

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.</b> Doing business as		<b>D</b> Employer identification number <b>06-1254469</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>800 NORTH MAIN STREET</b>	<b>E</b> Telephone number <b>(413) 229-0370</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SHEFFIELD, MA 01257</b>		<b>G</b> Gross receipts \$ <b>48,163,424.</b>
	<b>F</b> Name and address of principal officer: <b>PETER TAYLOR</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number

**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		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO STRENGTHEN COMMUNITIES THROUGH PHILANTHROPY AND LEADERSHIP.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>26</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>393,277.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>18,970,906.</b>	<b>26,434,857.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>152,501.</b>	<b>57,801.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,838,309.</b>	<b>5,506,318.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>26,961,716.</b>	<b>31,998,976.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13,734,786.</b>	<b>21,910,180.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,046,849.</b>	<b>2,156,810.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>678,110.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,015,453.</b>	<b>2,062,398.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,797,088.</b>	<b>26,129,388.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,164,628.</b>	<b>5,869,588.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>235,546,714.</b>	<b>End of Year</b> <b>211,484,549.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>907,415.</b>	<b>769,830.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>234,639,299.</b>	<b>210,714,719.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>PETER TAYLOR, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>GARRETT M. HIGGINS</b>	<b>GARRETT M. HIGGINS</b>	<b>11/16/23</b>		<b>P00543209</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no.		
	<b>PKF O'CONNOR DAVIES ADVISORY, LLC</b> <b>500 MAMARONECK AVENUE, SUITE 301</b> <b>HARRISON, NY 10528-1633</b>	<b>87-3231666</b>	<b>914-381-8900</b>		

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

BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO CONNECT 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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 21,248,706. including grants of \$ 19,399,589.) (Revenue \$ 0.)  
**COMMUNITY PHILANTHROPY:  
PROVIDED SUPPLEMENTAL FINANCIAL SUPPORT TO ENHANCE THE COMMUNITY BOTH  
THROUGH AND TO RECOGNIZED CHARITABLE AGENCIES.**

4b (Code: \_\_\_\_\_) (Expenses \$ 947,394. including grants of \$ 843,639.) (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 \$ 874,562. including grants of \$ 867,557.) (Revenue \$ 57,801.)  
**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 \$ 801,309. including grants of \$ 799,395.) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 23,871,971.

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**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	102
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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

		Yes	No
<b>2a</b>	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		26
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>X</b>	
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed 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.**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER TAYLOR PRESIDENT / CEO	50.00 2.50			X			184,086.	0.	33,071.	
(2) JOSEPH BAKER VP FINANCE & ADMIN	50.00 5.00			X			144,847.	0.	38,668.	
(3) KARA MIKULICH CHIEF PHILANTHROPY OFFICER	37.50 0.00					X	128,968.	0.	40,035.	
(4) MAEVE O'DEA PROGRAM DIRECTOR	37.50 0.00					X	120,051.	0.	30,569.	
(5) TIMOTHY WILMOT DIR., STRATEGY, EVALUATION	37.50 0.00					X	117,615.	0.	17,821.	
(6) BRENDA TRIERWEILER CONTROLLER	37.50 0.00					X	100,557.	0.	26,246.	
(7) DR. RICHARD WEININGER CHAIR	3.00 0.50	X		X			0.	0.	0.	
(8) PAMELA R. GREEN VICE CHAIR	3.00 0.50	X		X			0.	0.	0.	
(9) DAVID OFFENSEND VICE CHAIR	3.00 0.50	X		X			0.	0.	0.	
(10) JODI K. RATHBUN-BRIGGS TREASURER	3.00 0.50	X		X			0.	0.	0.	
(11) ACKNEIL M. MULDROW, III SECRETARY	3.00 0.50	X		X			0.	0.	0.	
(12) EMILIE PRYOR SECRETARY (THRU 6/30/22)	3.00 0.50	X		X			0.	0.	0.	
(13) ELLEN C. BOYD DIRECTOR	2.00 0.00	X					0.	0.	0.	
(14) SUZETTE BROOKS-MASTERS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(15) DR. PETER DILLON DIRECTOR	2.00 0.00	X					0.	0.	0.	
(16) SHELDON EVANS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(17) PETER FRANK DIRECTOR	2.00 0.00	X					0.	0.	0.	

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**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) THADDEUS GRAY DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) NANCY HUMPHREYS DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) ELIZABETH M. HEWITT DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) ELIZABETH R. HILPMAN DIRECTOR	2.00 0.50	X						0.	0.	0.
(22) BRYAN E. HOUSE DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) JANE IREDALE DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) KELLY A. MORGAN DIRECTOR	2.00 0.50	X						0.	0.	0.
(25) ROBERT NORRIS DIRECTOR THRU 6/30/22	3.00 0.50	X						0.	0.	0.
(26) GREGG OSOFSKY DIRECTOR	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								796,124.	0.	186,410.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								796,124.	0.	186,410.

**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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ ASSOCIATES, INC., 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH	INVESTMENT MANAGEMENT	170,533.
ADAGE CAPITAL PARTNERS 2000 WESTCHESTER AVENUE, PURCHASE, NY 10577	INVESTMENT MANAGEMENT	122,535.
VARDE INVESTMENT PARTNERS, 520 MADISON AVENUE, 34TH FLOOR, NEW YORK, NY 10022	INVESTMENT MANAGEMENT	114,335.

**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 3

**SEE PART VII, SECTION A CONTINUATION SHEETS**



**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HENRY PUTZEL III DIRECTOR	2.00 0.00	X						0.	0.	0.
(28) DANIEL S. STERNBERG DIRECTOR	2.00 0.00	X						0.	0.	0.
(29) ELEANORE VELEZ DIRECTOR	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	26,434,857.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,525,464.				
	<b>h Total.</b> Add lines 1a-1f .....			26,434,857.			
<b>Program Service Revenue</b>	<b>2 a</b> FUND ADMINISTRATION	<b>Business Code</b>					
		900099	57,801.	57,801.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			57,801.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,976,227.		230,487.	1745740.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				19,694,539.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	16,164,448.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	3,530,091.				
	<b>d</b> Net gain or (loss) .....			3,530,091.	162,790.	3367301.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			31,998,976.	57,801.	393,277.	5113041.	

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,586,034.	21,586,034.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	324,146.	324,146.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	400,672.	145,282.	164,398.	90,992.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,333,015.	764,020.	219,027.	349,968.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,261.	43,319.	16,860.	26,082.
<b>9</b> Other employee benefits	182,097.	91,642.	35,900.	54,555.
<b>10</b> Payroll taxes	154,765.	94,507.	27,439.	32,819.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	11,231.		11,231.	
<b>c</b> Accounting	46,370.	27,107.	19,263.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	977,093.		977,093.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	367,590.	342,580.	4,497.	20,513.
<b>12</b> Advertising and promotion	34,704.	30,443.	2,130.	2,131.
<b>13</b> Office expenses	115,156.	88,813.	4,764.	21,579.
<b>14</b> Information technology	201,767.	116,965.	47,579.	37,223.
<b>15</b> Royalties				
<b>16</b> Occupancy	64,436.	30,728.	15,351.	18,357.
<b>17</b> Travel	17,248.	10,003.	3,144.	4,101.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	17,078.	17,078.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	8,951.	8,951.		
<b>23</b> Insurance	60,941.	45,068.	7,371.	8,502.
<b>24</b> 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.)				
<b>a</b> <b>UBIT TAXES</b>	12,530.		12,530.	
<b>b</b> <b>PROFESSIONAL DEVELOP.</b>	66,080.	49,715.	8,182.	8,183.
<b>c</b> <b>MISCELLANEOUS</b>	46,899.	46,899.		
<b>d</b> <b>LEADERSHIP INITIATIVE</b>	6,492.	3,441.	1,363.	1,688.
<b>e</b> All other expenses	7,832.	5,230.	1,185.	1,417.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	26,129,388.	23,871,971.	1,579,307.	678,110.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,732,595.	<b>1</b>	2,956,559.	
	<b>2</b> Savings and temporary cash investments .....	9,638,497.	<b>2</b>	11,630,717.	
	<b>3</b> Pledges and grants receivable, net .....	112,421.	<b>3</b>	1,290.	
	<b>4</b> Accounts receivable, net .....	38,018.	<b>4</b>	79,780.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	46,069.	<b>9</b>	50,521.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 244,409.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 195,503.	52,007.	<b>10c</b>	48,906.
	<b>11</b> Investments - publicly traded securities .....	80,398,585.	<b>11</b>	80,825,553.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	141,528,522.	<b>12</b>	115,891,223.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	235,546,714.	<b>16</b>	211,484,549.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	337,617.	<b>17</b>	257,045.	
	<b>18</b> Grants payable .....	171,765.	<b>18</b>	440,624.	
	<b>19</b> Deferred revenue .....	382,000.	<b>19</b>	60,000.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	16,033.	<b>25</b>	12,161.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	907,415.	<b>26</b>	769,830.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	54,673,333.	<b>27</b>	51,133,161.	
	<b>28</b> Net assets with donor restrictions .....	179,965,966.	<b>28</b>	159,581,558.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	234,639,299.	<b>32</b>	210,714,719.	
<b>33</b> Total liabilities and net assets/fund balances .....	235,546,714.	<b>33</b>	211,484,549.		

Form **990** (2022)

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	31,998,976.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	26,129,388.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	5,869,588.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	234,639,299.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-29,924,869.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	130,701.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	210,714,719.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
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			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
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			
<b>c</b> 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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	<b>3a</b>		X
<b>b</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 .....	<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 06-1254469
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10500578.	13502215.	15605084.	18970906.	16434857.	75013640.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10500578.	13502215.	15605084.	18970906.	16434857.	75013640.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3224783.
<b>6 Public support.</b> Subtract line 5 from line 4.						71788857.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	10500578.	13502215.	15605084.	18970906.	16434857.	75013640.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3037196.	2519837.	2367779.	2379814.	1976227.	12280853.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				23,631.		23,631.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						87318124.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	641,563.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.22	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	81.57	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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.**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<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).		

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.

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

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: DONATION

DATE: 10/18/22            AMOUNT: 10000000.

Multiple horizontal lines for additional information.

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

OMB No. 1545-0047

**2022**

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 foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.</b>	Employer identification number 06-1254469
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**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
1		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,044,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 752,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 570,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1254469</b>
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**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
2	PUBLIC TRADED SECURITIES _____ _____ _____	\$ <u>4,862,174.</u>	<u>12/31/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization <b>BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1254469</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name 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 .....	183	416
2 Aggregate value of contributions to (during year) .....	15,531,160.	16,664,276.
3 Aggregate value of grants from (during year) .....	13,702,204.	13,279,355.
4 Aggregate value at end of year .....	52,975,107.	158,172,707.
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 July 25,2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2022



**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

Schedule D (Form 990) 2022

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) <b>NON-EARNING ASSETS</b>	20,200.	<b>END-OF-YEAR MARKET VALUE</b>
(B) <b>SPLIT-INTEREST AGREEMENTS</b>	738,027.	<b>END-OF-YEAR MARKET VALUE</b>
(C) <b>ALTERNATIVE INVESTMENTS</b>	115,132,996.	<b>END-OF-YEAR MARKET VALUE</b>
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>115,891,223.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)	
<b>Total.</b> (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) <b>SPLIT INTEREST AGREEMENTS</b>	
(3) <b>LIABILITY</b>	12,161.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,161.

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) 2022

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-202,528.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-29,924,869.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	710,750.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-29,214,119.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	29,011,591.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	977,093.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,010,292.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,987,385.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	31,998,976.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	19,470,315.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	44,964.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	44,964.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	19,425,351.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	977,093.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,726,944.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	6,704,037.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	26,129,388.

