH SCHOOL, COLLEGE AND GRADUATE SCHOOL ADMINISTRATORS AS WELL AS MANAGERS OF OTHER RELEVANT COMMUNITY INSTITUTIONS TO ADVERTISE THE AVAILABILITY OF THE FOUNDATION'S SCHOLARSHIP GRANTS AND TO REQUEST THAT THESE ADMINISTRATORS NOMINATE POTENTIAL CANDIDATES OR ENCOURAGE POTENTIAL AWARDEES TO SUBMIT APPLICATIONS FOR SCHOLARSHIP AID.

INDIVIDUAL ACHIEVEMENT AWARDS:

FOUNDATION STAFF AND DESIGNATED MEMBERS OF SELECTION COMMITTEES CONTACT RELEVANT COMMUNITY INSTITUTIONS AND INDIVIDUALS TO PUBLICIZE THE AVAILABILITY OF THE FOUNDATION'S INDIVIDUAL ACHIEVEMENT AWARDS AND TO SOLICIT NOMINATIONS FOR SUCH AWARDS.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Employer identification number

06-1254469**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☒ Compensation committee☐ Written employment contract☒ Independent compensation consultant☒ Compensation survey or study☐ Form 990 of other organizations☒ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2021

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule J (Form 990) 2021

06-1254469

Page 3

Part III Supplemental Information

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

PART I, LINE 4B:

THE ORGANIZATION'S PRESIDENT / CEO PARTICIPATES IN A SUPPLEMENTAL
NON-QUALIFIED RETIREMENT PLAN. HE DID NOT RECEIVE A PAYMENT IN 2021.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2021Open to Public
Inspection

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

Name of the organization **BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**Employer identification number
06-1254469**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	129	5,796,216.	AVG. SELLING PRICE
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****0**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2021

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,
COLUMN (B).

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.Employer identification number
06-1254469

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISTRIBUTED SCHOLARSHIPS TO STUDENTS IN OUR COMMUNITY.

EXPENSES \$ 611,503. INCLUDING GRANTS OF \$ 540,655. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAYMAN ISLANDS, BERMUDA, IRELAND, GABON

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

THE FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. IT IS REVIEWED BY THE VP OF FINANCE & ADMINISTRATION AND IS ELECTRONICALLY SENT TO THE BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION FOR THEIR REVIEW AND COMMENT. ANY QUESTIONS OR COMMENTS ARE ADDRESSED.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL DIRECTORS, OFFICERS, ADVISORY COMMITTEE MEMBERS AND STAFF MEMBERS. EACH YEAR THESE INDIVIDUALS COMPLETE AN ANNUAL DISCLOSURE TO DISCLOSE ANY POTENTIAL CONFLICTS. POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OR DELEGATED COMMITTEE WHO DETERMINES IF A CONFLICT EXISTS BY MAJORITY VOTE. PERSONS WITH CONFLICTS MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR DECISION RELATED TO THE CONFLICT.

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

THE FOUNDATION USES COMPARATIVE DATA ANNUALLY TO REVIEW COMPENSATION FOR THE PRESIDENT. THE EXECUTIVE COMMITTEE EVALUATES COMPARATIVE INFORMATION AND DOCUMENTS THEIR RECOMMENDATION TO THE BOARD. EVERY 5 YEARS THE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization **BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1254469

FOUNDATION COMPLETES A COMPENSATION STUDY OF ALL POSITIONS THAT INFORMS
COMPENSATION OF ALL EMPLOYEES. THE PRESIDENT DETERMINES COMPENSATION FOR
STAFF AND THE BOARD APPROVES THE PERSONNEL BUDGET EACH YEAR.

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

THE FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS
AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES, AS WELL AS
ON THE FOUNDATION'S OWN WEBSITE. IN ADDITION, THE FINANCIAL STATEMENTS,
CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, FORM 990, AND
BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE FOUNDATION
DIRECTLY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -38,903.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE
SELECTION OF AN INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM
THE PRIOR YEAR.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.****Employer identification number**
06-1254469**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

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
BTCF RESOURCES - 04-3585223 800 NORTH MAIN STREET SHEFFIELD, MA 01257	REAL ESTATE HOLDING	CONNECTICUT	501(C)(3)	LINE 12A, I	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	X	
FOUNDATION FOR COMMUNITY HEALTH - 20-0057897 155 SHARON VALLEY ROAD SHARON, CT 06069	GRANTMAKING	CONNECTICUT	501(C)(3)	LINE 12C, III-FI	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		X

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

Schedule R (Form 990) 2021

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule R (Form 990) 2021

06-1254469 Page 2

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

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

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

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule R (Form 990) 2021

06-1254469 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) FOUNDATION FOR COMMUNITY HEALTH	B	2,356,616.	FMV
(2) FOUNDATION FOR COMMUNITY HEALTH	L	148,081.	FMV
(3)			
(4)			
(5)			
(6)			

06-1254469 Page 4

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

[illegible]

132164 11-17-21

Part VII Supplemental Information

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

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2021

Name of the organization

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number

06-1254469

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 foundationCheck 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).

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

Schedule B (Form 990) (2021)

Name of organization

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Employer identification number

06-1254469**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <u>WILLIAMSTOWN, MA</u>	\$ <u>2,148,112.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <u>GHENT, NY</u>	\$ <u>1,239,462.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <u>CAMP HILL, PA</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <u>SANDISFIELD, MA</u>	\$ <u>966,375.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <u>NEW YORK, NY</u>	\$ <u>602,198.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <u>BOSTON, MA</u>	\$ <u>555,205.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number 06-1254469
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREAT BARRINGTON, MA	\$ 485,578.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page **3**

Name of organization BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number 06-1254469
---	---

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>4</u>	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>880,398.</u>	<u>04/29/21</u>
<u>5</u>	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>602,198.</u>	<u>12/14/21</u>
<u>7</u>	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>385,578.</u>	<u>12/08/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Schedule B (Form 990) (2021)

Page **4**

Name of organization

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Employer identification number

06-1254469**Part III**

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

Use duplicate copies of Part III if additional space is needed.

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