

Form **990**Department of the Treasury
Internal Revenue ServiceEXTENDED TO NOVEMBER 15, 2024
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

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

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

Doing business as

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

800 NORTH MAIN STREET

Room/suite

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

SHEFFIELD, MA 01257**F** Name and address of principal officer: **PETER TAYLOR****SAME AS C ABOVE****D** Employer identification number**06-1254469****E** Telephone number**(413) 229-0370****G** Gross receipts \$**28,184,702.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO STRENGTHEN COMMUNITIES THROUGH PHILANTHROPY AND LEADERSHIP.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 21
	4	Number of independent voting members of the governing body (Part VI, line 1b) 21
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 27
	6	Total number of volunteers (estimate if necessary) 400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 249,850.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 38,578.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 26,434,857.
	9	Program service revenue (Part VIII, line 2g) 57,801.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,506,318.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,998,976.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,156,810.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 803,710.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,062,398.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,129,388.
19		Revenue less expenses. Subtract line 18 from line 12 5,869,588.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 211,484,549.
	21	Total liabilities (Part X, line 26) 769,830.
	22	Net assets or fund balances. Subtract line 21 from line 20 210,714,719.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	PETER TAYLOR, PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666
	Firm's address 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Phone no. 914-381-8900

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

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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 ☒ **X**

- 1** Briefly describe the organization's mission:
TO CONNECT DONORS WITH CAUSES, BUILD PERMANENT COMMUNITY RESOURCES, AND STRENGTHEN NONPROFIT ORGANIZATIONS TO IMPROVE THE QUALITY OF LIFE IN BERKSHIRE, MA; COLUMBIA & NE DUTCHESS, NY AND NW LITCHFIELD, CT COUNTIES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 17,642,633. including grants of \$ 14,127,114.) (Revenue \$ 34,377.)
COMMUNITY PHILANTHROPY:
PROVIDED SUPPLEMENTAL FINANCIAL SUPPORT TO ENHANCE THE COMMUNITY BOTH THROUGH AND TO RECOGNIZED CHARITABLE AGENCIES.
- 4b** (Code:) (Expenses \$ 1,622,857. including grants of \$ 1,391,814.) (Revenue \$ 106,790.)
PROGRAM PHILANTHROPY:
PROVIDED SUPPORT TO SPECIFIC FIELDS OF INTEREST TO STRENGTHEN OUR COMMUNITY, INCLUDING ENVIRONMENTAL PROTECTION, SOCIAL SERVICES, EDUCATION, AND YOUTH DEVELOPMENT.
- 4c** (Code:) (Expenses \$ 1,158,465. including grants of \$ 1,158,465.) (Revenue \$ 0.)
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 \$ 817,376. including grants of \$ 813,665.) (Revenue \$ 0.)
- 4e** Total program service expenses 21,241,331.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 132	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 27		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>			X
17 Section 501(c)(21) organizations. 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? <i>If "Yes," complete Form 6069.</i>			

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

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

Section A. Governing Body and Management

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

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

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

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

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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				202,330.	0.	33,922.
(2) JOSEPH BAKER VP FINANCE & ADMINISTRATION	50.00 2.50			X				154,964.	0.	39,618.
(3) KATHERINE MIKULICH CHIEF PHILANTHROPY OFFICER	37.50 0.00					X		140,402.	0.	41,252.
(4) MAEVE O'DEA PROGRAM DIRECTOR	37.50 0.00					X		128,400.	0.	31,304.
(5) TIMOTHY WILMOT, DIRECTOR OF STRATEGY, EVALUATION & LEARNING	37.50 0.00					X		129,831.	0.	17,920.
(6) BRENDA TRIERWEILER CONTROLLER	37.50 0.00					X		104,891.	0.	26,783.
(7) PAMELA R. GREEN CHAIR	3.00 0.50	X		X				0.	0.	0.
(8) DAVID OFFENSEND VICE CHAIR	3.00 0.50	X		X				0.	0.	0.
(9) JODI K. RATHBUN-BRIGGS TREASURER	3.00 0.50	X		X				0.	0.	0.
(10) ACKNEIL M. MULDROW, III SECRETARY	3.00 0.50	X		X				0.	0.	0.
(11) ELLEN C. BOYD DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) SUZETTE BROOKS-MASTERS DIRECTOR, THRU 4/2023	2.00 0.00	X						0.	0.	0.
(13) DR. PETER DILLON DIRECTOR	3.00 0.00	X						0.	0.	0.
(14) CARLEE DRUMMER DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) PETER FRANK DIRECTOR	3.00 0.50	X						0.	0.	0.
(16) THADDEUS GRAY DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) ELIZABETH M. HEWITT DIRECTOR	2.00 0.00	X						0.	0.	0.

**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 (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) ELIZABETH R. HILPMAN DIRECTOR	3.00 0.50	X						0.	0.	0.
(19) BRYAN E. HOUSE DIRECTOR, THRU 4/2023	2.00 0.00	X						0.	0.	0.
(20) NANCY HUMPHREYS DIRECTOR, THRU 11/2023	3.00 0.00	X						0.	0.	0.
(21) JANE IREDALE DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) PATRICIA J. JENNY DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) ETHAN KLEPETAR DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) TANU KUMAR DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) KELLY A. MORGAN DIRECTOR	2.00 0.50	X						0.	0.	0.
(26) GREGG OSOFSKY DIRECTOR	2.00 2.00	X						0.	0.	0.
1b Subtotal								860,818.	0.	190,799.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								860,818.	0.	190,799.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ ASSOCIATES, INC., 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH	INVESTMENT MANAGEMENT	165,068.
ADAGE CAPITAL PARTNERS 2000 WESTCHESTER AVENUE, PURCHASE, NY 10577	INVESTMENT MANAGEMENT	127,434.
VARDE INVESTMENT PARTNERS, 520 MADISON AVENUE, 34TH FLOOR, NEW YORK, NY 10022	INVESTMENT MANAGEMENT	115,646.
GENERATION INVESTMENT MANAGEMENT US, LLP, 555 MISSION STREET, SUITE 3400, SAN	INVESTMENT MANAGEMENT	114,702.

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 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990

Part VII

[illegible]

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,528.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,070,015.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,252,983.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,000,761.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a FUND ADMINISTRATION	Business Code	900099	141,167.	141,167.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			141,167.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,403,291.		140,134.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	11,550,609.				
c Gain or (loss)		7c	758,487.				
d Net gain or (loss)			758,487.				
8 a Gross income from fundraising events (not including \$ 3,528. of contributions reported on line 1c). See Part IV, line 18		8a	3,052.				
b Less: direct expenses		8b	3,277.				
c Net income or (loss) from fundraising events				-225.		-225.	
9 a Gross income from gaming activities. See Part IV, line 19		9a	1,570.				
b Less: direct expenses		9b	0.				
c Net income or (loss) from gaming activities				1,570.		1,570.	
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			16,630,816.	141,167.	249,850.	2913273.

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,061,425.	17,061,425.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	429,633.	429,633.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	430,834.	137,584.	214,729.	78,521.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,468,136.	841,525.	209,237.	417,374.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,217.	66,687.	18,362.	33,168.
9 Other employee benefits	206,912.	117,641.	30,903.	58,368.
10 Payroll taxes	151,813.	79,555.	32,135.	40,123.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,836.	918.	459.	459.
c Accounting	41,425.	14,905.	16,921.	9,599.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	868,227.		868,227.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	329,650.	225,051.	47,268.	57,331.
12 Advertising and promotion	27,111.	20,333.	3,389.	3,389.
13 Office expenses	188,436.	132,350.	27,119.	28,967.
14 Information technology	165,021.	84,680.	40,973.	39,368.
15 Royalties				
16 Occupancy	47,670.	42,582.	2,298.	2,790.
17 Travel	32,589.	18,065.	7,014.	7,510.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,526.	13,264.	5,538.	6,724.
23 Insurance	7,053.	3,657.	1,543.	1,853.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	1,860,713.	1,860,713.		
b MISCELLANEOUS EXPENSES	50,947.	50,947.		
c STAFF DEVELOPMENT	36,535.	18,923.	8,751.	8,861.
d LEADERSHIP INITIATIVE	22,407.	11,730.	3,576.	7,101.
e All other expenses	33,477.	9,163.	22,110.	2,204.
25 Total functional expenses. Add lines 1 through 24e	23,605,593.	21,241,331.	1,560,552.	803,710.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
Assets	1 Cash - non-interest-bearing	2,956,559.	1	3,955,664.
	2 Savings and temporary cash investments	11,630,717.	2	19,589,115.
	3 Pledges and grants receivable, net	1,290.	3	0.
	4 Accounts receivable, net	79,780.	4	23,178.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,521.	9	51,144.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	323,251.		
	b Less: accumulated depreciation	158,338.		
	11 Investments - publicly traded securities	80,825,553.	11	62,862,485.
	12 Investments - other securities. See Part IV, line 11	115,891,223.	12	144,020,105.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	211,484,549.	16	230,666,604.	
Liabilities	17 Accounts payable and accrued expenses	257,045.	17	499,386.
	18 Grants payable	440,624.	18	426,355.
	19 Deferred revenue	60,000.	19	505,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,161.	25	0.
	26 Total liabilities. Add lines 17 through 25	769,830.	26	1,430,741.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	51,133,161.	27	52,121,341.
	28 Net assets with donor restrictions	159,581,558.	28	177,114,522.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	210,714,719.	32	229,235,863.
	33 Total liabilities and net assets/fund balances	211,484,549.	33	230,666,604.

Form **990** (2023)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,630,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,605,593.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,974,777.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	210,714,719.
5	Net unrealized gains (losses) on investments	5	25,505,883.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-9,962.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	229,235,863.

Part XII Financial Statements and Reporting

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

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

Form **990** (2023)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
06-1254469

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		
Total						

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13502215.	15605084.	18970906.	16434857.	13326526.	77839588.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13502215.	15605084.	18970906.	16434857.	13326526.	77839588.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2523434.
6 Public support. Subtract line 5 from line 4.						75316154.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	13502215.	15605084.	18970906.	16434857.	13326526.	77839588.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2519837.	2367779.	2379814.	1976227.	2403291.	11646948.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			23,631.		1,345.	24,976.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						89511512.
12 Gross receipts from related activities, etc. (see instructions)					12	645,551.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	84.14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	82.22 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2023

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2023

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2023

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

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

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

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

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

Schedule A (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule A (Form 990) 2023

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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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **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	192	459
2 Aggregate value of contributions to (during year)	3,504,020.	9,730,934.
3 Aggregate value of grants from (during year)	8,348,428.	9,142,630.
4 Aggregate value at end of year	51,768,553.	177,467,309.
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 on line 2a | 2c |
| d Number of conservation easements included on line 2c 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?
- 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 2d above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule D (Form 990) 2023

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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) ALTERNATIVE INVESTMENTS	143,283,465.	END-OF-YEAR MARKET VALUE
(B) SPLIT-INTEREST AGREEMENTS	716,440.	END-OF-YEAR MARKET VALUE
(C) NON-EARNING ASSETS	20,200.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	144,020,105.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

Schedule D (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	30,581,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	25,505,883.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	547,786.
e	Add lines 2a through 2d	2e	26,053,669.
3	Subtract line 2e from line 1	3	4,527,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	868,227.
b	Other (Describe in Part XIII.)	4b	11,235,103.
c	Add lines 4a and 4b	4c	12,103,330.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,630,816.