**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 247 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	130,701.
ADMIN & INVESTMENT MGMT. FEES	580,049.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	710,750.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

INVESTMENT EARNINGS IN AGENCY FUNDS	-4,754,445.
GIFTS RECEIVED - AGENCY FUNDS	6,763,214.

**Part XIII** Supplemental Information (continued)

ITEMS WITH NET INVESTMENT INCOME ALLOCATED TO BTC RESOURCES 1,523.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,010,292.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ALLOCATED TO BTC RESOURCES 44,964.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS FROM AGENCY FUNDS 5,694,859.

RENT PAID TO BTC RESOURCES 32,085.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 5,726,944.







BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.

06-1254469

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

Part III can be duplicated if additional space is needed.

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

BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.

**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

**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.

THE FOUNDATION IS REQUIRED TO FILE FORMS 926 AND 8865 BECAUSE IT DID MEET THE APPLICABLE OWNERSHIP OR TRANSFER THRESHOLD.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
18 DEGREES 480 WEST ST, SUITE 2 PITTSFIELD, MA 01201-5784	04-2226238	501(C)(3)	69,814.	0.			FOR GENERAL OPERATING SUPPORT, KIDS4HARMONY PROGRAM, CHILDCARE SUPPORT.
21ST CENTURY FUND FOR HVRHS 246 WARREN TURNPIKE ROAD FALLS VILLAGE, CT 06031	46-3683577	501(C)(3)	24,853.	0.			FOR PROGRAM SUPPORT
ADAMS FIRE DEPARTMENT 3 COLUMBIA STREET ADAMS, MA 01220	41-6036557	TOWN OF ADAMS	5,600.	0.			EMT SCHOLARSHIPS
ADAMS THEATER LLC 27 PARK ST ADAMS, MA 01220	86-2832832	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
ALLIED MEDIA PROJECTS 4126 THIRD AVENUE DETROIT, MI 48201	01-0559608	501(C)(3)	18,000.	0.			FOR PROFESSIONAL DEVELOPMENT AND WELLNESS
AMERICAN AGORA FOUNDATION, INC. 27 UNION SQ W STE 302 NEW YORK, NY 10003	20-4000236	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 409.

**3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	15,875.	0.			FOR THE IMPACT SOCIETY AND BIRTH RIGHT
AMERICAN HORSE TRIALS FOUNDATION, INC. - 363 NORTH LOOMIS STREET - SOUTHWICK, MA 01077	52-1495923	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	5,524.	0.			FOR GENERAL SUPPORT AND SUPPORT OF UKRAINE RELIEF EFFORTS
ANCRAM OPERA HOUSE 1330 COUNTY ROUTE 7 ANCRAM, NY 12502	47-5475490	501(C)(3)	14,500.	0.			SUSTAINING THE PERFORMING ARTS IN SOUTHERN COLUMBIA COUNTY
ANITA CHAPMAN SCHOLARSHIP FUND, INC. - PO BOX 153 - RICHMOND, MA 01254	84-2525915	501(C)(3)	7,792.	0.			SCHOLARSHIPS TO HIGH SCHOOL GRADUATES IN RICHMOND
ARTS IN RECOVERY FOR YOUTH (AIRY) 221 POMEROY AVENUE PITTSFIELD, MA 01201	04-3263298	501(C)(3)	22,445.	0.			FOR ARTS IN RECOVERY; ARTS BUILD COMMUNITY RAPID RESPONSE GRANT
ASSIST, INC. PO BOX 969, STE 217 SUFFIELD, CT 06078	03-0272890	501(C)(3)	6,250.	0.			FOR GENERAL SUPPORT
AUSTERLITZ HISTORICAL SOCIETY 11550 STATE ROUTE 22 AUSTERLITZ, NY 12017	14-1758407	501(C)(3)	109,005.	0.			FOR GENERAL OPERATING SUPPORT
BAHAMAS YOUTH FOUNDATION USA, INC. 9350 CONROY WINDERMERE RD WINDERMERE, FL 34786	82-1489150	501(C)(3)	10,000.	0.			FOR SCHOLARSHIPS

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BARD COLLEGE 30 CAMPUS ROAD ANNANDALE, NY 12504	14-1713034	501(C)(3)	77,828.	0.			FOR GENERAL SUPPORT AND THE SR CENTER FOR FOOD & RESILIENCE
BARRINGTON STAGE COMPANY, INC. 122 NORTH STREET PITTSFIELD, MA 01201-5104	04-3263298	501(C)(3)	19,750.	0.			FOR SEVERAL COMMUNITY ENGAGEMENT PROGRAMS
OPERATING UNITED NEW YORK INC. 360 COLUMBIA STREET PO BOX 1305 HUDSON, NY 12534	14-1783766	501(C)(3)	8,500.	0.			FOR THE BEAUTIFUL RACKET COMMUNITY ARTS PROGRAM
BECKET ARTS CENTER 7 BROOKER HILL ROAD BECKET, MA 01223	04-2625991	501(C)(3)	25,500.	0.			FOR THE BECKET ARTS CENTER STRATEGIC PLAN DEVELOPMENT PROJECT
BERKSHIRE AGRICULTURAL VENTURES, INC. - 314 MAIN STREET, OFFICE #11 - GREAT BARRINGTON, MA 01230	81-4386302	501(C)(3)	334,800.	0.			FOR FOOD AWARENESS, NORTHWEST CORNER PROJECTS AND GENERAL SUPPORT
BERKSHIRE ART CENTER PO BOX 1400 STOCKBRIDGE, MA 01262	04-3132409	501(C)(3)	36,773.	0.			ELEVATING IS183'S DEVELOPMENT STRATEGY AND PARENTS AND MOTHERS
BERKSHIRE BLACK ECONOMIC COUNCIL 33 DUNHAM MALL, STE 101 PITTSFIELD, MA 01202	85-4196468	501(C)(3)	27,000.	0.			AID TO THE SPEED NETWORKING EXPO AND THE ARTS BUILD COMMUNITY INITIATIVE
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE ROAD STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	21,244.	0.			SUPPORT FOR THE FENCE CLUB AND THE FARM IN THE GARDEN AFTER SCHOOL PROGRAM
NONPROFIT CENTER OF THE BERKSHIRES INC - 222 MAIN STREET PO BOX 388 - GREAT BARRINGTON, MA 01230	81-2027063	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE

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BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD, MA 01201	04-2422074	501(C)(3)	27,326.	0.			FOR BERKSHIRE COUNTY PANDEMIC RELIEF AND NEIGHTBOR TO NEIGHBOR SUPPORT
BERKSHIRE COMMUNITY ACTION COUNCIL, INC. - 1531 EAST STREET - PITTSFIELD, MA 01201	04-2422074	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT TO NEIGHBOR TO NEIGHBOR
BERKSHIRE COMMUNITY COLLEGE FOUNDATION - 1350 WEST STREET - PITTSFIELD, MA 01201	04-2736585	501(C)(3)	20,233.	0.			FOR SEVERAL SCHOLARSHIPS INCLUDING THE NURSING SCH INTEGRACARE PROGRAM
BERKSHIRE COMMUNITY COLLEGE FOUNDATION, INC - 1350 WEST STREET - PITTSFIELD, MA 01201	04-2736585	501(C)(3)	5,500.	0.			FOR SCHOLARSHIPS AND SUPPORT OF THE OLLI PROGRAM
BERKSHIRE COMMUNITY DIAPER PROJECT PO BOX 5 WEST STOCKBRIDGE, MA 01266	47-4529853	501(C)(3)	7,250.	0.			DIAPER DISTRIBUTION FOR RESIDENTS OF DALTON AND THE HILLTOWNS
BERKSHIRE COUNTRY DAY SCHOOL PO BOX 867 LENOX, MA 01240-0867	04-2030686	501(C)(3)	11,953.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE DREAM CENTER 475 TYLER STREET PITTSFIELD, MA 01201	45-2794461	501(C)(3)	38,423.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE ENVIRONMENTAL ACTION TEAM - 20 CHAPEL ST - PITTSFIELD, MA 01201	27-0054356	501(C)(3)	7,200.	0.			FOR COLDWATER STREAM MONITORING AND PROGRAMS CONNECTING KIDS WITH NATURE
BERKSHIRE FILM AND MEDIA COLLABORATIVE - 66 ALLEN STREET - PITTSFIELD, MA 01201	47-2531703	501(C)(3)	37,500.	0.			YOUTH FILM CHALLENGE

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BERKSHIRE FOOD PROJECT, INC. 134 MAIN STREET NORTH ADAMS, MA 01247	02-2946660	501(C)(3)	6,674.	0.			FOR WHERE IT'S NEEDED MOST
BERKSHIRE FUND, INC. PO BOX 1180 PITTSFIELD, MA 01201	04-2483221	501(C)(3)	20,000.	0.			FOR NEIGHBOR TO NEIGHBOR
BERKSHIRE GROWN, INC. PO BOX 983 GREAT BARRINGTON, MA 01230	20-0482070	501(C)(3)	32,993.	0.			FOR BERKSHIRE GROWN STRATEGIC PLANAND THE HOOSIC HARVEST
BERKSHIRE HEALTHCARE SYSTEMS/INTEGRITUS HEALTHCARE - 75 NORTH ST, STE 210 - PITTSFIELD, MA 01201	04-2442944	501(C)(3)	10,846.	0.			SUPPORT OF SERVICES TO RESIDENTS OF RICHMOND AND WEST STOCKBRIDGE
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET - STOCKBRIDGE, MA 01262	04-2426357	501(C)(3)	30,061.	0.			SUPPORT PRE-K STEM CHALLENGE, SCHOLARSHIPS AND FOOD INSECURITIES
BERKSHIRE HORSEWORKS PO BOX 214 GREAT BARRINGTON, MA 01230	46-5419671	501(C)(3)	5,150.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE HUMANE SOCIETY, INC. 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	50,288.	0.			FOR GENERAL SUPPORT AND THE PET FOOD PANTRY
BERKSHIRE IMMIGRANT CENTER ST. STEPHEN'S CHURCH PITTSFIELD, MA 01201	86-2361326	501(C)(3)	102,158.	0.			FOR BERKSHIRE COUNTY PANDEMIC RELIEF AND THE ONE WORLD CELEBRATION
BERKSHIRE LYRIC THEATRE PO BOX 347 PITTSFIELD, MA 01202	04-2707982	501(C)(3)	6,172.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS

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(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 MEDICAL CENTER, INC. DEVELOPMENT AND COMMUNITY RELATIONS OFFICE - PITTSFIELD, MA 01201	04-2791396	501(C)(3)	26,857.	0.			FOR BHS CANCER CENTER AND BERKSHIRE VISITING NURSES ASSOCIATION
BERKSHIRE MUSEUM 39 SOUTH STREET PITTSFIELD, MA 01201	04-2103878	501(C)(3)	24,650.	0.			FOR MOMU OUTREACH AND GENERAL OPERATING SUPPORT
BERKSHIRE MUSIC SCHOOL 30 WENDELL AVENUE PITTSFIELD, MA 01201	04-2121369	501(C)(3)	8,956.	0.			FOR MUSICAL ENRICHMENT PROGRAMS SUCH AS DRUM TO BEAT AND ALL THAT JAZZ
BERKSHIRE NATURAL RESOURCES COUNCIL, INC. - 309 PITTSFIELD ROAD, SUITE B - LENOX, MA 01240	04-2430091	501(C)(3)	41,546.	0.			SUPPORT AND THE CREATION OF HIKING IN THE BERKSHIRES SPANISH/ENGLISH GUIDE
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)(3)	30,100.	0.			BERKSHIRE LACTATION SUPPORT PROJECT FOR ADAMS, CHESHIRE AND SAVOY
BERKSHIRE PULSE INC. 420 PARK STREET HOUSATONIC, MA 01236	43-2052204	501(C)(3)	25,500.	0.			INDIGENOUS PEOPLE'S DAY IN-SCHOOL PROGRAM AND MOVEMENT PROGRAMS
BERKSHIRES BOUNTY 33 COMMONWEALTH AVENUE GREAT BARRINGTON, MA 01230	83-0905992	501(C)(3)	10,300.	0.			FOR GENERAL OPERATING SUPPORT TO ADDRESS FOOD INSECURITY IN OUR COMMUNITY
BERKSHIRE SCHOOL, INC. 245 NORTH UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257-9672	04-2121313	501(C)(3)	10,250.	0.			FOR THE BOYS VARSITY SOCCER PROGRAM
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)(3)	17,355.	0.			FOR THE GALA SPONSOR 2022 AND OTHER VARIOUS PROGRAMS