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

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

1	Total expenses and losses per audited financial statements	1	17,350,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	48,018.
e	Add lines 2a through 2d	2e	48,018.
3	Subtract line 2e from line 1	3	17,302,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	868,227.
b	Other (Describe in Part XIII.)	4b	5,434,896.
c	Add lines 4a and 4b	4c	6,303,123.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,605,593.

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 278 INDIVIDUAL FUNDS
ESTABLISHED FOR A VARIETY OF CHARITABLE PURPOSES IN THE REGION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES INCLUDED IN AGENCY FUNDS	544,184.
SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE	3,277.
REVENUE ALLOCATED TO BTCF RESOURCES, INC.	325.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	547,786.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY FUNDS	5,648,153.
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Part XIII Supplemental Information (continued)

INVESTMENT EARNINGS INCLUDED IN AGENCY FUNDS 5,576,985.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 9,965.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 11,235,103.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ALLOCATED TO BTCF RESOURCES, INC. 44,741.

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE 3,277.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 48,018.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY FUNDS 5,402,811.

RENT EXPENSE PAID TO AFFILIATE 32,085.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 5,434,896.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number

06-1254469

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		51,116,390.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		9,418,915.
3 a Subtotal	0	0			60,535,305.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			60,535,305.

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

Schedule F (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule F (Form 990) 2023

06-1254469

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

Part III can be duplicated if additional space is needed.

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BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule F (Form 990) 2023

06-1254469 Page 4

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

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 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Employer identification number
06-1254469

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE GREAT MOUNTAIN FOREST CORPORATION - 10 STATION PLACE - NORFOLK, CT 06068	13-2998991	501(C)(3)	1,002,304.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
MILLBROOK COMMUNITY PARTNERSHIP, INC. - PO BOX 1087 - MILLBROOK, NY 12545	82-2159939	501(C)(3)	525,000.	0.			HUMAN SERVICES
DUTCHESS LAND CONSERVANCY, INC. 4289 ROUTE 82 MILLBROOK, NY 12545	14-1667526	501(C)(3)	522,500.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
18 DEGREES, INC. 480 WEST ST STE 2 PITTSFIELD, MA 01201-5784	04-2226238	501(C)(3)	454,212.	0.			HUMAN SERVICES
GREATER HUDSON PROMISE NEIGHBORHOOD, INC. - 369 WARREN ST. - HUDSON, NY 12534	85-0949720	501(C)(3)	423,000.	0.			EDUCATIONAL INSTITUTIONS, HUMAN SERVICES
BROWN UNIVERSITY, CASHIER OFFICE PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	400,000.	0.			EDUCATIONAL INSTITUTIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **414.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

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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
NORTH EAST COMMUNITY CENTER, INC. PO BOX 35 MILLERTON, NY 12546	14-1736237	501(C)(3)	274,475.	0.			HUMAN SERVICES
SHAKER MUSEUM & LIBRARY PO BOX 328 CHATHAM, NY 12037	14-1364601	501(C)(3)	271,000.	0.			ARTS, CULTURE, AND HUMANITIES, EDUCATIONAL INSTITUTIONS
BRIDGE 17 MAIN ST STE B3 LEE, MA 01238	26-1211169	501(C)(3)	257,861.	0.			HUMAN SERVICES
COLUMBIA COUNTY HABITAT FOR HUMANITY - 829 ROUTE 66 - HUDSON, NY 12534	14-1766587	501(C)(3)	249,000.	0.			HOUSING, SHELTER
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE RD GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	234,769.	0.			EDUCATIONAL INSTITUTIONS, HEALTH, GENERAL & REHABILITATIVE
WILLIAMS COLLEGE OFFICE OF COLLEGE RELATIONS - 75 PARK ST. - WILLIAMSTOWN, MA 01267-2141	04-2104847	501(C)(3)	210,121.	0.			EDUCATIONAL INSTITUTIONS
VOLUNTEERS IN MEDICINE BERKSHIRES 777 MAIN STREET, STE 4 GREAT BARRINGTON, MA 01230	90-0140004	501(C)(3)	167,722.	0.			HEALTH, GENERAL & REHABILITATIVE
THE PEOPLE'S PANTRY PO BOX 1115 GREAT BARRINGTON, MA 01230	04-3491750	501(C)(3)	161,300.	0.			AGRICULTURE, FOOD, NUTRITION
MILLBROOK ENDOWMENT FOR EXCELLENCE IN EDUCATION - PO BOX 453 - MILLBROOK, NY 12545	01-0563945	501(C)(3)	159,911.	0.			EDUCATIONAL INSTITUTIONS

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

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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
DUTCHESS DAY SCHOOL 415 ROUTE 343 MILLBROOK, NY 12545	14-1414451	501(C)(3)	152,500.	0.			EDUCATIONAL INSTITUTIONS
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	14-1413770	501(C)(3)	150,500.	0.			EDUCATIONAL INSTITUTIONS
AUSTERLITZ HISTORICAL SOCIETY 11631 STATE ROUTE 22 AUSTERLITZ, NY 12017	14-1758407	501(C)(3)	149,428.	0.			EDUCATIONAL INSTITUTIONS, ARTS, CULTURE, AND HUMANITIES
GOODWILL INDUSTRIES OF THE BERKSHIRES AND SOUTHERN VERMONT - 158 TYLER ST. - PITTSFIELD, MA 01201	04-2207791	501(C)(3)	146,752.	0.			EMPLOYMENT, JOB RELATED
BERKSHIRE IMMIGRANT CENTER ST. STEPHEN'S CHURCH PITTSFIELD, MA 01201	86-2361326	501(C)(3)	145,160.	0.			HUMAN SERVICES
ELDER SERVICES OF BERKSHIRE COUNTY, INC. - 73 SOUTH CHURCH STREET - PITTSFIELD, MA 01201-6335	04-2542001	501(C)(3)	142,975.	0.			HUMAN SERVICES
BERKSHIRE WALDORF SCHOOL 35 WEST PLAIN RD GREAT BARRINGTON, MA 01230	04-2484589	501(C)(3)	126,500.	0.			EDUCATIONAL INSTITUTIONS
PROJECT SAGE 13A PORTER ST LAKEVILLE, CT 06039	06-1072379	501(C)(3)	122,034.	0.			HUMAN SERVICES
CHILD CARE OF THE BERKSHIRES 210 STATE ST NORTH ADAMS, MA 01247	04-2457299	501(C)(3)	106,980.	0.			EDUCATIONAL INSTITUTIONS

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

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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
BERKSHIRE NATURAL RESOURCES COUNCIL, INC. - 309 PITTSFIELD ROAD, SUITE B - LENOX, MA 01240	04-2430091	501(C)(3)	106,559.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
THE FOOD BANK OF WESTERN MASSACHUSETTS - 25 CAREW ST - CHICOPEE, MA 01020	04-2751023	501(C)(3)	106,434.	0.			AGRICULTURE, FOOD, NUTRITION
GREENAGERS 62 UNDERMOUNTAIN ROAD SOUTH EGREMONT, MA 01258	46-1728356	501(C)(3)	104,100.	0.			YOUTH DEVELOPMENT
SCENIC HUDSON, INC. 85 CIVIC CENTER PLAZA, STE 300 POUGHKEEPSIE, NY 12601-3157	13-2898799	501(C)(3)	100,200.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
NEW YORK PUBLIC LIBRARY - CULLMAN CENTER - ROOM 225 THE NEW YORK PUBLIC LIBRARY - NEW YORK, NY 10018	13-1887440	501(C)(3)	100,000.	0.			EDUCATIONAL INSTITUTIONS
MARY C. WHEELER SCHOOL, INC. 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501(C)(3)	100,000.	0.			EDUCATIONAL INSTITUTIONS
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVENUE - PITTSFIELD, MA 01202	04-3157085	501(C)(3)	95,093.	0.			HOUSING, SHELTER
SECOND STREET SECOND CHANCES, INC. 264 SECOND ST. PITTSFIELD, MA 01201	87-4620589	501(C)(3)	94,950.	0.			CRIME, LEGAL RELATED
JACOB'S PILLOW DANCE FESTIVAL INC. PHILANTHROPY DEPARTMENT BECKET, MA 01223	04-6002993	501(C)(3)	93,600.	0.			ARTS, CULTURE, AND HUMANITIES

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**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

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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
COMMUNITY ACCESS TO THE ARTS 420 STOCKBRIDGE ROAD, SUITE 2 GREAT BARRINGTON, MA 01230	04-3196265	501(C)(3)	92,625.	0.			ARTS, CULTURE, AND HUMANITIES
WILLIAMSTOWN RURAL LANDS FOUNDATION - 671 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-2940686	501(C)(3)	89,429.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
MOUNT GREYLOCK REGIONAL SCHOOL DISTRICT - 1781 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-6006483	COMMONWELTH OF M	89,195.	0.			EDUCATIONAL INSTITUTIONS
EDITH WHARTON RESTORATION, INC. 2 PLUNKETT STREET LENOX, MA 01240	04-2666846	501(C)(3)	88,087.	0.			ARTS, CULTURE, AND HUMANITIES
REGIONAL SCHOOL DISTRICT NO. ONE 246 WARREN TURNPIKE ROAD FALLS VILLAGE, CT 06031	06-6054764	STATE OF CONNECT	87,743.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE PULSE INC. PO BOX 37 HOUSATONIC, MA 01236	43-2052204	501(C)(3)	85,760.	0.			ARTS, CULTURE, AND HUMANITIES
SCULPTURE NOW PO BOX 600 BECKET, MA 01223	06-1254469		85,416.	0.			ARTS, CULTURE, AND HUMANITIES
THE STISSING CENTER PO BOX 1024 PINE PLAINS, NY 12567	47-3035907	501(C)(3)	82,130.	0.			ARTS, CULTURE, AND HUMANITIES
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVE ALBANY, NY 12208	14-6023119	501(C)(3)	82,048.	0.			HEALTH, GENERAL & REHABILITATIVE

Schedule I (Form 990)

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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
COLUMBIA UNIVERSITY TEACHERS COLLEGE - 525 WEST 120TH STREET - NEW YORK, NY 10027	13-1624202	501(C)(3)	78,682.	0.			EDUCATIONAL INSTITUTIONS
BARD COLLEGE 30 CAMPUS ROAD ANNANDALE, NY 12504	14-1713034	501(C)(3)	77,450.	0.			EDUCATIONAL INSTITUTIONS
COLUMBIA LAND CONSERVANCY 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	73,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
CHORE SERVICE, INC. PO BOX 522 LAKEVILLE, CT 06039	51-0416899	501(C)(3)	72,585.	0.			HUMAN SERVICES
ST. THOMAS EPISCOPAL CHURCH 40 LEEDSVILLE RD AMENIA, NY 12501	14-1496937	501(C)(3)	70,300.	0.			AGRICULTURE, FOOD, NUTRITION
CARY INSTITUTE OF ECOSYSTEM STUDIES - 2801 SHARON TURNPIKE - MILLBROOK, NY 12545-0129	22-3232968	501(C)(3)	67,650.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
BARRINGTON STAGE COMPANY 122 NORTH STREET PITTSFIELD, MA 01201-5104	04-3263298	501(C)(3)	67,200.	0.			ARTS, CULTURE, AND HUMANITIES
SALISBURY HOUSING COMMITTEE, INC. PO BOX 10 SALISBURY, CT 06068	11-5309016	501(C)(3)	65,070.	0.			HOUSING, SHELTER
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	64,000.	0.			ARTS, CULTURE, AND HUMANITIES

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**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

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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
FIRST BAPTIST CHURCH OF NORTH ADAMS - 131 MAIN STREET - NORTH ADAMS, MA 01247	04-2103769	501(C)(3)	63,849.	0.			AGRICULTURE, FOOD, NUTRITION
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	63,662.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION, ANIMAL RELATED
HOTCHKISS LIBRARY OF SHARON 10 UPPER MAIN STREET SHARON, CT 06069	06-0655489	501(C)(3)	63,330.	0.			EDUCATIONAL INSTITUTIONS
CENTER FOR PEACE THROUGH CULTURE 137 FRONT STREET HOUSATONIC, MA 01236	54-2081431	501(C)(3)	61,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	60,961.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
COMMUNITY HEALTH AND WELLNESS CENTER OF GREATER TORRINGTON, INC. - 469 MIGEON AVE - TORRINGTON, CT 06790	56-2286940	501(C)(3)	60,000.	0.			HEALTH, GENERAL & REHABILITATIVE
MASSACHUSETTS COLLEGE OF LIBERAL ARTS FOUNDATION - 375 CHURCH ST - NORTH ADAMS, MA 01247	04-2613803	COMMONWEALTH OF	59,830.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF MASSACHUSETTS AMHERST, BURSAR - OFFICE OF THE BURSAR - AMHERST, MA 01013	04-3167352	501(C)(3)	58,383.	0.			EDUCATIONAL INSTITUTIONS
SONRISAS, INC. 669 SANDMILL ROAD CHESHIRE, MA 01225	20-4405556	501(C)(3)	56,000.	0.			ARTS, CULTURE, AND HUMANITIES, AGRICULTURE, FOOD, NUTRITION

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**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
GLADYS ALLEN BRIGHAM COMMUNITY CENTER OF PITTSFIELD, INC. - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)(3)	53,502.	0.			HUMAN SERVICES
MAHAIWE PERFORMING ARTS CENTER 244 MAIN STREET GREAT BARRINGTON, MA 01230	57-1140453	501(C)(3)	53,100.	0.			ARTS, CULTURE, AND HUMANITIES
THE BECKET ATHENAEUM 3367 MAIN ST BECKET, MA 01223	04-3458519	501(C)(3)	52,850.	0.			EDUCATIONAL INSTITUTIONS
NORTHEAST DUTCHESS IMMIGRANT SERVICES - 3330 FRANKLIN AVE. - MILLBROOK, NY 12545	14-1813190	501(C)(3)	52,626.	0.			HUMAN SERVICES
WAM THEATRE COMPANY PO BOX 712 LENOX, MA 01240	27-1595793	501(C)(3)	52,150.	0.			ARTS, CULTURE, AND HUMANITIES
HOUSING COLLECTIVE 815 MAIN STREET BRIDGEPORT, CT 06604	20-5529890	501(C)(3)	51,320.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING, HOUSING, SHELTER
MILLBROOK FIRE DEPARTMENT 20 FRONT ST MILLBROOK, NY 12545	14-1795318	501(C)(3)	50,500.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
COLUMBIA COUNTY SANCTUARY MOVEMENT PO BOX 785 HUDSON, NY 12534	82-1804199	501(C)(3)	50,500.	0.			HUMAN SERVICES
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - PO BOX 617 50 MAIN ST - STOCKBRIDGE, MA 01262	04-2426357	COMMONWEALTH OF	50,463.	0.			EDUCATIONAL INSTITUTIONS

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**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

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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
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)(3)	50,100.	0.			HEALTH, GENERAL & REHABILITATIVE
MATTHEW 25 FARM 919 MECHANIC ST TULLY, NY 13159	38-3893114	501(C)(3)	50,000.	0.			AGRICULTURE, FOOD, NUTRITION
TEACHING FOR CHANGE PO BOX 73038 WASHINGTON, DC 20056	52-1616482	501(C)(3)	50,000.	0.			EDUCATIONAL INSTITUTIONS
MILLBROOK LIBRARY PO BOX 286 MILLBROOK, NY 12545	14-1434152	501(C)(3)	50,000.	0.			EDUCATIONAL INSTITUTIONS
SOCM RESOURCE PROJECT PO BOX 12667 KNOXVILLE, TN 37912	58-1550966	501(C)(3)	50,000.	0.			PUBLIC, SOCIETY BENEFIT
BOSTON UNIVERSITY TANGLEWOOD INSTITUTE - 855 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2103547	501(C)(3)	50,000.	0.			ARTS, CULTURE, AND HUMANITIES
AMERICAN AGORA FOUNDATION, INC. 27 UNION SQ W STE 302 NEW YORK, NY 10003	20-4000236	501(C)(3)	50,000.	0.			ARTS, CULTURE, AND HUMANITIES
CONSTRUCT INC. 316A STATE ROAD GREAT BARRINGTON, MA 01230	23-7099108	501(C)(3)	47,429.	0.			HOUSING, SHELTER, HUMAN SERVICES
HOUSATONIC YOUTH SERVICE BUREAU PO BOX 356 FALLS VILLAGE, CT 06031	22-3124429	501(C)(3)	46,127.	0.			YOUTH DEVELOPMENT, MENTAL HEALTH, CRISIS INTERVENTION

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HOOSAC VALLEY REGIONAL SCHOOL DISTRICT - 49 PARK STREET - ADAMS, MA 01220	04-2422135	COMMONWEALTH OF	46,000.	0.			EDUCATIONAL INSTITUTIONS
SOUTHERN BERKSHIRE AMBULANCE SQUAD 31 LEWIS AVENUE GREAT BARRINGTON, MA 01230	04-2443846	501(C)(3)	45,500.	0.			HEALTH, GENERAL & REHABILITATIVE
CITY OF NORTH ADAMS OFFICE OF COMMUNITY EVENTS - 105 MAIN STREET - NORTH ADAMS, MA 01247	04-6001405	501(C)(3)	45,013.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
BERKSHIRE HUMANE SOCIETY, INC. 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	44,578.	0.			ANIMAL RELATED
HUDSON OPERA HOUSE INC (HUDSON HALL) - 327 WARREN STREET - HUDSON, NY 12534	14-1752524	501(C)(3)	44,500.	0.			ARTS, CULTURE, AND HUMANITIES
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	44,292.	0.			ARTS, CULTURE, AND HUMANITIES
HANCOCK SHAKER VILLAGE, INC. PO BOX 927 PITTSFIELD, MA 01202-0927	04-2281657	501(C)(3)	43,750.	0.			ARTS, CULTURE, AND HUMANITIES
RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON, MA 01230	04-3531328	501(C)(3)	43,000.	0.			YOUTH DEVELOPMENT
BERKSHIRE INNOVATION CENTER 45 WOODLAWN AVENUE PITTSFIELD, MA 01201	47-1691933	501(C)(3)	41,500.	0.			EMPLOYMENT, JOB RELATED

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UNIVERSITY OF WASHINGTON FOUNDATION - 407 GERBERDING HALL - SEATTLE, WA 98195	94-3079432	501(C)(3)	40,200.	0.			EDUCATIONAL INSTITUTIONS
13 HANDS EQUINE RESCUE 50 TUSCAN WAY CLINTON CORNERS, NY 12514	81-0828555	501(C)(3)	40,100.	0.			ANIMAL RELATED
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT (SBRSD) - 491 BERKSHIRE SCHOOL ROAD - SHEFFIELD, MA 01257	04-6006133	COMMONWEALTH OF	39,598.	0.			EDUCATIONAL INSTITUTIONS
HUDSON AREA ASSOCIATION LIBRARY 51 NORTH 5TH STREET HUDSON, NY 12534	14-1456213	501(C)(3)	39,000.	0.			EDUCATIONAL INSTITUTIONS
MANHATTAN THEATRE CLUB 311 WEST 43RD STREET NEW YORK, NY 10036	23-7086643	501(C)(3)	37,500.	0.			ARTS, CULTURE, AND HUMANITIES
FAIRVIEW HOSPITAL, BERKSHIRE HEALTH SYSTEMS - 29 LEWIS AVENUE - GREAT BARRINGTON, MA 01230	04-2133860	501(C)(3)	37,389.	0.			HEALTH, GENERAL & REHABILITATIVE
CHATHAM CENTRAL SCHOOL DISTRICT 50 WOODBRIDGE AVENUE CHATHAM, NY 12037	14-6010837	STATE OF NEW YOR	37,260.	0.			EDUCATIONAL INSTITUTIONS
DOVER UNION FREE SCHOOL DISTRICT 2368 ROUTE 22 DOVER PLAINS, NY 12522	14-6001407	STATE OF NEW YOR	36,998.	0.			EDUCATIONAL INSTITUTIONS
VIOLET H. SIMMONS SCHOLARSHIP FUND, INC. - 200 DEPOT HILL RD 1 - AMENIA, NY 12501	14-1634968	501(C)(3)	36,784.	0.			EDUCATIONAL INSTITUTIONS

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BERKSHIRE AGRICULTURAL VENTURES 321 MAIN STREET, SUITE #202 GREAT BARRINGTON, MA 01230	81-4386302	501(C)(3)	36,448.	0.			AGRICULTURE, FOOD, NUTRITION
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT - 254 HINSDALE ROAD - DALTON, MA 01227	04-6006427	COMMONWEALTH OF	36,321.	0.			EDUCATIONAL INSTITUTIONS
HOPE HORSES AND KIDS 1218 PADRE DRIVE SALINAS, CA 93901	27-3717973	501(C)(3)	35,500.	0.			ANIMAL RELATED
SALISBURY HOUSING TRUST PO BOX 52 SALISBURY, CT 06068	35-2160939	501(C)(3)	35,220.	0.			HOUSING, SHELTER
MALI KALANSO 617 BROADWAY #781 SONOMA, CA 95476	87-2053618	501(C)(3)	35,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	35,000.	0.			YOUTH DEVELOPMENT
TAMARACK HOLLOW NATURE & CULTURAL CENTER - PO BOX 115 - WINDSOR, MA 01270	46-3157103	501(C)(3)	34,600.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
CORNELL UNIVERSITY OFFICE OF THE BURSER ITHACA, NY 14853	15-0532082	501(C)(3)	33,300.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF CONNECTICUT OFFICE OF THE BURSAR, UNIT 4100 STORRS, CT 06269-4100	06-0772160	501(C)(3)	33,300.	0.			EDUCATIONAL INSTITUTIONS