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(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 TOMORROW, INC. 1 FENN ST PITTSFIELD, MA 01201	03-0572303	501(C)(3)	35,000.	0.			SUPPORT OF BCAN COORDINATION THROUGH 2022
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD, MA 01201	04-2104841	501(C)(3)	26,125.	0.			FOR PROGRAMS THAT IMPROVE THE OVERALL QUALITY OF LIFE
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	34,315.	0.			FOR OPERATIONS AND PROGRAMMING
BOSTON UNIVERSITY TANGLEWOOD INSTITUTE - 855 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2103547	501(C)(3)	56,913.	0.			FOR STUDENT FINANCIAL ASSISTANCE
BOYS AND GIRLS CLUB OF THE BERKSHIRES - 16 MELVILLE STREET - PITTSFIELD, MA 01201	04-2103925	501(C)(3)	8,300.	0.			FOR CAMPERSHIPS
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	501(C)(3)	10,000.	0.			ARTIST'S RESOURCE TRUST GRANT FOR THE ROSE ART MUSEUM
BRIDGE 17 MAIN STREET, SUITE B3 LEE, MA 01238	26-1211169	501(C)(3)	71,329.	0.			FOR BERKSHIE COUNTY PANDEMIC RELEIF, RACIAL JUSTICE AND SOLIDARITY GARDEN
BRIEN CENTER FOR MENTAL HEALTH & SUBSTANCE ABUSE SERVICES - PO BOX 4219 - PITTSFIELD, MA 01202	04-2081870	501(C)(3)	5,067.	0.			FOR YOUTH SUBSTANCE ABUSE, EDUCATION, PREVENTION AND TREATMENT
BRIDGE 17 MAIN STREET, SUITE B3 LEE, MA 42831	26-1211169	501(C)(3)	8,000.	0.			WHERE ITS NEEDED MOST

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CAPE ELEUTHERA FOUNDATION, INC. PO BOX 712484 PHILADELPHIA, PA 19171	31-1591503	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING
CARY INSTITUTE OF ECOSYSTEM STUDIES - 2801 SHARON TURNPIKE - MILLBROOK, NY 12545-0129	22-3232968	501(C)(3)	110,375.	0.			FOR GENERAL OPERATING SUPPORT
CATHEDRAL HIGH SCHOOL 350 EAST 56TH STREET NEW YORK, NY 10022	27-0671104	501(C)(3)	7,500.	0.			FOR AROUND THE WORLD SPONSORSHIP
CATHOLIC CHARITIES OF COLUMBIA AND GREENE COUNTIES - 431 EAST ALLEN STREET - HUDSON, NY 12534	14-1595821	501(C)(3)	89,000.	0.			FOR EARLY LITERACY SUPPORT FOR THE HEALTHY FAMILIES COLUMBIA PROGRAM
CBRSW WEEKEND BACKPACK PROGRAM, INC. - 117 ELMORE DRIVE - DALTON, MA 01226	84-3875261	501(C)(3)	7,500.	0.			CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT WEEKEND BACKPACK PROGRAM
CENTER FOR PEACE THROUGH CULTURE PO BOX 633 HOUSATONIC, MA 01236	54-2081431	501(C)(3)	19,000.	0.			FOR THE LIFESCHOOL COACHING FOR EDUCATORS PROGRAM AND ARTS 4 US PROGRAM
CENTER OF COMPASSION PO BOX 665 DOVER PLAINS, NY 12522	84-2751715	501(C)(3)	10,000.	0.			BACK PACK PROGRAM
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVENUE - PITTSFIELD, MA 01202	04-3157085	501(C)(3)	67,316.	0.			FOR GENERAL OPERATING SUPPORT AND BERKSHIRE PANDEMIC RELIEF ASSISTANCE
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT - 254 HINSDALE ROAD - DALTON, MA 01227	04-6006427	COMMONWEALTH OF	59,695.	0.			FUNDING OF KINDERGARTEN READINESS, BIOTECHNOLOGY, THEATRE AND INTERNSHIPS

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CHAOS THEORY 753 OBLONG RD WILLIAMSTOWN, MA 01267-3044	92-3052653	501(C)(3)	10,000.	0.			FOR CHAOS THEORY
CHAPTER HOUSE LA 1438 ALLESANDRO STREET LOS ANGELES, CA 90026	83-4564456	501(C)(3)	10,000.	0.			\$5,000 FOR WEBSITE DEVELOPMENT AND \$5,000 TO BE USED FOR STAFF WELLNESS
CHESTER AGRICULTURAL CENTER DBA ROLLING GROCER 19 - 6 SOUTH 2ND STREET - HUDSON, NY 12534	83-2899262	501(C)(3)	114,013.	0.			FOR COLUMBIA COUNTY HEALTHY FOOD FOR ALL INITIATIVE
CHESTERWOOD MUSEUM, NATIONAL TRUST FOR HISTORIC PRESERVATION - 4 WILLIAMSVILLE RD - STOCKBRIDGE, MA 01262	53-0210807	501(C)(3)	8,331.	0.			FOR GENERAL SUPPORT OF PROGRAMS: ARTS ALIVE PROGRAM, DCF SOCIETY
CHORE SERVICE, INC. PO BOX 522 LAKEVILLE, CT 06039	51-0416899	501(C)(3)	10,900.	0.			ANNUAL DONATIONS AND GENERAL SUPPORT
CHRISTIAN CENTER OF PITTSFIELD 193 ROBBINS AVENUE PITTSFIELD, MA 01201	04-2546021	501(C)(3)	10,950.	0.			SUPPORT TO WOMEN AND CHILDREN SAFETY PROGRAMS AND THE COMMUNITY GARDEN
CIVIC LIFE PROJECT INC. 1 BRUSH HILL ROAD, #533 NEW FAIRFIELD, CT 06812	45-3455554	501(C)(3)	11,400.	0.			TO FUND THE EDUCATION OF IDENTIFYING SOCIAL ISSUES AND RESEARCH
CLARK UNIVERSITY BUSINESS AND FINANCIAL SERVICES - BUSINESS AND FINANCIAL SERVICES - WORCESTER, MA 01610	04-2111203	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT
CLAVERACK FREE LIBRARY PO BOX 417 CLAVERACK, NY 12513	14-1401100	501(C)(3)	6,835.	0.			FOR SENIOR FLEXIBILITY: CHAIR YOGA AND READING AT THE TOWN PARK

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CLINTON COMMUNITY LIBRARY 1215 CENTRE RD RHINEBECK, NY 12572	14-1699640	501(C)(3)	56,000.	0.			FOR OPTIMISTIC AGING SENIOR PROGRAMS AND GENERAL SUPPORT
CLOSE ENCOUNTERS WITH MUSIC PO BOX 34 GREAT BARRINGTON, MA 01230	14-1783014	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT FOR THE 2022 SEASON AND GALA
COLUMBIA COMMUNITY SERVICE/COLUMBIA UNIVERSITY - 2980 BROADWAY - NEW YORK, NY 10027	13-5598093	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
COLUMBIA COUNTY HABITAT FOR HUMANITY - 829 ROUTE 66 - HUDSON, NY 12534	14-1766587	501(C)(3)	252,000.	0.			FOR GENERAL OPERAITNG SUPPORT
COLUMBIA COUNTY RECOVERY KITCHEN 37 OAKWOOD LN RHINEBECK, NY 12572	85-3364199	501(C)(3)	16,848.	0.			FOR GENERAL SUPPORT INCLUDING MONDAY MEALS FOR THE HOMELESS PROGRAM
COLUMBIA COUNTY SANCTUARY MOVEMENT PO BOX 785 HUDSON, NY 12534	82-1804199	501(C)(3)	45,376.	0.			SUPPORT FOR LANGUAGE JUSTICE WITH DIVERSITY, EQUITY AND INCLUSION
COLUMBIA LAND CONSERVANCY 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	36,100.	0.			CREATING A MORE INCLUSIVE OUTDOOR EXPERIENCE AT PUBLIC CONSERVATION AREAS
COLUMBIA MEMORIAL HEALTH FOUNDATION - 71 PROSPECT AVE - HUDSON, NY 12534	14-1761112	501(C)(3)	10,000.	0.			FOR THE CENTER FOR BREAST CANCER
COLUMBIA OPPORTUNITIES, INC. 540 COLUMBIA STREET HUDSON, NY 12534	14-1627038	501(C)(3)	15,000.	0.			TO SUPPORT NEIGHBOR TO NEIGHBOR

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COLUMBIA UNIVERSITY 2960 BROADWAY, MAIL CODE 5757 NEW YORK, NY 10027	13-5598093	501(C)(3)	7,000.	0.			FOR CU PRESS GIVING DAY AND THE SCHOOL OF OCCUPATIONAL THERAPY
COMMON GROUND DISPUTE RESOLUTION INC - 11 WILLIAM STREET - CATSKILL, NY 12414	14-1756034	501(C)(3)	5,100.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY ACCESS TO THE ARTS 420 STOCKBRIDGE ROAD, SUITE 2 GREAT BARRINGTON, MA 01230	04-3196265	501(C)(3)	105,225.	0.			CATA WELLBEING PROGRAMS FOR PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS
COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	20,000.	0.			FOR NEIGHBOR TO NEIGHBOR
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY - 25 VAN WAGNER ROAD - POUGHKEEPSIE, NY 12603	23-7026859	501(C)(3)	12,500.	0.			FOR THE RENOVATION OF THE MILLERTON COMMUNITY PARK
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE RD GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	74,566.	0.			EARLY LITERACY MATERIALS FOR CHILDREN/FAMILIES IN THE PARENT CHILD PROGRAM
COMMUNITY LEGAL AID, INC. 405 MAIN STREET WORCESTER, MA 01608	04-2446242	501(C)(3)	13,000.	0.			FOR SUPPORT TO A WIDE RANGE OF RESIDENTS
COMPANIONS AND ANIMALS FOR REFORM AND EQUITY (CARE) - 420 DUNKIRK RD - BALTIMORE, MD 21212	85-0557068	501(C)(3)	14,490.	0.			SUPPORT OF REDI TRAINING FOR HEARTS & BONES RESCUE AND PUPSTARZ RESCUE
CONGREGATION B'NAI JESHURUN 270 WEST 89TH STREET NEW YORK, NY 10024	13-0594858	501(C)(3)	10,000.	0.			"KOL NIDRE"

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CONSTRUCT INC. 316A STATE ROAD GREAT BARRINGTON, MA 01230	23-7099108	501(C)(3)	83,329.	0.			TO SUPPORT AFFORDABLE HOUSING AND BERKSHIRE PANDEMIC RELIEF ASSISTANCE
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 ROUTE 44 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	20,000.	0.			FOR EARLY LITERACY EDUCATION WITH PARENTING WITH CONFIDENCE FAMILIES
CORNER FOOD PANTRY PO BOX 705 LAKEVILLE, CT 06039	46-3253476	501(C)(3)	26,800.	0.			TO MAINTAIN THE LASTING IMPACT OF THE FOOD PANTRY
CORNWALL CONSOLIDATED SCHOOL 5 CREAM HILL ROAD WEST CORNWALL, CT 06796	06-6001601	501(C)(3)	15,394.	0.			FOR GENERAL SUPPORT OF THE SCHOOL AND THE CIVIC LIFE PROJECT
CRANEVILLE PTO 71 PARK AVENUE DALTON, MA 01226	04-3575005	501(C)(3)	5,500.	0.			BUILDING OUR COMMUNITY EFFORTS- MAKING CONNECTIONS
AFRICAN COMMUNITY EDUCATION PROGRAM - 484 MAIN STREET, STE 355 - WORCESTER, MA 01608	14-1970474	501(C)(3)	50,000.	0.			FOR SUPPORT OF CROCODILE RIVER MUSIC
DALTON COMMUNITY RECREATION ASSOCIATION (CRA) - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)(3)	40,500.	0.			FOR GENERAL SUPPORT RELATED TO WELLNESS AND FITNESS PROGRAMS AND EXPANSION
DALTON UNITED METHODIST 755 MAIN STREET DALTON, MA 01226	04-2436816	501(C)(3)	5,500.	0.			FOR THEIR FOOD PANTRY PROGRAM
DEERFIELD ACADEMY 1 ALBANY ROAD DEERFIELD, MA 01342-9989	04-2103563	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT

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DIRECT RELIEF INTERNATIONAL 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	12,250.	0.			SUPPORT FOR UKRAINE RELIEF EFFORTS
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	33,074.	0.			FOR GENERAL OPERATING SUPPORT
DOVER PLAINS LIBRARY ASSOCIATION 1797 ROUTE 23 WINGDALE, NY 12594	14-1493720	501(C)(3)	50,000.	0.			FOR GENERAL PURPOSES
DOVER UNION FREE SCHOOL DISTRICT 2368 ROUTE 22 DOVER PLAINS, NY 12522	14-6001407	501(C)(3)	28,986.	0.			FOR DOVER UNION FREE SCHOOL PROGRAMS
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601-3303	14-1611857	501(C)(3)	10,000.	0.			FOR SUPPORT OF NEIGHBOR TO NEIGHBOR FOR RESIDENTS OF NORTHEAST DUTCHESS
DUTCHESS DAY SCHOOL 415 ROUTE 343 MILLBROOK, NY 12545	14-1414451	501(C)(3)	502,500.	0.			FOR GENERAL OPERATING SUPPORT
DUTCHESS LAND CONSERVANCY, INC. 4289 ROUTE 82 MILLBROOK, NY 12545	14-1667526	501(C)(3)	1,105,250.	0.			TO ENSURE LONGEVITY
EARTH ISLAND INSTITUTE 2051 ALLSTON WAY BERKELEY, CA 94704	94-2889684	501(C)(3)	20,000.	0.			TO SUPPORT SEEDING SOVEREIGNTY
EAST END HOSPICE GROUP INC 481 WESTHAMPTON-RIVERHEAD ROAD WEST HAMPTON BEACH, NY 11978	06-1546314	501(C)(3)	10,000.	0.			TO CONTINUE DEDICATED CARE, COMFORT TO THOSE IN NEED

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EAST TENNESSEE FOUNDATION 520 W. SUMMIT HILL DRIVE, SUITE 110 KNOXVILLE, TN 37902	62-0807696	501(C)(3)	25,000.	0.			TO SUPPORT THE NEEDS OF THE COMMUNITY
EDADVANCE 355 GOSHEN ROAD LITCHFIELD, CT 06759	06-0842189	501(C)(3)	10,000.	0.			FOR ENHANCEMENTS AND SUPPORT TO THE NORTHWEST CORNER HOME VISITING PROGRAM
EDITH WHARTON RESTORATION, INC. 2 PLUNKETT STREET LENOX, MA 01240	04-2666846	501(C)(3)	32,000.	0.			TO MAINTAIN THE HIRSORIC HOUSE AND VIBRANT CULTURE
EDUCATIONAL BROADCASTING CORPORATION - THIRTEEN/WNET - NEW YORK, NY 10019-7435	26-2810489	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT FOR THE NEWS HOUR
EGREMONT LAND TRUST, INC. PO BOX 132 SOUTH EGREMONT, MA 01258	04-2953153	501(C)(3)	5,750.	0.			FOR GENERAL OPERATION SUPPORT
ELDER SERVICES OF BERKSHIRE COUNTY, INC. - 877 SOUTH STREET, STE 4E - PITTSFIELD, MA 01201-6335	04-2542001	501(C)(3)	22,703.	0.			TO SUPPORT TRANSPORTATION, NUTRITION, AND ASSISTANCE TO THE ELDERLY
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)(3)	28,010.	0.			FOR GENERAL SUPPORT
EMERSON COLLEGE 120 BOYLSTON STREET BOSTON, MA 02116	04-1286950	501(C)(3)	25,000.	0.			TO SUPPORT THE ARTSEMERSON GAINING GROUND FUND AND THE WORLD ON STAGE FUND
EMMANUEL MUSIC 15 NEWBURY ST. BOSTON, MA 02116	04-2690262	501(C)(3)	10,000.	0.			HELP FUND THE ARTISTRY AND EXPERICNE OF EMMANUEL MUSIC

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EMS INSTITUTE, INC. 1 LOW ROAD SHARON, CT 06009	20-0061963	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
ENTERTAINMENT COMMUNITY FUND 729 SEVENTH AVE, 10TH FL NEW YORK, NY 10019	13-1635251	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ENTREPRENEURSHIP FOR ALL, INC. 175 CABOT STREET, SUITE 100 LOWELL, MA 01854	47-1858182	501(C)(3)	80,000.	0.			FOR THE BERKSHIRE COUNTY PROGRAM
ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	12,650.	0.			PROVIDE FUNDING TO MAKE OUR EARTH A CLEANER PLACE
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET, STE 101 DANVERS, MA 01923	04-3407816	501(C)(3)	20,870.	0.			INSTITUTE FOR TRUSTEES 2022
FAIRVIEW HOSPITAL, BERKSHIRE HEALTH SYSTEMS - 29 LEWIS AVENUE - GREAT BARRINGTON, MA 01230	04-2133860	501(C)(3)	64,663.	0.			FOR THE GENERAL MISSION OF FAIRVIEW AS WELL AS FOOD SECURITY ACCESS SUPPORT
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	10,524.	0.			FOR SUPPORT TO FOOD PANTRIES, SOUP KITCHENS, SHELTERS NATIONWIDE
FIRST CONGREGATIONAL CHURCH OF DALTON - 514 MAIN STREET - DALTON, MA 01226	04-2121338	501(C)(3)	21,800.	0.			FOR GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF STOCKBRIDGE - 4 MAIN STREET - STOCKBRIDGE, MA 01262	04-6149506	501(C)(3)	12,300.	0.			FOR THE CAPITAL CAMPAIGN

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FIRST CONGREGATIONAL CHURCH/WILLIAMSTOWN - 906 MAIN STREET - WILLIAMSTOWN, MA 01267	04-6000944	501(C)(3)	25,350.	0.			FOR GENERAL SUPPORT AND UKRAINE RELIEF ASSISTANCE
FISHES AND LOAVES FOOD PANTRY THE PILGRIM HOUSE, 30 GRANITE AVENUE CANAAN, CT 06018	34-1927041	501(C)(3)	21,100.	0.			FOR GENERAL OPERATING SUPPORT
FLYING CLOUD INSTITUTE 20 STOCKBRIDGE ROAD, STE 2 GREAT BARRINGTON, MA 01230	04-2730172	501(C)(3)	24,392.	0.			FOR MULTIPLE PURPOSES SUCH AS THE SMART CLUB: WHERE SCIENCE MEETS ART!
FOOD OF LIFE/COMIDA DE VIDA PANTRY C/O SAINT THOMAS EPISCOPAL CHURCH AMENIA, NY 12501	14-1496937	501(C)(3)	10,000.	0.			HELP FEED UP TO NINE MEALS A WEEK TO THE RESIDENTS IN NEED
FRIENDS OF BECKLEY FURNACE, INC. 140 LOWER ROAD EAST CANAAN, CT 06024	01-0703391	501(C)(3)	20,000.	0.			PURCHASE AND INSTALLATION OF KITCHEN FOR CARETAKERS RESIDENCE
FRIENDS OF HUDSON YOUTH, INC. PO BOX 285 HUDSON, NY 12534	82-4654406	501(C)(3)	18,000.	0.			FOR GENERAL USE AND HUDSON YOUTH DEPARTMENT BIKE COOP
GATEWAY TO ENTREPRENEURIAL TOMORROWS, INC. - PO BOX 8 - POUGHKEEPSIE, NY 12602	20-2138478	501(C)(3)	25,000.	0.			FOR THE PATHWAY TO PROSPERITY PROGRAM FOR RESIDENTS OF NORTHEAST DUTCHESS
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE NORTHWEST WASHINGTON, DC 20001	53-0196603	501(C)(3)	10,000.	0.			FOR SUPPORT OF LAWYER PROGRAM
GLADYS ALLEN BRIGHAM COMMUNITY CENTER OF PITTSFIELD, INC. - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)(3)	16,770.	0.			SCHOLARSHIP AND PROGRAM SUPPORT AND CHILDCARE SUBSIDIES FOR SINGLE WOMEN

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GOODWILL INDUSTRIES OF THE BERKSHIRES AND SOUTHERN VERMONT - 158 TYLER ST. - PITTSFIELD, MA 01201	04-2207791	501(C)(3)	15,500.	0.			FIGHTING HUNGER IN THE BERKSHIRES
GRACE CHURCH PO BOX 114 GREAT BARRINGTON, MA 01230-1814	04-2104816	501(C)(3)	30,000.	0.			FOR THE GENERAL MISSION OF GRACE CHURCH
GREATER HUDSON PROMISE NEIGHBORHOOD - 369 WARREN ST. - HUDSON, NY 12534	85-0949720	501(C)(3)	187,450.	0.			FOR GENERAL SUPPORT AND OPPORTUNITY FOR YOUTH
GREENAGERS 62 UNDERMOUNTAIN ROAD SOUTH EGREMENT, MA 01258	46-1728356	501(C)(3)	74,800.	0.			FOR YOUTH ENGAGEMENT AND ENVIRONMENTAL STEWARDSHIP TRAINING AND EMPLOYMENT
HABITAT FOR HUMANITY OF DUTCHESS COUNTY OF WAPPINGERS FALLS - 1830 SOUTH ROAD - WAPPINGERS FALLS, NY 12590	14-1767037	501(C)(3)	35,000.	0.			SUPPORT FOR THE MOBILE HOME REPAIR PROGRAM
HANCOCK SHAKER VILLAGE, INC. PO BOX 927 PITTSFIELD, MA 01202-0927	04-2281657	501(C)(3)	48,368.	0.			FOR GENERAL SUPPORT
HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER - 71 COUNTY RT 21C - GHENT, NY 12075	45-2460484	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT OF VISITING PROGRAMS AND GROUND WORK
HILLTOWN VILLAGE, INC. 2 EAST MAIN ST HUNTINGTON, MA 01050	47-1394720	501(C)(3)	11,500.	0.			POSTPARTUM SUPPORT-BRINGING THE VILLAGE RIGHT TO THEIR DOOR
HISTORIC HUDSON, INC. 541 WARREN STREET HUDSON, NY 12534	14-1795837	501(C)(3)	11,000.	0.			FOR WATERFRONT PRESERVATION WORK