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STONEWOOD COMMUNITY PROJECT 110 BANGALL ROAD MILLBROOK, NY 12545	83-4204542	501(C)(3)	33,000.	0.			AGRICULTURE, FOOD, NUTRITION, HUMAN SERVICES
STANTON HOME 205 NORTH PLAIN ROAD GREAT BARRINGTON, MA 01230	22-2785818	501(C)(3)	32,940.	0.			HUMAN SERVICES
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)(3)	32,850.	0.			HUMAN SERVICES
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE ALBANY, NY 12206	14-6000805	501(C)(3)	31,000.	0.			HEALTH, GENERAL & REHABILITATIVE
CORNER FOOD PANTRY PO BOX 705 LAKEVILLE, CT 06039	46-3253476	501(C)(3)	30,050.	0.			AGRICULTURE, FOOD, NUTRITION
BERKSHIRE COMMUNITY COLLEGE FOUNDATION - 1350 WEST STREET - PITTSFIELD, MA 01201	04-2736585	501(C)(3)	30,033.	0.			EDUCATIONAL INSTITUTIONS
NORTHWEST HILLS COUNCIL OF GOVERNMENTS - 355 GOSHEN ROAD - LITCHFIELD, CT 06759	38-3917142	501(C)(3)	30,000.	0.			HUMAN SERVICES
POET'S HOUSE 10 RIVER TERRACE NEW YORK, NY 10282	13-3255098	501(C)(3)	30,000.	0.			ARTS, CULTURE, AND HUMANITIES
UPPER HOUSATONIC VALLEY NATIONAL HERITAGE AREA, INC - PO BOX 493 - SALISBURY, CT 06068	06-1613798	501(C)(3)	30,000.	0.			HOUSING, SHELTER

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SALISBURY ASSOCIATION, INC. 24 MAIN STREET SALISBURY, CT 06068-0553	06-6054763	501(C)(3)	29,980.	0.			ARTS, CULTURE, AND HUMANITIES, COMMUNITY IMPROVEMENT, CAPACITY BUILDING
SHAKESPEARE & COMPANY 70 KEMBLE STREET LENOX, MA 01240-2813	04-2666826	501(C)(3)	29,000.	0.			ARTS, CULTURE, AND HUMANITIES
LENOX LIBRARY ASSOCIATION 18 MAIN STREET LENOX, MA 01240	04-2104388	501(C)(3)	28,948.	0.			EDUCATIONAL INSTITUTIONS
WASSAIC PROJECT PO BOX 220 WASSAIC, NY 12592-0220	27-2691962	501(C)(3)	28,875.	0.			ARTS, CULTURE, AND HUMANITIES
NORTH EAST MILLERTON LIBRARY 75 MAIN ST MILLERTON, NY 12546	14-6030232	501(C)(3)	28,749.	0.			EDUCATIONAL INSTITUTIONS
TACONIC HILLS CENTRAL SCHOOL DISTRICT - 73 COUNTY ROUTE 11A - CRARYVILLE, NY 12521	14-1508274	STATE OF NEW YOR	28,295.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE SCHOOL, INC. 245 NORTH UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257-9672	04-2121313	501(C)(3)	28,150.	0.			EDUCATIONAL INSTITUTIONS
WEBUTUCK CENTRAL SCHOOL DISTRICT 194 HAIGHT ROAD AMENIA, NY 12501	14-6010107	STATE OF NEW YOR	28,010.	0.			EDUCATIONAL INSTITUTIONS
ROCK STEADY FARM AND FLOWERS 41 KAYE ROAD MILLERTON, NY 12546	47-3091614	501(C)(3)	28,000.	0.			AGRICULTURE, FOOD, NUTRITION

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COMMUNITY RECREATION ASSOCIATION (CRA) - 400 MAIN ST. - DALTON, MA 01226	04-6061509	501(C)(3)	28,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS, HUMAN SERVICES
21ST CENTURY FUND FOR HVRHS 246 WARREN TURNPIKE ROAD FALLS VILLAGE, CT 06031	46-3683577	501(C)(3)	27,794.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE MEDICAL CENTER, INC. DEVELOPMENT AND COMMUNITY RELATIONS OFFICE - PITTSFIELD, MA 01201	04-2791396	501(C)(3)	27,376.	0.			HEALTH, GENERAL & REHABILITATIVE
THE TRUSTEES 200 HIGH STREET, STE. 4A BOSTON, MA 02110-3044	04-2105780	501(C)(3)	27,351.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
SOAR EDUCATIONAL ENRICHMENT, INC. PO BOX 593 SALISBURY, CT 06068	47-1188127	501(C)(3)	27,098.	0.			EDUCATIONAL INSTITUTIONS
YOUTH CENTER, INC. 191 CHURCH STREET CHESHIRE, MA 01225	04-2591290	501(C)(3)	27,000.	0.			YOUTH DEVELOPMENT
UNIVERSITY OF RHODE ISLAND GREEN HALL KINGSTON, RI 02881-1303	05-6014351	501(C)(3)	26,700.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD, MA 01201	04-2422074	501(C)(3)	26,500.	0.			HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET, FLOOR 10 - NEW YORK, NY 10038	13-1644147	501(C)(3)	26,400.	0.			HEALTH, GENERAL & REHABILITATIVE

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FLYING CLOUD INSTITUTE 20 STOCKBRIDGE ROAD, STE 2 GREAT BARRINGTON, MA 01230	04-2730172	501(C)(3)	26,242.	0.			EDUCATIONAL INSTITUTIONS
BLUE RIDER STABLES, INC. 15 FARM LANE GREAT BARRINGTON, MA 01230-0924	04-3119557	501(C)(3)	26,031.	0.			HUMAN SERVICES, ANIMAL RELATED
WEST VIRGINIA UNIVERSITY WVU HUB - EVENSDALE CROSSING ROOM 2 MORGANTOWN, WV 26506	55-0526580	501(C)(3)	25,070.	0.			EDUCATIONAL INSTITUTIONS
EMS INSTITUTE, INC. P.O. BOX 91 SHARON, CT 06069	20-0061963	501(C)(3)	25,000.	0.			HEALTH, GENERAL & REHABILITATIVE
ZEN STUDIES SOCIETY 223 BEECHER HILL ROAD LIVINGSTON MANOR, NY 12758	13-6162184	501(C)(3)	25,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
PINE ISLAND CAMP PO BOX 242 BRUNSWICK, ME 04011	01-0493614	501(C)(3)	25,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
METROPOLITAN OPERA ASSOCIATION 30 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624087	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE CORNING MUSEUM OF GLASS ONE MUSEUM WAY CORNING, NY 14830	16-0764349	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
EAST TENNESSEE FOUNDATION 520 W. SUMMIT HILL DRIVE, SUITE 110 KNOXVILLE, TN 37902	62-0807696	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING

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CROCODILE RIVER MUSIC 44 PORTLAND STREET, 7TH FLOOR WORCESTER, MA 01608	87-4613875	501(C)(3)	25,000.	0.			ARTS, CULTURE, AND HUMANITIES
CHESTER AGRICULTURAL CENTER DBA ROLLING GROCER 19 - 6 SOUTH 2ND STREET - HUDSON, NY 12534	83-2899262	501(C)(3)	25,000.	0.			AGRICULTURE, FOOD, NUTRITION
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	25,000.	0.			AGRICULTURE, FOOD, NUTRITION
MASSHIRE BERKSHIRE WORKFORCE BOARD 75 SOUTH CHURCH STREET PITTSFIELD, MA 01201	04-3291395	501(C)(3)	24,700.	0.			HUMAN SERVICES, EMPLOYMENT, JOB RELATED
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	501(C)(3)	24,444.	0.			EDUCATIONAL INSTITUTIONS
UNIVERSITY OF VERMONT/STUDENT FINANCIAL SERVICES - 223 WATERMAN BUILDING - BURLINGTON, VT 05405	03-0179440	501(C)(3)	23,933.	0.			EDUCATIONAL INSTITUTIONS
FISHES AND LOAVES FOOD PANTRY THE PILGRIM HOUSE, 30 GRANITE AVENUE CANAA, CT 06018	34-1927041	501(C)(3)	23,550.	0.			AGRICULTURE, FOOD, NUTRITION
BERKSHIRE BLACK ECONOMIC COUNCIL 33 DUNHAM MALL STE 101 PITTSFIELD, MA 01202	85-4196468	501(C)(3)	23,447.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
NONPROFIT CENTER OF THE BERKSHIRES PO BOX 338, 222 MAIN STREET GREAT BARRINGTON, MA 01230	81-2027063	501(C)(3)	23,354.	0.			ARTS, CULTURE, AND HUMANITIES

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BERKSHIRE MUSEUM 39 SOUTH STREET PITTSFIELD, MA 01201	04-2103878	501(C)(3)	23,350.	0.			ARTS, CULTURE, AND HUMANITIES
MISS HALL'S SCHOOL, INC. 492 HOLMES ROAD PITTSFIELD, MA 01202-1166	04-2104273	501(C)(3)	23,047.	0.			EDUCATIONAL INSTITUTIONS
HARMONY PROJECT HUDSON PO BOX 62 RHINECLIFF, NY 12574	82-1930685	501(C)(3)	23,000.	0.			ARTS, CULTURE, AND HUMANITIES
COLUMBIA UNIVERSITY STUDENT ACCOUNT PAYMENTS NEW YORK, NY 10008	13-5598093	501(C)(3)	23,000.	0.			EDUCATIONAL INSTITUTIONS
PINE PLAINS CENTRAL SCHOOL DISTRICT OF PINE PLAINS NY - 2829 CHURCH STREET - PINE PLAINS, NY 12567	14-6001821	STATE OF NEW YOR	22,985.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE ART CENTER 13 WILLARD HILL ROAD STOCKBRIDGE, MA 01262	04-3132409	501(C)(3)	22,846.	0.			ARTS, CULTURE, AND HUMANITIES
MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVENUE NEW YORK, NY 10029	13-1624098	501(C)(3)	22,500.	0.			ARTS, CULTURE, AND HUMANITIES
BERKSHIRE GROWN, INC. PO BOX 983 GREAT BARRINGTON, MA 01230	20-0482070	501(C)(3)	22,073.	0.			AGRICULTURE, FOOD, NUTRITION
SOCIAL & ENVIRONMENTAL ENTREPRENEURS (SEE) - 385 NORTHERN BLVD - GERMANTOWN, NY 12526	95-4116679	501(C)(3)	22,000.	0.			AGRICULTURE, FOOD, NUTRITION

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SOUTH CONGREGATIONAL CHURCH OF PITTSFIELD MA - 110 SOUTH STREET - PITTSFIELD, MA 01201	04-2121379	501(C)(3)	22,000.	0.			HUMAN SERVICES
CONGREGATION B'NAI JESHURUN 270 WEST 89TH STREET NEW YORK, NY 10024	13-0594858	501(C)(3)	22,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
CIVIC LIFE PROJECT INC. 415 BOSTON POST ROAD MILFORD, CT 06460	45-3455554	501(C)(3)	21,400.	0.			YOUTH DEVELOPMENT
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE ROAD STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	21,393.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
BERKSHIRE BOUNTY 33 COMMONWEALTH AVENUE GREAT BARRINGTON, MA 01230	83-0905992	501(C)(3)	21,300.	0.			AGRICULTURE, FOOD, NUTRITION
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	21,150.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
SHARON HISTORICAL SOCIETY 18 MAIN STREET SHARON, CT 06069	06-6050703	501(C)(3)	21,122.	0.			ARTS, CULTURE, AND HUMANITIES
OPERATION UNITE NEW YORK 360 COLUMBIA STREET, PO BOX 1305 HUDSON, NY 12534	14-1783766	501(C)(3)	21,000.	0.			ARTS, CULTURE, AND HUMANITIES
FRIENDS OF HUDSON YOUTH, INC. PO BOX 285 HUDSON, NY 12534	82-4654406	501(C)(3)	20,750.	0.			YOUTH DEVELOPMENT

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HILLTOWN VILLAGE, INC. 2 EAST MAIN ST HUNTINGTON, MA 01050	47-1394720	501(C)(3)	20,500.	0.			HUMAN SERVICES
KITE'S NEST PO BOX 1279 HUDSON, NY 12534	46-0954848	501(C)(3)	20,500.	0.			YOUTH DEVELOPMENT
HABITAT FOR HUMANITY OF DUTCHESS COUNTY OF WAPPINGERS FALLS - 1830 SOUTH ROAD - WAPPINGERS FALLS, NY 12590	14-1767037	501(C)(3)	20,000.	0.			HOUSING, SHELTER
BERKSHIRE TOMORROW, INC. 1 FENN ST PITTSFIELD, MA 01201	03-0572303	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS
AMERICAN HORSE TRIALS FOUNDATION, INC. - 363 NORTH LOOMIS STREET - SOUTHWICK, MA 01077	52-1495923	501(C)(3)	20,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
THE LORD'S PLACE PO BOX 3265 WEST PALM BEACH, FL 33402	59-2240502	501(C)(3)	20,000.	0.			HUMAN SERVICES
COLUMBIA-GREENE COMMUNITY COLLEGE FOUNDATION, INC. - 4400 ROUTE 23 - HUDSON, NY 12534	22-2308614	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 ROUTE 44 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS, YOUTH DEVELOPMENT
THE PIKE SCHOOL 34 SUNSET ROCK ROAD ANDOVER, MA 01810-4898	04-2104832	501(C)(3)	20,000.	0.			EDUCATIONAL INSTITUTIONS

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GRACE CHURCH PO BOX 114 GREAT BARRINGTON, MA 01230-1814	04-2104816	501(C)(3)	20,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
CDC OF SOUTHERN BERKSHIRE 284 MAIN STREET GREAT BARRINGTON, MA 01230	04-3010725	501(C)(3)	20,000.	0.			HOUSING, SHELTER
COMMONWEALTH OF MASSACHUSETTS 1 ASHBURTON PLACE BOSTON, MA 02108	04-2430187	COMMONWEALTH OF	20,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD, MA 01201	04-2104841	501(C)(3)	19,147.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING
COLUMBIA COUNTY RECOVERY KITCHEN PO BOX 268 HUDSON, NY 12534	85-3364199	501(C)(3)	19,110.	0.			AGRICULTURE, FOOD, NUTRITION
LOUISON HOUSE FAMILY LIFE SUPPORT CENTER - PO BOX 54 - ADAMS, MA 01220	22-3051367	501(C)(3)	18,500.	0.			HOUSING, SHELTER
HISTORIC HUDSON, INC. 541 WARREN STREET HUDSON, NY 12534	14-1795837	501(C)(3)	18,500.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
VISING NURSE AND HOSPICE OF LITCHFIELD COUNTY - 30A SALMON KILL RD - SALISBURY, CT 06068	06-0646887	501(C)(3)	18,150.	0.			HEALTH, GENERAL & REHABILITATIVE
BINGHAMTON UNIVERSITY PO BOX 6003 BINGHAMTON, NY 13902-6003	14-6013200	501(C)(3)	18,000.	0.			EDUCATIONAL INSTITUTIONS

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BINDLESTIFF FAMILY VARIETY ARTS, INC. - 210 TANNERS LANE - HUDSON, NY 12534	11-3479226	501(C)(3)	18,000.	0.			ARTS, CULTURE, AND HUMANITIES
BRIEN CENTER FOR MENTAL HEALTH & SUBSTANCE ABUSE SERVICES - PO BOX 4219 - PITTSFIELD, MA 01202	04-2081870	501(C)(3)	17,949.	0.			MENTAL HEALTH, CRISIS INTERVENTION
PERFECT TEN AFTER SCHOOL INC. 51 N 5TH ST, 3RD FLR HUDSON, NY 12534	45-4522521	501(C)(3)	17,750.	0.			YOUTH DEVELOPMENT, HUMAN SERVICES
GERMANTOWN CENTRAL SCHOOL DISTRICT 123 MAIN STREET GERMANTOWN, NY 12526	14-6001481	STATE OF NEW YOR	17,702.	0.			EDUCATIONAL INSTITUTIONS
VILLAGE OF MILLERTON 5933 NORTH ELM AVENUE MILLERTON, NY 12546	14-6002300	TOWN OF MILLERTO	17,575.	0.			PUBLIC, SOCIETY BENEFIT
ANTI-DEFAMATION LEAGUE CONTRIBUTIONS DEPARTMENT NEW YORK, NY 10158	13-1818723	501(C)(3)	17,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
REGIONAL FOOD BANK OF NORTHEAST NEW YORK - 965 ALBANY SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	17,500.	0.			HUMAN SERVICES
CLARK UNIVERSITY BUSINESS AND FINANCIAL SERVICES - BUSINESS AND FINANCIAL SERVICES - WORCESTER, MA 01610	04-2111203	501(C)(3)	17,500.	0.			EDUCATIONAL INSTITUTIONS
WETHERSFIELD FOUNDATION 257 PUGSLEY HILL RAOD AMENIA, NY 12501	13-6113816	501(C)(3)	17,320.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING

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WILLIAM J. GOULD ASSOCIATES, INC. PO BOX 157 MONTEREY, MA 01245	04-2134819	501(C)(3)	17,302.	0.			MENTAL HEALTH, CRISIS INTERVENTION
HUDSON CITY SCHOOL DISTRICT 215 HARRY HOWARD AVENUE HUDSON, NY 12534-1606	14-6004219	STATE OF NEW YOR	16,965.	0.			EDUCATIONAL INSTITUTIONS
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	16,600.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
BECKET ARTS CENTER 7 BROOKER HILL ROAD BECKET, MA 01223	04-2625991	501(C)(3)	16,250.	0.			ARTS, CULTURE, AND HUMANITIES
BERKSHIRE MUSIC SCHOOL 30 WENDELL AVENUE PITTSFIELD, MA 01201	04-2121369	501(C)(3)	16,046.	0.			ARTS, CULTURE, AND HUMANITIES
SUNY ONEONTA NETZER ADMINISTRATION BUILDING/ROOM 240 - ONEONTA, NY 13820	22-2403203	501(C)(3)	16,000.	0.			EDUCATIONAL INSTITUTIONS
WESTERN CONNECTICUT STATE UNIVERSITY - 181 WHITE STREET - DANBURY, CT 06810	06-1086725	501(C)(3)	16,000.	0.			EDUCATIONAL INSTITUTIONS
NONPROFIT CENTER OF THE BERKSHIRES INC - PO BOX 388 - GREAT BARRINGTON, MA 01230	81-2027063	501(C)(3)	15,950.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
rites of passage and empowerment INC. - 56 DEXTER STREET - PITTSFIELD, MA 01201	87-4393361	501(C)(3)	15,816.	0.			YOUTH DEVELOPMENT

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THE NATURE CONSERVANCY, INC. 4245 NORTH FAIRFAX DR, STE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	15,800.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
YALE UNIVERSITY OFFICE OF DEVELOPMENT NEW HAVEN, CT 06508-2038	91-1864328	501(C)(3)	15,750.	0.			EDUCATIONAL INSTITUTIONS
WAMC 318 CENTRAL AVENUE ALBANY, NY 12206	22-2400593	501(C)(3)	15,600.	0.			ARTS, CULTURE, AND HUMANITIES
ROCHESTER INSTITUTE OF TECHNOLOGY, FINANCIAL AID & SCHOLARSHIPS - BAUSCH AND LOMB CENTER - ROCHESTER, NY 14623	16-0743140	501(C)(3)	15,600.	0.			EDUCATIONAL INSTITUTIONS
JEWISH FEDERATION OF THE BERKSHIRES, INC. - 196 SOUTH STREET - PITTSFIELD, MA 01201	04-2131409	501(C)(3)	15,410.	0.			HUMAN SERVICES
MARIST COLLEGE - STUDENT FINANCIAL SERVICES - 3399 NORTH ROAD - POUGHKEEPSIE, NY 12601	14-1442493	501(C)(3)	15,000.	0.			EDUCATIONAL INSTITUTIONS
RED ROCK VOLUNTEER FIRE CO. 401 COUNTY ROUTE 24 EAST CHATHAM, NY 12060	04-3731008	501(C)(3)	15,000.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE NORTHWEST WASHINGTON, DC 20001	53-0196603	501(C)(3)	15,000.	0.			EDUCATIONAL INSTITUTIONS
FIRST CONGREGATIONAL CHURCH OF STOCKBRIDGE - 4 MAIN STREET - STOCKBRIDGE, MA 01262	04-6149506	501(C)(3)	15,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT

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ENTREPRENEURSHIP FOR ALL, INC. 175 CABOT STREET, SUITE 100 LOWELL, MA 01854	47-1858182	501(C)(3)	15,000.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING
ST. MARK'S SCHOOL 25 MARLBOROUGH ROAD SOUTHBOROUGH, MA 01772	04-2103623	501(C)(3)	15,000.	0.			EDUCATIONAL INSTITUTIONS
NEW LEBANON CENTRAL SCHOOL DISTRICT - 14665 STATE ROUTE 22 - NEW LEBANON, NY 12125	14-6001736	STATE OF NEW YOR	14,700.	0.			EDUCATIONAL, ARTS, CULTURE, AND HUMANITIES
LENOX PUBLIC SCHOOLS 6 WALKER STREET LENOX, MA 01240	04-6001198	TOWN OF LENOX	14,255.	0.			EDUCATIONAL INSTITUTIONS
CLOSE ENCOUNTERS WITH MUSIC PO BOX 34 GREAT BARRINGTON, MA 01230	14-1783014	501(C)(3)	13,750.	0.			ARTS, CULTURE, AND HUMANITIES
HOSPICE CARE IN THE BERKSHIRES, INC. - 369 SOUTH ST - PITTSFIELD, MA 01201	04-3084466	501(C)(3)	13,564.	0.			HUMAN SERVICES
TOWN OF RICHMOND 1529 STATE ROAD RICHMOND, MA 01254	04-6001279	TOWN OF RICHMOND	13,496.	0.			EDUCATIONAL INSTITUTIONS
HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER - 71 COUNTY RT 21C - GHENT, NY 12075	45-2460484	501(C)(3)	13,306.	0.			HUMAN SERVICES
NORTHEASTERN UNIVERSITY STUDENT FINANCIAL SERVICES, 354RI BOSTON, MA 02115	04-1679980	501(C)(3)	13,300.	0.			EDUCATIONAL INSTITUTIONS