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HOOSAC VALLEY REGIONAL SCHOOL DISTRICT - 191 CHURCH STREET - CHESHIRE, MA 01225	04-2422135	COMMONWEALTH OF	26,990.	0.			AID IN READING, EMOTIONAL SUPPORT, AND SCIENCE AND LABORATORY EQUIPMENT
HOSPICE CARE IN THE BERKSHIRES, INC. - 369 SOUTH ST - PITTSFIELD, MA 01201	04-3084466	501(C)(3)	15,866.	0.			WHERE ITS NEEDED MOST
HOTCHKISS LIBRARY OF SHARON 10 UPPER MAIN STREET SHARON, CT 06069	06-0655489	501(C)(3)	91,775.	0.			FOR GENERAL OPERATING SUPPORT
HOUSATONIC CHILD CARE CENTER, INC. 30-B SALMON KILL RD SALISBURY, CT 06068	23-7055646	501(C)(3)	12,612.	0.			FOR GENERAL PROGRAM SUPPORT AND FINACIAL AID
HOUSATONIC VALLEY ASSOCIATION PO BOX 28 CORNWALL BRIDGE, CT 06754-0028	06-6049295	501(C)(3)	5,459.	0.			FOR WATERSHED SCIENCE EDUCATION PROGRAM AND INTERSHIP SUPPORT
HOUSATONIC VALLEY ASSOCIATION - BERKSHIRE COUNTY - 14 MAIN STREET - STOCKBRIDGE, MA 01262	06-6049295	501(C)(3)	9,163.	0.			FOR GENERAL OPERATING SUPPORT
HOUSATONIC YOUTH SERVICE BUREAU, INC. - 236 WARREN TURNPIKE ROAD - FALLS VILLAGE, CT 06031	22-3124429	501(C)(3)	42,391.	0.			FUNDING TO STRENGTHEN THE EMOTIONAL HEALTH OF YOUTH
HUDSON AREA ASSOCIATION LIBRARY 51 NORTH 5TH STREET HUDSON, NY 12534	14-1456213	501(C)(3)	13,300.	0.			FOR ENGAGING YOUNG READERS AND COMMUNITY ENGAGEMENT SUPPORT
HUDSON CITY SCHOOL DISTRICT COMMUNITY ENDOWMENT FUND - 215 HARRY HOWARD AVENUE - HUDSON, NY 12534-1606	27-1850222	501(C)(3)	17,500.	0.			FOR THE HUDSON CHILDREN'S BOOK FESTIVAL

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HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	10,000.	0.			CREATING AFFORDABLE HOUSING IN NORTHEAST DUTCHESS
HUDSON SLOOP CLUB, INC. 101 UNION STREET HUDSON, NY 12534	47-1946569	501(C)(3)	7,500.	0.			FOR THE WATERFRONT WEDNESDAY PROJECT
ICHABOD CRANE CENTRAL SCHOOL DISTRICT - PO BOX 820 - VALATIE, NY 12184-0137	14-6010281	501(C)(3)	10,634.	0.			FOR GENERAL SUPPORT WITH A FOCUS ON READING PROGRAMS
INDIAN MOUNTAIN SCHOOL, INC. 211 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039	06-0646681	501(C)(3)	11,500.	0.			SUPPORT WITH ATTENTION TO FINANCIAL AID WITHIN THE SOCCER PROGRAM
INNISFREE FOUNDATION C/O D'ARCANGELO & CO, LLC. MILLBROOK, NY 12545	13-1972195	501(C)(3)	112,500.	0.			FOR GENERAL SUPPORT AS WELL AS STRATEGIC PLANNING
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	10,500.	0.			AID FOR THE CRISIS IN UKRAINE
JACOB'S PILLOW DANCE FESTIVAL INC. 358 GEORGE CARTER ROAD BECKET, MA 01223	04-6002993	501(C)(3)	107,254.	0.			FOR GENERAL SUPPORT IN THE DANCE COMMUNITY
JAZZ AND CLASSICS FOR CHANGE, INC. 56 FERN HILL ROAD GHENT, NY 12075	84-2886517	501(C)(3)	7,500.	0.			TO CONNECT AND HEAL THROUGH MUSIC
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT

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(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
JEWISH FEDERATION OF THE BERKSHIRES, INC. - 196 SOUTH STREET - PITTSFIELD, MA 01201	04-2131409	501(C)(3)	16,360.	0.			FOR 2022 CAMPAIGN SUPPORT
KATAMA AIRFIELD TRUST PO BOX 3453 EDGARTOWN, MA 02539	04-3437606	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
LAKE ONOTA PRESERVATION ASSOCIATION, INC. - PO BOX 2884 - PITTSFIELD, MA 01201	59-3765273	501(C)(3)	6,000.	0.			FOR NATIVE PLANT RESOTRATION AND ZEBRA MUSSEL PREVENTION FUND
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	30,000.	0.			SUPPORTING DIVERSE YOUTH TO ADULthood
LEAGUE OF AMERICAN ORCHESTRAS 33 WEST 60TH STREET, 5TH FLOOR NEW YORK, NY 10023	23-7300636	501(C)(3)	20,000.	0.			FOR GENERAL OPERATIONS
LEE PUBLIC SCHOOLS 300A GREYLOCK STREET LEE, MA 01238	04-6001196	TOWN OF LEE	13,626.	0.			FOR ART, MUSIC SUPPORT AND AFTER SCHOOL PROGRAMS
LEGAL SERVICES OF THE HUDSON VALLEY - 90 MAPLE AVENUE - WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
LENOX EMS ASSOCIATION, INC. 6 WALKER STREET LENOX, MA 01240	90-0067366	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
LENOX PUBLIC SCHOOLS 6 WALKER STREET LENOX, MA 01240	04-6001198	TOWN OF LENOX	11,303.	0.			FOR MASS AUDUBON GROWING CARBON PROGRAM

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LEOPOLD SCHEPP FOUNDATION 930 3RD AVENUE NEW YORK, NY 10022	13-5562353	501(C)(3)	10,000.	0.			TO SUPPORT SCHOLARSHIPS GIVEN TO YOUTH FOR GOOD CHARACTER
LIFTING HANDS INTERNATIONAL 2543 S 1700 E SALT LAKE CITY, UT 84106	81-1708977	501(C)(3)	10,000.	0.			TO SUPPORT EMERGENCY AID FOR UKRAINE
LITCHFIELD HILLS VISITING NURSES 30A SALMON KILL ROAD SALISBURY, CT 06068	06-0646887	501(C)(3)	14,175.	0.			FOR GENERAL SUPPORT TO RESIDENTS AND NW CORNER CARE OUTREACH
LITERACY NETWORK OF SOUTH BERKSHIRE - 32 PARK ST - LEE, MA 01238	04-3252289	501(C)(3)	10,924.	0.			TO TRANSFORM THE LIVES OF ADULT LEARNERS
LITTLE GUILD OF ST. FRANCIS FOR WELFARE OF ANIMALS - 285 SHARON GOSHEN TURNPIKE - WEST CORNWALL, CT 06796-1506	23-7131298	501(C)(3)	14,100.	0.			TO SUPPORT NEW CONSTRUCTION ON PROPERTY FOR THE CARE OF SHELTER ANIMALS
LONG TABLE HARVEST 385 NORTHERN BLVD GERMANTOWN, NY 12526	95-4116679	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT TO THE LONG TABLE HARVEST
LOUISON HOUSE FAMILY LIFE SUPPORT CENTER - PO BOX 54 - ADAMS, MA 01220	22-3051367	501(C)(3)	15,000.	0.			HELP TO SUPPORT THE AGENCY
LYALL MEMORIAL FEDERATED CHURCH PO BOX 426 MILLBROOK, NY 12545	14-1431037	501(C)(3)	200,000.	0.			FOR SUPPORT TOWARDS THE GENERAL PURPOSE
MAHAIWE PERFORMING ARTS CENTER 244 MAIN STREET GREAT BARRINGTON, MA 01230	57-1140453	501(C)(3)	35,030.	0.			UPGRADES TO PERFORMANCE SYSTEMS AND LGBTQ+ INCLUSIVE PRACTICES TRAINING

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MANHATTAN THEATRE CLUB 311 WEST 43RD STREET NEW YORK, NY 10036	23-7086643	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
MARIAN MISSIONARIES OF DIVINE MERCY - PO BOX 1401 - STOCKBRIDGE, MA 01260	47-2966942	501(C)(3)	13,883.	0.			TO CONTINUE THE MISSION OF THE ORGANIZATION
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	12,100.	0.			FOR SUPPORT OF THE PLEASEANT VALLEY SACTUARY SUMMER CAMPERSHIP
MASSACHUSETTS COLLEGE OF LIBERAL ARTS FOUNDATION - 375 CHURCH ST - NORTH ADAMS, MA 01247	04-2613803	501(C)(3)	42,165.	0.			EDU EXPENSES TO COLLEGE FOR WOMEN WHO ARE RESIDENTS OF BERKSHIRE COUNTY
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	56,750.	0.			FOR THE EDUCATION DEPARTMENT ACTIVITIES
MASS AUDUBON WEST 472 WEST MOUNTAIN ROAD LENOX, MA 01240	04-2104702	501(C)(3)	20,092.	0.			MASS AUDUBON SCIENCE ENRICHMENT PROGRAM & FIELD TRIPS
MASSHIRE BERKSHIRE WORKFORCE BOARD 66 ALLEN STREET PITTSFIELD, MA 01210	04-3291395	501(C)(3)	25,000.	0.			FOR THE SOUTH COUNTY CAREER READINESS INITIATIVE
MATTHEW 25 FARM 919 MECHANIC ST TULLY, NY 13159	38-3893114	501(C)(3)	100,000.	0.			TO CONTINUE THE MISSION OF THE ORGANIZATION
MCCALL FOUNDATION, INC. 58 HIGH STREET TORRINGTON, CT 06790	06-0961756	501(C)(3)	7,750.	0.			FOR SUBSTANCE ABUSE PREVENTION SERVICES IN NORTHWEST CORNER

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METROPOLIS ENSEMBLE, INC 34-33 84TH STREET JACKSON HEIGHTS, NY 11372	34-2047561	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028	13-1624086	501(C)(3)	5,350.	0.			FOR THE CHAMPION'S CIRCLE
METROPOLITAN OPERA ASSOCIATION 30 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624087	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF THE OPERA
MICHAEL J. FOX FOUNDATION FOR PARKINSON'S DISEASE - GRAND CENTRAL STREET - NEW YORK, NY 10163	13-4141945	501(C)(3)	10,250.	0.			FOR MEDICAL RESEARCH
MILLAY COLONY FOR THE ARTS 454 EAST HILL ROAD AUSTERLITZ, NY 12017	14-1556850	501(C)(3)	6,000.	0.			TO SUPPORT AN ARTIST IN RESIDENCE
MILLBROOK ARTS GROUP PO BOX 944 MILLBROOK, NY 12545	14-1720774	501(C)(3)	20,500.	0.			TO SUPPORT ARTS IN OUR COMMUNITY
MILLBROOK COMMUNITY PARTNERSHIP, INC. - PO BOX 1087 - MILLBROOK, NY 12545	82-2159939	501(C)(3)	1,000,000.	0.			TO SUPPORT THE CREATION OF THE PARK AT BENNETTS SITE.
MILLBROOK EARLY CHILDHOOD EDUCATION CENTER - PO BOX 757 - MILLBROOK, NY 12545	38-3770734	501(C)(3)	60,500.	0.			TO SUPPORT YOUTH EDUCATION
MILLBROOK FIRE DEPARTMENT 20 FRONT ST MILLBROOK, NY 12545	14-1795318	VILLAGE OF MILLB	100,700.	0.			FOR GENERAL OPERATING SUPPORT