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BERKSHIRE FILM AND MEDIA COLLABORATIVE - 66 ALLEN STREET - PITTSFIELD, MA 01201	47-2531703	501(C)(3)	13,250.	0.			ARTS, CULTURE, AND HUMANITIES
HABITAT FOR HUMANITY OF NORTHWEST CONNECTICUT, INC. - PO BOX 1 - SALISBURY, CT 06068	06-1316993	501(C)(3)	13,200.	0.			HOUSING, SHELTER
TOWN OF SALISBURY PO BOX 548 SALISBURY, CT 06068	06-6002078	TOWN OF SALISBUR	13,200.	0.			PUBLIC, SOCIETY BENEFIT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	13,150.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	13,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
BERKSHIRE DREAM CENTER 475 TYLER STREET PITTSFIELD, MA 01201	45-2794461	501(C)(3)	12,854.	0.			HUMAN SERVICES
SALISBURY FAMILY SERVICES, INC. PO BOX 379 SALISBURY, CT 06068	06-0739807	501(C)(3)	12,550.	0.			HUMAN SERVICES
SOUTH WILLIAMSTOWN COMMUNITY ASSOCIATION - 1491 HANCOCK ROAD - WILLIAMSTOWN, MA 01267	04-2751459	501(C)(3)	12,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY - 25 VAN WAGNER ROAD - POUGHKEEPSIE, NY 12603	23-7026859	501(C)(3)	12,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING

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UNIVERSITY OF MIAMI PO BOX 025551 MIAMI, FL 33102-5551	59-0624458	501(C)(3)	12,500.	0.			EDUCATIONAL INSTITUTIONS
LITERACY NETWORK OF SOUTH BERKSHIRE - 32 PARK ST - LEE, MA 01238	04-3252289	501(C)(3)	12,428.	0.			EDUCATIONAL INSTITUTIONS
DARTMOUTH COLLEGE CASHIERS OFFICE CASHIER'S OFFICE/STAC HANOVER, NH 03755	02-0222111	501(C)(3)	12,250.	0.			EDUCATIONAL INSTITUTIONS
STERLING AND FRANCINE CLARK ART INSTITUTE - 225 SOUTH STREET - WILLIAMSTOWN, MA 01267-0008	04-2163004	501(C)(3)	12,100.	0.			ARTS, CULTURE, AND HUMANITIES
COLUMBIA COUNTY YOUTH THEATRE INC 45 PAYN AVENUE CHATHAM, NY 12037	47-3396383	501(C)(3)	12,000.	0.			ARTS, CULTURE, AND HUMANITIES
NEW YORK COUNCIL OF NONPROFITS 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)(3)	12,000.	0.			HUMAN SERVICES
NEO PHILANTHROPY 45 W. 36TH ST., 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	12,000.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING
INDIAN MOUNTAIN SCHOOL, INC. 211 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039	06-0646681	501(C)(3)	12,000.	0.			EDUCATIONAL INSTITUTIONS
COMMON GROUND DISPUTE RESOLUTION INC - 11 WILLIAM STREET - CATSKILL, NY 12414	14-1756034	501(C)(3)	12,000.	0.			CRIME, LEGAL RELATED

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THE BIDWELL HOUSE MUSEUM 100 ART SCHOOL ROAD MONTEREY, MA 01245	22-2864958	501(C)(3)	11,985.	0.			ARTS, CULTURE, AND HUMANITIES
UNIVERSITY OF HARTFORD STUDENT ADMINISTRATIVE SERVICES WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	11,950.	0.			EDUCATIONAL INSTITUTIONS
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701	04-2742666	501(C)(3)	11,700.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE COUNTRY DAY SCHOOL PO BOX 867 LENOX, MA 01240-0867	04-2030686	501(C)(3)	11,639.	0.			EDUCATIONAL INSTITUTIONS
NORTH EAST HISTORICAL SOCIETY PO BOX 727 MILLERTON, NY 12546	14-1615545	501(C)(3)	11,599.	0.			ARTS, CULTURE, AND HUMANITIES
BERKSHIRE COMMUNITY DIAPER PROJECT, INC. - PO BOX 5 - WEST STOCKBRIDGE, MA 01266	47-4529853	501(C)(3)	11,500.	0.			HUMAN SERVICES
UNIVERSITY OF NEW HAMPSHIRE UNH BUSINESS SERVICES DURHAM, NH 03824	02-6000937	501(C)(3)	11,400.	0.			EDUCATIONAL INSTITUTIONS
PRINCETON UNIVERSITY 410 MORRISON HALL PRINCETON, NJ 08544	21-0634501	501(C)(3)	11,200.	0.			EDUCATIONAL INSTITUTIONS
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	11,200.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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WESTFIELD STATE UNIVERSITY 333 WESTERN AVENUE WESTFIELD, MA 01086-1630	04-2701694	501(C)(3)	11,008.	0.			EDUCATIONAL INSTITUTIONS
SAN FRANCISCO STATE UNIVERSITY - BURSAR - 1600 HOLLOWAY AVE - SAN FRANSICO, CA 94132	94-1156628	501(C)(3)	11,000.	0.			EDUCATIONAL INSTITUTIONS
CATHOLIC CHARITIES OF COLUMBIA AND GREENE COUNTIES - 431 EAST ALLEN STREET - HUDSON, NY 12534	14-1595821	501(C)(3)	11,000.	0.			HUMAN SERVICES
UNITED STATES EQUESTRIAN TEAM FOUNDATION, INC. - HAMILTON FARM - GLADSTONE, NJ 07934	22-1668879	501(C)(3)	11,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
THE HOTCHKISS SCHOOL 11 INTERLAKEN ROAD LAKEVILLE, CT 06039-2141	06-0647018	501(C)(3)	11,000.	0.			EDUCATIONAL INSTITUTIONS
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	10,978.	0.			AGRICULTURE, FOOD, NUTRITION
SAVANNAH COLLEGE OF ART & DESIGN - STUDENT ACCOUNTS - PO BOX 2701 - SAVANNAH, GA 31402	58-1357177	501(C)(3)	10,700.	0.			EDUCATIONAL INSTITUTIONS
ORION 187 MAIN STREET GREAT BARRINGTON, MA 01230	22-3508064	501(C)(3)	10,550.	0.			ARTS, CULTURE, AND HUMANITIES
PS21/CENTER FOR CONTEMPORARY PERFORMANCE - 2980 ROUTE 66 - CHATHAM, NY 12037	14-1818409	501(C)(3)	10,501.	0.			ARTS, CULTURE, AND HUMANITIES

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ROOTS & DREAMS AND MUSTARD SEEDS INC. - 164 SKYLINE TRL - HINSDALE, MA 01235	82-3012805	501(C)(3)	10,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
SHELBURNE MUSEUM 5555 SHELBURNE ROAD SHELBURNE, VT 05482	03-0179436	501(C)(3)	10,500.	0.			ARTS, CULTURE, AND HUMANITIES
CHESTERWOOD MUSEUM, NATIONAL TRUST FOR HISTORIC PRESERVATION - 4 WILLIAMSVILLE RD - STOCKBRIDGE, MA 01262	53-0210807	501(C)(3)	10,493.	0.			ARTS, CULTURE, AND HUMANITIES
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC. - 1055 COMMONWEALTH AVE - BOSTON, MA 02215-1001	04-2698497	501(C)(3)	10,450.	0.			HEALTH, GENERAL & REHABILITATIVE
FAIRVOTE 8484 GEORGIA AVENUE, SUITE 240 SILVER SPRING, MD 20910	54-1635649	501(C)(3)	10,400.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHRISTIAN CENTER OF PITTSFIELD 193 ROBBINS AVENUE PITTSFIELD, MA 01201	04-2546021	501(C)(3)	10,100.	0.			HUMAN SERVICES
COMMUNITY LEGAL AID, INC. 405 MAIN STREET WORCESTER, MA 01608	04-2446242	501(C)(3)	10,050.	0.			CRIME, LEGAL RELATED
SALISBURY CONGREGATIONAL CHURCH UCC - 30 MAIN ST - SALISBURY, CT 06068	13-1957221	501(C)(3)	10,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT
ADAMS COUNCIL ON AGING 3 HOOSAC STREET ADAMS, MA 01220	04-6001064	501(C)(3)	10,000.	0.			HUMAN SERVICES

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WORKER JUSTICE CENTER OF NEW YORK 1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALBANY MEDICAL COLLEGE, BURSAR PO BOX 419693 BOSTON, MA 02241	14-1338310	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
SOUTH FLORIDA PBS PO BOX 610002 MIAMI, FL 33261-0002	59-0737868	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
HUDSON VALLEY HOSPICE 374 VIOLET AVENUE POUGHKEEPSIE, NY 12601	14-1824200	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE
WARREN VILLAGE, INC. 1323 GILPIN STREET DENVER, CO 80218	84-0644270	501(C)(3)	10,000.	0.			HUMAN SERVICES
GATEWAY TO ENTREPRENEURIAL TOMORROWS, INC. - PO BOX 8 - POUGHKEEPSIE, NY 12602	20-2138478	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
PATHFINDER FOUNDATION 58 CUNNINGHAM DR. LAGRANGEVILLE, NY 12540	47-1126817	501(C)(3)	10,000.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
NEW ENGLAND CONSERVATORY - BUSINESS OFFICE - BUSINESS OFFICE - BOSTON, MA 02115	23-7225104	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
LEOPOLD SCHEPP FOUNDATION 930 3RD AVENUE NEW YORK, NY 10022	13-5562353	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS

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NATIONAL BOOK FOUNDATION 90 BROAD STREET SUITE 604 NEW YORK, NY 10004	13-3347524	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
FOOD BANK FOR NEW YORK CITY FOOD FOR SURVIVAL, INC. - 355 FOOD CENTER DRIVE - BRONX, NY 10474	13-3179546	501(C)(3)	10,000.	0.			AGRICULTURE, FOOD, NUTRITION
LEGAL SERVICES OF THE HUDSON VALLEY - 90 MAPLE AVENUE - WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	10,000.	0.			CRIME, LEGAL RELATED
ROGER WILLIAMS UNIVERSITY BURSAR'S OFFICE BRISTOL, RI 02809	05-0277222	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
ROOTS RISING, INC PO BOX 1805 PITTSFIELD, MA 01202	83-2950864	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ROOTS TEEN CENTER 51 ASHLAND ST NORTH ADAMS, MA 01247	84-4994881	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
PUBLIC BROADCASTING OF COLORADO, INC. - 7409 SOUTH ALTON CT - ENGLEWOOD, CO 80112	74-2324052	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	10,000.	0.			HUMAN SERVICES
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805-4021	46-1323531	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING