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MILLBROOK LIBRARY PO BOX 286 MILLBROOK, NY 12545	14-1434152	VILLAGE OF MILLB	100,000.	0.			FOR GENERAL SUPPORT OF THE LIBRARY
MILLBROOK FIRE DEPARTMENT 20 FRONT ST MILLBROOK, NY 12545	14-1795318	VILLAGE OF MILLB	100,000.	0.			FOR GENERAL SUPPORT
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	14-1413770	VILLAGE OF MILLB	200,000.	0.			FOR GENERAL OPERATING SUPPORT
MILLERTON ADOPT-A-FAMILY 6 MERWIN ROAD MILLERTON, NY 12546	06-1254469	501(C)(3)	7,534.	0.			FOR TOYS FOR FAMILIES
MISS HALL'S SCHOOL, INC. 492 HOLMES ROAD PITTSFIELD, MA 01202-1166	04-2104273	501(C)(3)	6,000.	0.			A DONATION TOWARDS THE JUDITH HILL KITTREDGE TENNIS COURT
MOUNT GREYLOCK REGIONAL SCHOOL DISTRICT - 1781 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-6006483	COMMONWEALTH OF	32,470.	0.			FOR GENERAL SUPPORT OF PROGRAMS INCLUDING THE ROBOTICS CLUB
MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVENUE NEW YORK, NY 10029	13-1624098	501(C)(3)	10,000.	0.			SUPPORT TOWARDS THE AUCHINCLOSS PRIZE
MUSIC MOUNTAIN, INC. PO BOX 375 HAYDENVILLE, MA 01039	23-7219961	501(C)(3)	29,115.	0.			TO SUPPORT LONGEVITY OF THE ORGANIZATION
NATIONAL BOOK FOUNDATION 90 BROAD STREET SUITE 604 NEW YORK, NY 10004	13-3347524	501(C)(3)	10,000.	0.			A GIFT TO THE LEADERSHIP CIRCLE DESIGNER LEVEL

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NATIONAL SOCIETY OF COLONIAL DAMES 215 E 71ST STREET NEW YORK, NY 10021	13-1628185	501(C)(3)	50,000.	0.			SUPPORT FOR EVENTS THAT CONTRIBUTED TO THE FORMATION OF OUR COUNTRY
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	16,550.	0.			TO SUPPORT THE SUSTAINABILTY OF THE ORGANIZATION
NEW MARLBOROUGH VILLAGE ASSOCIATION - 154 HARTSVILLE-NEW MARLBOROUGH RD - NEW MARLBOROUGH, MA 01230	23-7242481	501(C)(3)	58,495.	0.			FOR GENERAL SUPPORT OF THE ASSOCIATION
NEW YORK CITY BALLET, INC. DAVID H. KOCH THEATER C/O MAJOR GIF NEW YORK, NY 10023	13-2947386	501(C)(3)	12,850.	0.			FOR GENERAL SUPPORT OF THE BALLET COMMUNITY
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	36,000.	0.			FOR THE "FILL THE BAG" BENEFIT
NINE PARTNERS BURIAL GROUND ASSOCIATION - PO BOX 547 - MILLBROOK, NY 12545	14-1402434	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT TOWARDS THE MISSION
NOBLE AND GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	04-2104784	501(C)(3)	5,150.	0.			GENRAL SUPPORT FOR THE SCHOOL'S MISSION
NONPROFIT CENTER OF THE BERKSHIRES INC - 222 MAIN ST - GREAT BARRINGTON, MA 01230	81-2027063	501(C)(3)	19,450.	0.			SUPPORT FOR THE BERKSHIRE BUSK AND W.E.B DU BOIS SCULPTURE PROJECT
NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC. - 9 GLENDALE ROAD - STOCKBRIDGE, MA 01262-0308	04-2450813	501(C)(3)	9,900.	0.			GIVEN IN SUPPORT FOR THE NATIONAL COUNCIL

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NORTH ADAMS PUBLIC SCHOOL DISTRICT 10 MAIN STREET, STE 20 NORTH ADAMS, MA 01247	04-6001405	CITY OF NORTH AD	13,511.	0.			CURRICULUM RESOURCES IN GRADES 6-8 AND ADULT LEARNING EXPENSES
NORTH EAST COMMUNITY CENTER, INC. 51 SOUTH CENTER STREET MILLERTON, NY 12546	14-1736237	501(C)(3)	485,819.	0.			GIVEN FOR PROGRAMS RELATED TO FOOD INSECURITIES, HERITAGE, SCHOOL TO WORK
NORTHEAST DUTCHESS IMMIGRANT SERVICES - 3330 FRANKLIN AVE. - MILLBROOK, NY 12545	14-1813190	501(C)(3)	129,833.	0.			ENGAGING CHANGE IN COMMUNITY AND FOOD INSECURITIES FOR IMMIGRANT POPULATION
NORTH EAST MILLERTON LIBRARY 75 MAIN ST MILLERTON, NY 12546	14-6030232	TOWN OF MILLERTO	17,448.	0.			FOR GENERAL OPERATIONS OF THE LIBRARY
NORTHSIDE CENTER FOR CHILD DEVELOPMENT - 1301 FIFTH AVENUE - NEW YORK, NY 10029	13-1656679	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR YOUTH DEVELOPMENT
NORTHWEST CONNECTICUT COMMUNITY FOUNDATION - 32 EAST MAIN STREET - TORRINGTON, CT 06790	06-1565733	501(C)(3)	17,250.	0.			SUPPORT TOWARDS THE NWCG - THE HOUSING COLLECTIVE
NORTHWEST HILLS COUNCIL OF GOVERNMENTS - 59 TORRINGTON ROAD, STE A-1 - GOSHEN, CT 06756	38-3917142	501(C)(3)	40,000.	0.			TO SUPPORT NEIGHTBOR TO NEIGHBOR PROGRAMS
NOVA UKRAINE 963 MEARS CT STANFORD, CA 94305	46-5335435	501(C)(3)	10,000.	0.			FOR EMERGENCY AID IN UKRAINE
OFF-THE-GRID MISSIONS 9528 MIRAMAR RD., #1115 SAN DIEGO, CA 92126	82-2044193	501(C)(3)	10,000.	0.			FOR SUPPORT IN UKRAINE

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ORION 187 MAIN STREET GREAT BARRINGTON, MA 01230	22-3508064	501(C)(3)	5,500.	0.			SUPPORT TO ARTISTS IN THE ARTIST IN AUTUMN 2022 ISSUE
OUR COMMUNITY CARES PO BOX 463 GHENT, NY 12075	46-1652259	501(C)(3)	7,000.	0.			FOR THE GROW IN HARMONY COMMUNITY GARDEN FENCE 2022
PAN-MASS CHALLENGE/THE JIMMY FUND 77 4TH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	12,450.	0.			FUNDS TO SUPPORT TEAMS RIDING IN THE PAN-MASS CHALLENGE
PERFECT TEN AFTER SCHOOL INC. 51 N 5TH ST, 3RD FLR HUDSON, NY 12534	45-4522521	501(C)(3)	21,500.	0.			FUNDING TO SUPPORT GIRLS AGES 8-18 IN LEARNING AND LIFESKILLS EXPERIENCES
PINE COBBLE SCHOOL 163 GALE ROAD WILLIAMSTOWN, MA 01267	04-2105910	501(C)(3)	15,100.	0.			TO SUPPORT SCHOLARSHIP FUNDING FOR THE PINE COBBLE SCHOOL
PINE PLAINS FREE LIBRARY 7775 SOUTH MAIN STREET PINE PLAINS, NY 12567	14-1500206	TOWN OF PINE PLA	50,000.	0.			FOR GENERAL SUPPORT OF THE LIBRARY
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS STREET, FLOOR 10 - NEW YORK, NY 10038	13-1644147	501(C)(3)	22,630.	0.			SUPPORT FOR ALL THE IMPORTANT WORK
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	8,600.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC. - 1055 COMMONWEALTH AVE - BOSTON, MA 02215-1001	04-2698497	501(C)(3)	6,450.	0.			FOR GENERAL SUPPORT

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PROJECT SAGE 13A PORTER STREET LAKEVILLE, CT 06039	06-1072379	501(C)(3)	125,485.	0.			FOR ONGOING SUPPORT AND LONGEVITY FOR THE ORGANIZATION
PS21: PERFORMANCE SPACES FOR THE 21ST CENTURY - PO BOX 321 - CHATHAM, NY 12037	14-1818409	501(C)(3)	11,831.	0.			FOR GENERAL SUPPORT AS WELL AS PROJECTS ON DANCE AND PERCUSSION
PUBLIC BROADCASTING OF COLORADO, INC. - 7409 SOUTH ALTON CT - ENGLEWOOD, CO 80112	74-2324052	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR CPR RADIO
RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON, MA 01230	04-3531328	501(C)(3)	49,500.	0.			FUNDING TO INSPIRE, EMPOWER YOUTH TO PROMOTE RESPONSIBILITY AND INCLUSION
RAZOM INC. 140 2ND. AVE., SUITE 305 NEW YORK, NY 10003	46-4604398	501(C)(3)	7,000.	0.			SUPPORT FOR UKRAINE FOCUSING ON AMPLIFYING VOICES FROM UKRAINE
REALIZE IMPACT 271 WINSLOW WAY E, #11548 BAINBRIDGE ISLAND, WA 98110	46-3594732	501(C)(3)	100,500.	0.			GIVEN TO SUPPORT IMPACT INVESTMENTING IN PHILANTHROPIC WORK
REBUILDING TOGETHER DUTCHESS COUNTY - PO BOX 3695 - POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	6,000.	0.			SUPPORT TO REBUILDING A DAY PROGRAM
RED ROCK HISTORICAL SOCIETY 242 ROUTE 24 EAST CHATHAM, NY 12060	14-1827566	501(C)(3)	8,050.	0.			RED ROCK SCHOOLHOUSE STABILIZATION
RED ROCK RURAL CEMETERY ASSOCIATION - 35 CEMETERY ROAD - EAST CHATHAM, NY 12060	14-1618446	501(C)(3)	5,950.	0.			RED RURAL CEMETERY ASSOCIATION REPAIR AND RESTORATION

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RED ROCK VOLUNTEER FIRE CO. 401 COUNTY ROUTE 24 EAST CHATHAM, NY 12060	04-3731008	501(C)(3)	10,640.	0.			RRVFC BUILDING FUND AND EQUIPMENT REPLACEMENT
REGION ONE SCHOOL DISTRICT 246 WARREN TURNPIKE ROAD FALLS VILLAGE, CT 06031		STATE OF CONNECT	37,064.	0.			WORKSHOP FUNDING FOR THE FIVE REGIONAL ELEMENTARY SCHOOLS
RICHMOND LAND TRUST PO BOX 21 RICHMOND, MA 01254	04-3060494	501(C)(3)	8,792.	0.			FOR GENERAL CAPITAL EXPENDITURE NEEDS
RITES OF PASSAGE AND EMPOWERMENT 56 DEXTER STREET PITTSFIELD, MA 01201	87-4393361	501(C)(3)	22,100.	0.			SPONSORSHIP OF FUNDRAISERS FOR JUNETEENTH
RIVERBROOK RESIDENCE, INC. 4 ICE GLEN ROAD STOCKBRIDGE, MA 01262	04-3327968	501(C)(3)	2,414,295.	0.			GRANTED TO ORGANIZATION AS A CLOSING OF THEIR FUND
ROCK STEADY FARM AND FLOWERS 41 KAYE ROAD MILLERTON, NY 12546	47-3091614	501(C)(3)	17,000.	0.			ROCK STEADY FARM AND ANCRAMDALE NEIGHBORS HELPING NEIGHBORS
ROELIFF JANSEN COMMUNITY LIBRARY PO BOX 669 HILLSDALE, NY 12529	14-1598707	501(C)(3)	8,149.	0.			COMMUNITY OUTREACH AND THE START-UP OF COLUMBIA COUNTY LIBRARY ASSOC
ROOTS TEEN CENTER 51 ASHLAND ST NORTH ADAMS, MA 01247	84-4994881	501(C)(3)	8,000.	0.			BICYCLE PROGRAM SUPPORT
SAINTS PATRICK & RAPHAEL PARISH 54 SOUTHWORTH STREET WILLIAMSTOWN, MA 01267	04-3351088	501(C)(3)	10,000.	0.			SUPPORT TOWARDS THE CATHOLIC CHURCH