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DUTCHESS OUTREACH 29 NORTH HAMILTON STREET, STE 202 POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	10,000.	0.			HUMAN SERVICES
CAPE ELEUTHERA FOUNDATION, INC. PO BOX 712484 PHILADELPHIA, PA 19171	31-1591503	501(C)(3)	10,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
ENTERTAINMENT COMMUNITY FUND 729 SEVENTH AVE, 10TH FL NEW YORK, NY 10019	13-1635251	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
SUNDAY IN THE COUNTRY FOOD DRIVE PO BOX 789 MILLERTON, NY 12546	83-0412444	501(C)(3)	10,000.	0.			AGRICULTURE, FOOD, NUTRITION
CBRS D WEEKEND BACKPACK PROGRAM, INC. - 117 ELMORE DRIVE - DALTON, MA 01226	84-3875261	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
EXTRASPECIALTEAS, INC. 2 ELM STREET GREAT BARRINGTON, MA 01230	46-3705034	501(C)(3)	10,000.	0.			HUMAN SERVICES
EDUCATIONAL BROADCASTING CORPORATION - THIRTEEN/WNET - NEW YORK, NY 10019-7435	26-2810489	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
UNITY COLLEGE IN MAINE BUSINESS OFFICE UNITY, ME 04988	01-0275130	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
CHILDRENS HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE - AURORA, CO 80045	84-0813462	501(C)(3)	10,000.	0.			HEALTH, GENERAL & REHABILITATIVE

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CENTER OF COMPASSION PO BOX 665 DOVER PLAINS, NY 12522	84-2751715	501(C)(3)	10,000.	0.			HUMAN SERVICES
SUSTAINABLE MARKETS FOUNDATION 40 W 37TH ST, STE 1000 NEW YORK, NY 10018	13-4188834	501(C)(3)	10,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
UNIVERSITY OF VERMONT FOUNDATION 411 MAIN STREET BURLINGTON, VT 05405	45-1556038	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
THE LIGHTHOUSE WORKS, INC. 1070 MONTAUK AVE FISHERS ISLAND, NY 06390	46-0865290	501(C)(3)	10,000.	0.			ARTS, CULTURE, AND HUMANITIES
THE BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205 STREET BRONX, NY 10468	13-3763299	501(C)(3)	10,000.	0.			EDUCATIONAL INSTITUTIONS
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80216	84-6038762	501(C)(3)	10,000.	0.			HUMAN SERVICES
TEAM IMPACT 500 VICTORY ROAD QUINCY, MA 02171	45-1837673	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE ABRAHAM FUND INITIATIVES 1460 BROADWAY NEW YORK, NY 10036	13-3556715	501(C)(3)	10,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
WILLIAMSTOWN COMMUNITY CHEST PO BOX 204 WILLIAMSTOWN, MA 01267-0204	04-6044550	501(C)(3)	9,987.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING

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HOUSATONIC VALLEY ASSOCIATION - BERKSHIRE COUNTY - 14 MAIN STREET - STOCKBRIDGE, MA 01262	06-6049295	501(C)(3)	9,639.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
IMAGES CINEMA 50 SPRING STREET WILLIAMSTOWN, MA 01267	04-3407257	501(C)(3)	9,500.	0.			ARTS, CULTURE, AND HUMANITIES
WILLOW ROOTS 23 NORTH MAIN STREET PINE PLAINS, NY 12567	84-2598232	501(C)(3)	9,500.	0.			AGRICULTURE, FOOD, NUTRITION
FREE SPEECH FOR PEOPLE 505 WEST 38TH STREET, UNIT A4 AUSTIN, TX 78705	45-0709993	501(C)(3)	9,500.	0.			HUMAN SERVICES
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	9,500.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY
ELMS COLLEGE STUDENT ACCOUNTS 291 SPRINGFIELD STREET CHICOPEE, MA 01013	04-2225850	501(C)(3)	9,500.	0.			EDUCATIONAL INSTITUTIONS
HUDSON VALLEY COMMUNITY COLLEGE 80 VANDENBURGH AVENUE TROY, NY 12180-6096	22-2427015	501(C)(3)	9,250.	0.			EDUCATIONAL INSTITUTIONS
COLUMBIA OPPORTUNITIES, INC 540 COLUMBIA STREET HUDSON, NY 12534	14-1627038	501(C)(3)	9,200.	0.			HUMAN SERVICES
BERKSHIRE HEALTHCARE SYSTEMS/INTEGRITUS HEALTHCARE - 75 NORTH ST, STE 210 - PITTSFIELD, MA 01201	04-2442944	501(C)(3)	9,192.	0.			HEALTH, GENERAL & REHABILITATIVE

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RED ROCK HISTORICAL SOCIETY 242 ROUTE 24 EAST CHATHAM, NY 12060	14-1827566	501(C)(3)	9,000.	0.			ARTS, CULTURE, AND HUMANITIES
FLYING DEER NATURE CENTER 122 DALEY ROAD EAST CHATHAM, NY 12060	37-1592636	501(C)(3)	9,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
PAN-MASS CHALLENGE/THE JIMMY FUND 77 4TH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	8,750.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
FIRST CONGREGATIONAL CHURCH/WILLIAMSTOWN - 906 MAIN STREET - WILLIAMSTOWN, MA 01267	04-6000944	501(C)(3)	8,650.	0.			RELIGION, SPIRITUAL DEVELOPMENT
SHARON PLAYHOUSE/TRI-STATE CENTER FOR THE ARTS - 49 AMENIA ROAD - SHARON, CT 06069	14-1729925	501(C)(3)	8,600.	0.			ARTS, CULTURE, AND HUMANITIES
FRACTURED ATLAS, INC. 228 PARK AVENUE SOUTH, #56651 NEW YORK, NY 10003	11-3451703	501(C)(3)	8,500.	0.			CRIME, LEGAL RELATED
HOWARD UNIVERSITY 2400 SIXTH STREET NORTHWEST WASHINGTON, DC 20059	53-0204707	501(C)(3)	8,304.	0.			EDUCATIONAL INSTITUTIONS
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	8,250.	0.			AGRICULTURE, FOOD, NUTRITION
ECU-HEALTH CARE 71 HOSPITAL AVENUE NORTH ADAMS, MA 01247	22-3298358	501(C)(3)	8,150.	0.			HEALTH, GENERAL & REHABILITATIVE

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EMMANUEL COLLEGE OFFICE OF STUDENT FINANCIAL SERVICE BOSTON, MA 02115	04-2105769	501(C)(3)	8,000.	0.			EDUCATIONAL INSTITUTIONS
HUDSON SLOOP CLUB, INC. 113 UNION STREET HUDSON, NY 12534	47-1946569	501(C)(3)	8,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
BERKSHIRE WALDORF HIGH SCHOOL 19 PINE ST STOCKBRIDGE, MA 01262	20-0582262	501(C)(3)	8,000.	0.			EDUCATIONAL INSTITUTIONS
CT STATE COMMUNITY COLLEGE NORTHWESTERN, CASHIER'S OFFICE - 4 PARK PLACE - WINSTED, CT 06098	22-2647004	501(C)(3)	8,000.	0.			EDUCATIONAL INSTITUTIONS
FAMILY RESOURCE CENTERS OF COLUMBIA COUNTY - PO BOX 319 - CHATHAM, NY 12037	14-1604140	501(C)(3)	8,000.	0.			HUMAN SERVICES
SUNY NEW PALTZ OFFICE OF STUDENT ACCOUNTS NEW PALTZ, NY 12561	22-2141645	501(C)(3)	8,000.	0.			EDUCATIONAL INSTITUTIONS
MUSIC ART PUPPET SOUND INC. 71 SULLIVAN ST, APT 3D NEW YORK, NY 10012	82-5192283	501(C)(3)	8,000.	0.			ARTS, CULTURE, AND HUMANITIES
COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	8,000.	0.			HUMAN SERVICES
SALISBURY VOLUNTEER AMBULANCE SERVICE, INC. - PO BOX 582 - SALISBURY, CT 06068	23-7121173	501(C)(3)	8,000.	0.			HEALTH, GENERAL & REHABILITATIVE

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EPILEPSY FOUNDATION OF COLORADO 5889 GREENWOOD VILLAGE PLAZA BLVD GREENWOOD VILLAGE, CO 80111	84-0607069	501(C)(3)	8,000.	0.			DISEASE, DISORDERS, MEDICAL DISCIPLINES
NORTHEAST DUTCHESS IMMIGRANT SERVICES - 3330 FRANKLIN AVE. - MILLBROOK, NY 12545	14-1813190	501(C)(3)	8,000.	0.			HUMAN SERVICES
THE OLANA PARTNERSHIP PO BOX 199 HUDSON, NY 12534	14-1828430	501(C)(3)	8,000.	0.			ARTS, CULTURE, AND HUMANITIES
PHILMONT PUBLIC LIBRARY/VILLAGE OF PHILMONT - 101 MAIN STREET - PHILMONT, NY 12565	14-6002370	501(C)(3)	8,000.	0.			EDUCATIONAL INSTITUTIONS
ROELIFF JANSEN COMMUNITY LIBRARY 9091 ROUTE 22 HILLSDALE, NY 12529	14-1598707	501(C)(3)	7,980.	0.			EDUCATIONAL INSTITUTIONS
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180-8368	14-1400177	501(C)(3)	7,740.	0.			ARTS, CULTURE, AND HUMANITIES
BROOKER MEMORIAL, INC 157 LITCHFIELD STREET TORRINGTON, CT 06790	06-0646712	501(C)(3)	7,555.	0.			YOUTH DEVELOPMENT
LEE PUBLIC SCHOOL DISTRICT 300A GREYLOCK STREET LEE, MA 01238	04-6001196	COMMONWEALTH OF	7,538.	0.			EDUCATIONAL INSTITUTIONS
RICHMOND LAND TRUST PO BOX 21 RICHMOND, MA 01254	04-3060494	501(C)(3)	7,537.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION

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SIENA COLLEGE, OFFICE OF BUSINESS AFFAIRS - 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
TOWN OF CORNWALL FOOD AND FUEL FUND - PO BOX 97 - CORNWALL, CT 06753	06-6001976	501(C)(3)	7,500.	0.			HUMAN SERVICES
I AM: INTERNATIONAL FOUNDATION 133 LIME KILN ROAD LENOX, MA 01240-2044	27-3547118	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
ADIRONDACK FOUNDATION PO BOX 288 LAKE PLACID, NY 12946	16-1535724	501(C)(3)	7,500.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING
MIDDLEBURY COLLEGE FOREST HALL MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
KENT DENVER COUNTRY DAY SCHOOL 4000 EAST QUINCY AVENUE ENGLEWOOD, CO 80113	84-0242810	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
CHOICES MENTORING INITIATIVE 28 CHURCH STREET STE 12 #1431 WINCHESTER, MA 01890	92-3185199	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
HERO - HEALDSBURG EQUINE RETIREMENT AND REHAB ORGANIZATION - 16205 NORTON ROAD - HEALDDSBURG, CA 95448	88-2627156	501(C)(3)	7,500.	0.			ANIMAL RELATED
MCCALL CENTER FOR BEHAVIORAL HEALTH - 58 HIGH STREET, PO BOX 806 - TORRINGTON, CT 06790	06-0961756	501(C)(3)	7,500.	0.			PHILANTHROPY, VOLUNTARISM, AND GRANTMAKING