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SALISBURY ASSOCIATION, INC. 24 MAIN STREET SALISBURY, CT 06068-0553	06-6054763	501(C)(3)	14,505.	0.			FOR GENERAL SUPPORT OF THE SALISBURY LAND TRUST
SALISBURY CONGREGATIONAL CHURCH UCC - 30 MAIN ST - SALISBURY, CT 06068	13-1957221	501(C)(3)	13,500.	0.			GENERAL OPERATING SUPPORT OF THE CHURCH
SALISBURY FAMILY SERVICES, INC. PO BOX 379 SALISBURY, CT 06068	06-0739807	501(C)(3)	19,075.	0.			NEW INITIATIVES THAT SFS IS PURSUING IN SUPPORT OF SALISBURY'S NEEDIEST
SALISBURY HOUSING COMMITTEE, INC. PO BOX 10 SALISBURY, CT 06068	11-5309016	501(C)(3)	13,822.	0.			BUILDING AND MANAGING AFFORDABLE RENTAL HOUSING IN SALISBURY
SALISBURY HOUSING TRUST PO BOX 52 SALISBURY, CT 06068	35-2160939	501(C)(3)	12,972.	0.			TO SUPPORT AFFORDABLE HOME OWNERSHIP IN SALISBURY
SALISBURY VISITING NURSES ASSOCIATION/HOSPICE - 30A SALMON KILL RD - SALISBURY, CT 06068	06-0646887	501(C)(3)	10,850.	0.			TO SUPPORT THE NEEDS OF HOSPICE AND NURSING CARE IN SALISBURY
SALISBURY VOLUNTEER AMBULANCE SERVICE, INC. - PO BOX 582 - SALISBURY, CT 06068	23-7121173	501(C)(3)	7,850.	0.			GENERAL SUPPORT FOR VOLUNTEER AMBULANCE SERVICES IN SALISBURY CT
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	17,750.	0.			UKRAINIAN CRISIS RELIEF
SCENIC HUDSON, INC. 1 CIVIC CENTER PLAZA, STE 200 POUGHKEEPSIE, NY 12601-3157	13-2898799	501(C)(3)	1,000,200.	0.			SUPPORT GIVEN TO PRESERVE, PROTECT AND REVITABLIZE THE HUDSON AREA

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**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
SCULPTURE NOW PO BOX 600 BECKET, MA 01223	06-1254469	501(C)(3)	91,578.	0.			FOR CONTINUED OPERATION SUPPORT AND SUSTAINABILTY OF SCULPTURAL ARTS
SECOND STREET SECOND CHANCES, INC. 264 SECOND ST. PITTSFIELD, MA 01201	87-4620589	501(C)(3)	53,800.	0.			TO SUPPORT THE INSIDE OUT PROGRAM
SEDGWICK RESERVE, LLC 22 MAIN STREET STOCKBRIDGE, MA 01262	04-2327143	501(C)(3)	5,855.	0.			TO SUPPORT THE MAINTENANCE AND UPKEEP OF SEDGWICK CEMETERY
SHAKER MUSEUM & LIBRARY PO BOX 328 CHATHAM, NY 12037	14-1364601	501(C)(3)	260,000.	0.			GENERAL SUPPORT FOR THE SUSTAINABILITY OF CULTURAL ARCHIVES AND EXIHIBTS
SHAKESPEARE & COMPANY 70 KEMBLE STREET LENOX, MA 01240-2813	04-2666826	501(C)(3)	6,500.	0.			CONTINUE THE ENRICHMENT OF PEOPLES LIVES THROUGH THE POWER OF LIVE THEATRE
SHARON HISTORICAL SOCIETY 18 MAIN STREET SHARON, CT 06069	06-6050703	501(C)(3)	19,562.	0.			FUND THE RESEARCH, PUBLICATION AND RECORDING OF THE HISTORY OF SHARON
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05842	03-0229347	501(C)(3)	28,000.	0.			TO SUPPORT THE FARM-TO-TABLE PRODUCTS AND EDU WORKSHOPS OF THE INSTITUTE
SISTERS HILL FARM 127 SISTERS HILL RD. STANFORDVILLE, NY 12581	13-3957173	501(C)(3)	10,000.	0.			TO SUPPORT LOW INCOME RESIDENTS
SMITH COLLEGE GIFT ACCOUNTING OFFICE NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	22,500.	0.			GIVEN IN SUPPORT OF THE 50TH REUNION

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SOAR EDUCATIONAL ENRICHMENT, INC. PO BOX 593 SALISBURY, CT 06068	47-1188127	501(C)(3)	26,394.	0.			TO SUPPORT IMPROVEMENTS AND INITIATIVES OF SALISBURY CENTRAL SCHOOL
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805-4021	46-1323531	501(C)(3)	40,000.	0.			TO SUPPORT OF THE PEOPLESUB AND THEIR DISABILITY JUSTICE CONVENING
SOCM RESOURCE PROJECT PO BOX 12667 KNOXVILLE, TN 37912	58-1550966	501(C)(3)	75,000.	0.			MAINTAIN LEADERSHIP AND COMMUNICATION THAT CREATES EFFECTIVE ACTION
SOLDIER ON, INC. 290 MERRILL ROAD PITTSFIELD, MA 01201	04-3240461	501(C)(3)	5,500.	0.			SUPPORT TO SOUTH COUNTY RESIDENTS ELIGIBLE FOR SOLDIER ON SUPPORT
SOUTH CONGREGATIONAL CHURCH OF PITTSFIELD MA - 110 SOUTH STREET - PITTSFIELD, MA 01201	04-2121379	501(C)(3)	7,500.	0.			FOR THE FOOD PANTRY PROGRAM
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT (SBRSD) - 491 BERKSHIRE SCHOOL ROAD - SHEFFIELD, MA 01257	04-6006133	COMMONWEALTH OF	41,950.	0.			FOR PROGRAMS RELATED TO SCIENCE, RHYTHM AND DANCE, AND COMMUNITY WORK
SOUTH FLORIDA PBS PO BOX 610002 MIAMI, FL 33261-0002	59-0737868	501(C)(3)	10,000.	0.			A GIFT FOR GENERAL SUPPORT WITHOUT RESTRICTIONS
ST. AGNES PARISH 489 MAIN STREET DALTON, MA 01226	04-2205322	501(C)(3)	8,000.	0.			FOR FOOD BANK SUPPORT
STANFORD FREE LIBRARY 6035 ROUTE 82 STANFORDVILLE, NY 12581	14-1492555	TOWN OF STANFORD	50,000.	0.			TO SUPPORT THE EFFORTS OF THE LIBRARY

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STERLING AND FRANCINE CLARK ART INSTITUTE - 225 SOUTH STREET - WILLIAMSTOWN, MA 01267-0008	04-2163004	501(C)(3)	13,250.	0.			GIVEN TO SUPPORT THE RESEARCH WORK AND ART COLLECTION OF THE INSTITUTE
ST. MARK'S SCHOOL 25 MARLBOROUGH ROAD SOUTHBOROUGH, MA 01772	04-2103623	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
STONEWOOD COMMUNITY PROJECT INC. 110 BANGALL ROAD MILLBROOK, NY 12545	83-4204542	501(C)(3)	20,000.	0.			FIRST HARVEST COMMUNITY GARDEN & PANTRY
ST. THOMAS EPISCOPAL CHURCH 40 LEEDSVILLE RD AMENIA, NY 12501	14-1496937	501(C)(3)	50,000.	0.			GENERAL PURPOSES OF COMIDA DE VIDA FOOD PANTRY
SUNDAY IN THE COUNTRY FOOD DRIVE PO BOX 789 MILLERTON, NY 12546	83-0412444	501(C)(3)	40,000.	0.			GIVEN FOR GIFT CARDS FOR THIS HOLIDAY SEASON
TAMARACK HOLLOW NATURE & CULTURAL CENTER - PO BOX 115 - WINDSOR, MA 01270	46-3157103	501(C)(3)	19,250.	0.			BOREAL FOREST FLORA, FAUNA, ECOLOGY, CITIZEN SCIENCE AND TRAIL INTERNSHIPS
TAPESTRY HEALTH SYSTEMS INC. 1985 MAIN ST, STE 202 SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	6,500.	0.			BERKSHIRE COUNTY SEXUAL & REPRODUCTIVE HEALTH CLINICS
TEACHERS COLLEGE, COLUMBIA UNIVERSITY - 525 WEST 120TH STREET - NEW YORK, NY 10027	13-1624202	501(C)(3)	73,543.	0.			FOR RESEARCH PROJECTS ON THE FIELD OF CHILD DEVELOPMENT AND LEARNING
TEACHING FOR CHANGE PO BOX 73038 WASHINGTON, DC 20056	52-1616482	501(C)(3)	50,000.	0.			FOR DC AREA EDUCATORS FOR SOCIAL JUSTICE

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THE ABRAHAM FUND INITIATIVES 1460 BROADWAY, SUITE 9021 NEW YORK, NY 10038	13-3556715	501(C)(3)	25,000.	0.			SUPPORT FOR THE INIATIVE TO FULLFILL THE PROMISE OF EQUAL CITIZENSHIP
THE AUTHORS GUILD FOUNDATION 31 EAST 32ND STREET, STE 901 NEW YORK, NY 10016	23-7248599	501(C)(3)	6,000.	0.			REIMAGINING AMERICA
THE BECKET ATHENAEUM PO BOX 9 BECKET, MA 01223	04-3458519	501(C)(3)	44,330.	0.			BECKET ATHENAEUM'S COMMUNITY ADULT & FAMILY PROGRAMMING
THE BIDWELL HOUSE MUSEUM 100 ART SCHOOL ROAD MONTEREY, MA 01245	22-2864958	501(C)(3)	12,797.	0.			FOR 2022 GREENAGER TRAIL MAINTENANCE AND TRUSTEE SUPPORT
THE BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205 STREET BRONX, NY 10468	13-3763299	CITY OF NEW YORK	10,000.	0.			FOR GENERAL SUPPORT
THE CHILDREN'S VILLAGE, INC. ECHO HILLS, PO BOX 503 DOBBS FERRY, NY 10522-9926	13-1739945	501(C)(3)	7,500.	0.			EXCLUSIVE USE TO SUPPORT THE INWOOD HOUSE DIVISION PROGRAMS
THE EVERGREEN REVIEW 130 WEST 24TH STREET, #5A NEW YORK, NY 10011	13-3981873	501(C)(3)	7,500.	0.			TO SUPPOR THE ONGOING WORK OF EDITORS
THE FOOD BANK OF WESTERN MASSACHUSETTS - PO BOX 160 - HATFIELD, MA 01038	04-2751023	501(C)(3)	41,652.	0.			TO ENSURE THE LONGEVITY OF THE FOOD BANK
THE GREAT MOUNTAIN FOREST CORPORATION - 200 CANAAN MTN RD - FALLS VILLAGE, CT 06031	13-2998991	501(C)(3)	1,215,859.	0.			TO ENSURE THE LONGEVITY OF THE GREAT WORK DONE TO SUSTAIN OUR FOREST

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THE LAKEVILLE JOURNAL 64 ROUTE 7 NORTH FALLS VILLAGE, CT 06031	87-1609627	501(C)(3)	26,000.	0.			TO SUPPORT OUR NEWSPAPER COVERING THE NORTHWEST CORNER
THE LAKEVILLE JOURNAL FOUNDATION, INC. - 64 ROUTE 7 N - FALLS VILLAGE, CT 06031	87-1609627	501(C)(3)	12,000.	0.			FOR SUPPORT TO THE LAKEVILLE JOURNAL
THE LIGHTHOUSE WORKS, INC. 1070 MONTAUK AVE FISHERS ISLAND, NY 06390	46-0865290	501(C)(3)	10,000.	0.			TO SUPPORT CONNECTING ARTISTS, WRITERS, CHOREOGRAPHERS AND COMPOSERS
THE LILITH FUND PO BOX 684949 AUSTIN, TX 78768	74-3008249	501(C)(3)	6,000.	0.			TO SUPPORT REPRODUCTIVE CARE
THE NATURE CONSERVANCY OF MASSACHUSETTS - 20 ASHBURTON PL, STE 400 - BOSTON, MA 02108	53-0242652	501(C)(3)	6,000.	0.			FOR BERKSHIRE COUNTY, MA PROPERTIES AND PROGRAMS
THE PEOPLE'S PANTRY PO BOX 1115 GREAT BARRINGTON, MA 01230	04-3491750	501(C)(3)	25,000.	0.			SUPPORT FEEDING THE COMMUNITY
THE PIKE SCHOOL 34 SUNSET ROCK ROAD ANDOVER, MA 01810-4898	04-2104832	501(C)(3)	10,000.	0.			TO SUPPORT THE MISSION OF THE SCHOOL
THE PLAY COMPANY 321 WEST 44TH STREET, STE 802 NEW YORK, NY 10036	31-1630552	501(C)(3)	9,500.	0.			TO SUPPORT MUSIC AND THEATRE AND BRING A NEW PERSPECTIVE TO AMERICAN STAGES
THE STISSING CENTER PO BOX 1024 PINE PLAINS, NY 12567	47-3035907	501(C)(3)	114,500.	0.			SUPPORT WITH THE COMMUNITY TO CREATE PROGRAMS WITH ARTISTS

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THE SYLVIA CENTER 2417 3RD AVENUE, SUITE 301 BRONX, NY 10451	20-4297703	501(C)(3)	33,500.	0.			FOR FRESH FOOD MEAL KIT INITIATIVE
THE TENTH ACADEMY 529 WARREN STREET HUDSON, NY 12534	87-2190036	501(C)(3)	15,000.	0.			TO SUPPORT WORKSHOPS AND EDUCATIONAL PROGRAMMING FOR ALL AGES
THE TRUSTEES 200 HIGH STREET, STE. 4A BOSTON, MA 02110-3044	04-2105780	501(C)(3)	47,371.	0.			FOR GENERAL SUPPORT
TOWN HALL FOUNDATION, INC. 123 WEST 43RD STREET NEW YORK, NY 10036	23-7296167	501(C)(3)	10,000.	0.			CENTENNIAL CONTRIBUTION
TOWN OF CORNWALL FOOD AND FUEL FUND - PO BOX 97 - CORNWALL, CT 06753	06-6001976	501(C)(3)	8,000.	0.			TO HELP DISTRIBUTE FOOD WEEKLY TO THE RESIDENTS IN NEED
TOWN OF RICHMOND 1529 STATE ROAD RICHMOND, MA 01254	04-6001279	TOWN OF RICHMOND	7,596.	0.			FOR SUPPORT OF THE RICHMOND FREE PUBLIC LIBRARY
TOWN OF SALISBURY PO BOX 548 SALISBURY, CT 06068	06-6002078	TOWN OF SALISBUR	14,500.	0.			TO SUPPORT THE EXTRAS PROGRAM AND SUMMER JOBS PROGRAM
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	8,700.	0.			TO SUPPORT THE YOUTH
UNIVERSITY OF MICHIGAN LAW SCHOOL 4000 JEFFRIES HALL ANN ARBOR, MI 48109	38-6006309	STATE OF MICHIGA	10,000.	0.			FOR USE TO PRODUCE A TREMENDOUS 50TH REUNION FOR THE CLASS OF 1972

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UNIVERSITY OF NEW HAMPSHIRE UNH BUSINESS SERVICES DURHAM, NH 03824	02-6000937	STATE OF NH	10,000.	0.			FOR SCHOLARSHIPS FOR UNH EDUCATIONAL TALENT SEARCH
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE ALBANY, NY 12206	14-6000805	501(C)(3)	32,000.	0.			TO SUPPORT THE MISSION
UTAH FILM CENTER 50 WEST BROADWAY, SUITE 1125 SALT LAKE CITY, UT 84101	75-3077559	501(C)(3)	10,000.	0.			FOR THE FILM "DESPERATE SOULS, DARK CITY AND THE LEGEND OF MIDNIGHT COWBOY"
VILLAGE OF MILLERTON 5933 NORTH ELM AVENUE MILLERTON, NY 12546	14-6002300	VILLAGE OF MILLE	10,000.	0.			EDDIE COLLINS PARK REVITALIZATION
VIOLET H. SIMMONS SCHOLARSHIP FUND, INC. - 200 DEPOT HILL RD 1 - AMENIA, NY 12501	14-1634968	501(C)(3)	33,936.	0.			TO SUPPORT STUDENTS IN NEED OF FINANCIAL AID
VOLUNTEERS IN MEDICINE BERKSHIRES 777 MAIN STREET, STE 4 GREAT BARRINGTON, MA 01230	90-0140004	501(C)(3)	192,265.	0.			FOR GENERAL SUPPORT INCLUDING COVID RELIEF SUPPORT
WAMC 318 CENTRAL AVENUE ALBANY, NY 12206	22-2400593	501(C)(3)	16,250.	0.			TO SUPPORT THE EDUCATIONAL LEARNINGS OF THE RADIO COMMUNITY
WAM THEATRE COMPANY PO BOX 712 LENOX, MA 01240	27-1595793	501(C)(3)	25,000.	0.			WAMS STRATEGIC PLAN: ENSURING OUR IMPACT INTO THE NEXT PHASE
WASSAIC PROJECT PO BOX 220 WASSAIC, NY 12592-0220	27-2691962	501(C)(3)	68,975.	0.			MIXED MEDIA ARTMAKING WITH THE WASSAIC PROJECT

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WATERFALL UNITY ALLIANCE INC 256 W FULTON RD WEST FULTON, NY 12194	85-0530691	501(C)(3)	10,000.	0.			SUPPORT TO PROTECT SKOHARE (THE SCHOHARIE VALLEY) AND OUR MOTHER EARTH
WETHERSFIELD FOUNDATION 257 PUGSLEY HILL RAOD AMENIA, NY 12501	13-6113816	501(C)(3)	110,000.	0.			SUPPORT TO MAINTAIN AN ITALIAN RENAISSANCE GARDEN IN THE UNITED STATES
WILD SALMON CENTER 721 NW NINTH AVE, STE 300 PORTLAND, OR 97209	94-3166095	501(C)(3)	10,000.	0.			FOR ENVIRONMENTAL EDUCATION
WILLIAM J. GOULD ASSOCIATES, INC. PO BOX 157 MONTEREY, MA 01245	04-2134819	501(C)(3)	8,100.	0.			DEVELOPMENT OF A PERFORMING ARTS PROGRAM IN THE COMMUNITY CENTER BUILDING
WILLIAMS COLLEGE BURSAR'S OFFICE WESTON HALL WILLIAMSTOWN, MA 10267	04-2104847	501(C)(3)	156,662.	0.			FOR GRADUATE FELLOWSHIPS IN THE WILLIAMS COLLEGE CENTER
WILLIAMSTOWN COMMUNITY CHEST PO BOX 204 WILLIAMSTOWN, MA 01267-0204	04-6044550	501(C)(3)	8,300.	0.			TO SUPPORT A MOBILIZED RESOURCE TO COMMUNITIES AND ORGANIZATIONS IN NEED
WILLIAMSTOWN RURAL LANDS FOUNDATION - 671 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-2940686	501(C)(3)	11,000.	0.			STRATEGIC PLANNING FOR A NEW ERA
WILLOW ROOTS 23 NORTH MAIN STREET PINE PLAINS, NY 12567	84-2598232	501(C)(3)	8,000.	0.			WILLOW ROOTS GIVING BOX
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180-8368	14-1400177	501(C)(3)	11,145.	0.			TO SUPPRT THE TELECOMMUNICATION COMMUNITY

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WOMEN'S REFUGEE COMMISSION 15 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018	46-3668128	501(C)(3)	10,000.	0.			FOR THE MAY 3, 2022 VOICES OF COURAGE AWARDS EVENT TO SUPPORT REFUGEES
WORKER JUSTICE CENTER OF NEW YORK 1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	10,000.	0.			ADVANCING THE RIGHTS OF LOW-WAGE IMMIGRANT WORKERS IN NORTHEAST DUTCHESS
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE NORTHWEST, 7TH FLOOR - WASHINGTON, DC 20001	27-3521132	501(C)(3)	14,100.	0.			FOR UKRAINE RELIEF
WREXHAM FOUNDATION, INC. PO BOX 1913 NEW HAVEN, CT 06509	06-0769957	501(C)(3)	12,000.	0.			TO SUPPORT THE MISSION
YALE UNIVERSITY OFFICE OF DEVELOPMENT NEW HAVEN, CT 06508-2038	91-1864328	501(C)(3)	7,875.	0.			THE NORFOLK ART BARN
YOUTH CENTER, INC. 191 CHURCH STREET CHESHIRE, MA 01225	04-2591290	501(C)(3)	27,000.	0.			YOUTH CENTER INC. ENRICHMENT PROGRAMS

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**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
GRANT TO ARTISTS	1	15,000.	0.		TO FURTHER WRITINGS AND STUDIES IN THE AREA OF POETRY AND LITERATURE
AWARDS TO TEACHERS	2	20,000.	0.		IN RECOGNITION OF OUTSTANDING WORK IN THE FIELD OF PRIMARY EDUCATION
HEALTH (GENERAL AND FINANCING)	8	74,168.	0.		TO SUPPORT THE BASIC NEEDS OF INDIVIDUALS WITH CHRONIC HEALTH ISSUES.
SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS	27	214,978.	0.		TO FURTHER THEIR STUDIES IN HIGHER EDUCATION.

**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

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

OMB No. 1545-0047

**2022**

Open 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2022

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

Schedule J (Form 990) 2022

06-1254469

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER TAYLOR PRESIDENT / CEO	(i)	183,441.	0.	645.	12,965.	20,106.	217,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH BAKER VP FINANCE & ADMIN	(i)	144,118.	0.	729.	10,200.	28,468.	183,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARA MIKULICH CHIEF PHILANTHROPY OFFICER	(i)	128,633.	0.	335.	9,440.	30,595.	169,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAEVE O'DEA PROGRAM DIRECTOR	(i)	119,690.	0.	361.	8,528.	22,041.	150,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **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	44	6,525,464.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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Schedule M (Form 990) 2022



BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number	06-1254469
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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/CEO. THE EXECUTIVE COMMITTEE EVALUATES COMPARATIVE INFORMATION AND DOCUMENTS THEIR RECOMMENDATION TO THE BOARD. EVERY 5 YEARS THE FOUNDATION COMPLETES A COMPENSATION STUDY OF ALL POSITIONS THAT INFORMS COMPENSATION OF ALL EMPLOYEES. 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

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

Schedule O (Form 990) 2022

Name of the organization <b>BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1254469</b>
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AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES, AS WELL AS ON THE FOUNDATION'S OWN WEBISTE. 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	130,701.
--	----------

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

OMB No. 1545-0047

**2022**

**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.	<input checked="" type="checkbox"/>	
FOUNDATION FOR COMMUNITY HEALTH - 20-0057897 155 SHARON VALLEY ROAD SHARON, CT 06069	GRANTMAKING	CONNECTICUT	501(C)(3)	LINE 12A, I	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2022

**BERKSHIRE TACONIC COMMUNITY  
FOUNDATION, INC.**

**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.**

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) BTCF RESOURCES	K	32,085.	
(2) FOUNDATION FOR COMMUNITY HEALTH	C	146,557.	
(3)			
(4)			
(5)			
(6)			

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

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

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

**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.