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PRIMARY STAGES 520 8TH AVENUE NEW YORK, NY 10018	13-3258765	501(C)(3)	7,500.	0.			ARTS, CULTURE, AND HUMANITIES
LUTHERAN FAMILY SERVICES 1035 OSAGE ST, STE 700 DENVER, CO 80204	84-0775550	501(C)(3)	7,500.	0.			HUMAN SERVICES
UNIVERSITY OF DELAWARE 413 ACADEMY STREET, ROOM 268 NEWARK, DE 19716	51-6000297	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
THE JULLIARD SCHOOL 60 LINCOLN CENTER PLAZA NEW YORK, NY 10133-0011	13-1624067	501(C)(3)	7,500.	0.			EDUCATIONAL INSTITUTIONS
ST. JOHN'S EPISCOPAL CHURCH OF WILLIAMSTOWN MA - 35 PARK STREET - WILLIAMSTOWN, MA 01267	57-1147321	501(C)(3)	7,400.	0.			RELIGION, SPIRITUAL DEVELOPMENT
CLAVERACK FREE LIBRARY 9 ROUTE 9H CLAVERACK, NY 12513	14-1401100	501(C)(3)	7,160.	0.			EDUCATIONAL INSTITUTIONS
ANITA CHAPMAN SCHOLARSHIP FUND, INC. - PO BOX 153 - RICHMOND, MA 01254	84-2525915	501(C)(3)	7,037.	0.			EDUCATIONAL INSTITUTIONS
HOUSATONIC CHILD CARE CENTER, INC. 30-B SALMON KILL RD SALISBURY, CT 06068	23-7055646	501(C)(3)	7,009.	0.			EDUCATIONAL INSTITUTIONS
ST. PETERS CHURCH PO BOX 1502 MILLBROOK, NY 12545	14-1607494	501(C)(3)	7,000.	0.			RELIGION, SPIRITUAL DEVELOPMENT

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JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	7,000.	0.			HUMAN SERVICES
LUCKY ORPHANS HORSE RESCUE PO BOX 334 DOVER PLAINS, NY 12522	26-2729197	501(C)(3)	7,000.	0.			HUMAN SERVICES
MASSACHUSETTS FOREST TRUST 249 LAKESIDE AVENUE MARLBOROUGH, MA 01752-4503	23-7119602	501(C)(3)	7,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
GIRLS ON THE RUN OF DENVER (ROCKIES) - 7000 EAST BELLEVIEW AVENUE, STE. 130 - GREENWOOD VILLAGE, CO 80111	20-1667120	501(C)(3)	7,000.	0.			YOUTH DEVELOPMENT
LITCHFIELD HILLS VISITING NURSES 30A SALMON KILL ROAD SALISBURY, CT 06068	06-0646887	501(C)(3)	7,000.	0.			HEALTH, GENERAL & REHABILITATIVE
SALISBURY SCHOOL, INC. 251 CANAAN ROAD SALISBURY, CT 06068	06-0646888	501(C)(3)	7,000.	0.			EDUCATIONAL INSTITUTIONS
SUFFOLK UNIVERSITY 8 ASHBURTON PLACE BOSTON, MA 02108	04-2133255	501(C)(3)	7,000.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE COUNTY KIDS' PLACE & VIOLENCE PREVENTION CENTER, INC. - 63 WENDELL AVENUE - PITTSFIELD, MA 01201	04-3193833	501(C)(3)	6,709.	0.			CRIME, LEGAL RELATED
UNIVERSITY OF TAMPA BURSAR'S OFFICE TAMPA, FL 33606	59-0624459	501(C)(3)	6,700.	0.			EDUCATIONAL INSTITUTIONS

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OPERATION UNITE NEW YORK, INC. 360 COLUMBIA STREET HUDSON, NY 12534	14-1783766	501(C)(3)	6,610.	0.			HUMAN SERVICES
BERKSHIRE ENVIRONMENTAL ACTION TEAM - 20 CHAPEL STREET - PITTSFIELD, MA 01201	27-0054356	501(C)(3)	6,600.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
CLARK UNIVERSITY STUDENT ACCOUNTS 939 MAIN STREET WORCESTER, MA 01610	14-2111203	501(C)(3)	6,500.	0.			EDUCATIONAL INSTITUTIONS
INNISFREE FOUNDATION C/O D'ARCANGELO & CO, LLC. MILLBROOK, NY 12545	13-1972195	501(C)(3)	6,500.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
GHENT FOOD PANTRY INC. 2306 NY-66 GHENT, NY 12075	27-4185077	501(C)(3)	6,500.	0.			AGRICULTURE, FOOD, NUTRITION
THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197	501(C)(3)	6,400.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE CHILDREN'S CHORUS PO BOX 18 SHEFFIELD, MA 01257	04-3335721	501(C)(3)	6,350.	0.			ARTS, CULTURE, AND HUMANITIES
TRIPLEX CINEMA INC PO BOX 1044 GREAT BARRINGTON, MA 01230	92-3409388	501(C)(3)	6,250.	0.			ARTS, CULTURE, AND HUMANITIES
DIRECT RELIEF INTERNATIONAL 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	6,250.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS AND RELIEF

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

06-1254469

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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
CORNWALL CONSOLIDATED SCHOOL 5 CREAM HILL ROAD WEST CORNWALL, CT 06796	06-6001601	TOWN OF CORNWALL	6,226.	0.			EDUCATIONAL INSTITUTIONS
SISTERS HILL FARM 127 SISTERS HILL RD. STANFORDVILLE, NY 12581	13-3957173	501(C)(3)	6,215.	0.			AGRICULTURE, FOOD, NUTRITION
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	6,200.	0.			HEALTH, GENERAL & REHABILITATIVE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114-1101	04-1564655	501(C)(3)	6,101.	0.			HEALTH, GENERAL & REHABILITATIVE
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)(3)	6,097.	0.			RECREATION, SPORTS, LEISURE, ATHLETICS
LIVINGSTONE COLLEGE - OFFICE OF FINANCIAL AID - PRICE ADMINISTRATION BLDG, RM 109 - SALISBURY, NC 28144	56-0603922	501(C)(3)	6,000.	0.			EDUCATIONAL INSTITUTIONS
HOOSIC RIVER WATERSHED ASSOCIATION PO BOX 667 WILLIAMSTOWN, MA 01267	04-2940625	501(C)(3)	6,000.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
SUNY OSWEGO 408 CULKIN HALL OSWEGO, NY 13126	15-0543477	501(C)(3)	6,000.	0.			EDUCATIONAL INSTITUTIONS
SUNY ALBANY OFFICE OF STUDENT ACCOUNTS ALBANY, NY 12222	16-1514621	501(C)(3)	6,000.	0.			EDUCATIONAL INSTITUTIONS

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

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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
PUGZEES FARM INC PO BOX 3 LENOX, MA 01240	87-4018653	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
INSTITUTE FOR POLICY STUDIES 1301 CONNECTICUT AVENUE NORTHWEST, WASHINGTON, DC 20036	52-0788947	501(C)(3)	6,000.	0.			EDUCATIONAL INSTITUTIONS
BERKSHIRE STONEWALL COMMUNITY COALITION - PO BOX 4921 - PITTSFIELD, MA 01202	04-3363584	501(C)(3)	6,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
THE AUTHORS GUILD FOUNDATION 31 EAST 32ND STREET, STE 901 NEW YORK, NY 10016	23-7248599	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
BERKSHIRES' ACADEMY FOR ADVANCED MUSICAL STUDIES - 32 LINDLEY TERRACE - WILLIAMSTOWN, MA 01267	85-0745771	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
CLINTON COMMUNITY LIBRARY 1215 CENTRE RD RHINEBECK, NY 12572	14-1699640	501(C)(3)	6,000.	0.			EDUCATIONAL INSTITUTIONS
MYSTIC SEAPORT MUSEUM, INC. 75 GREENMANVILLE AVENUE MYSTIC, CT 06355-0990	06-0653120	501(C)(3)	6,000.	0.			ARTS, CULTURE, AND HUMANITIES
REBUILDING TOGETHER HUDSON VALLEY PO BOX 3695 POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	6,000.	0.			HUMAN SERVICES
SEEDS TO SEW INTERNATIONAL PO BOX 22 HOPEWELL, NJ 08525	27-2460832	501(C)(3)	6,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

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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
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	5,900.	0.			EDUCATIONAL INSTITUTIONS
LOYOLA MARYMOUNT UNIVERSITY STUDENT FINANCIAL SERVICES LOS ANGELES, CA 90045	95-1643334	501(C)(3)	5,800.	0.			EDUCATIONAL INSTITUTIONS
TAPESTRY HEALTH SYSTEMS INC. 1985 MAIN ST, STE 202 SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	5,750.	0.			HEALTH, GENERAL & REHABILITATIVE
WILLIAMS COLLEGE ALUMNI RELATIONS AND DEVELOPMENT - 75 PARK STREET - WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	5,750.	0.			EDUCATIONAL INSTITUTIONS
BOSTON COLLEGE OFFICE OF STUDENT SERVICES CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	5,700.	0.			EDUCATIONAL INSTITUTIONS
GREAT BARRINGTON LAND CONSERVANCY PO BOX 987 GREAT BARRINGTON, MA 01230	04-3091536	501(C)(3)	5,550.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	5,500.	0.			EDUCATIONAL INSTITUTIONS
ST. AGNES PARISH 489 MAIN STREET DALTON, MA 01226	04-2205322	501(C)(3)	5,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT
MASSACHUSETTS COLLEGE OF ART & DESIGN - BUSINESS OFFICE - BOSTON, MA 02115-5882	04-2742359	501(C)(3)	5,500.	0.			EDUCATIONAL INSTITUTIONS

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

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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
PINE PLAINS FREE LIBRARY 7775 SOUTH MAIN STREET PINE PLAINS, NY 12567	14-1500206	501(C)(3)	5,500.	0.			EDUCATIONAL INSTITUTIONS
DALTON UNITED METHODIST 755 MAIN STREET DALTON, MA 01226	42-2436816	501(C)(3)	5,500.	0.			RELIGION, SPIRITUAL DEVELOPMENT
LJMN MEDIA, INC./LAKEVILLE JOURNAL FOUNDATION, INC. - 64 ROUTE 7 N - FALLS VILLAGE, CT 06031	87-1609627	501(C)(3)	5,350.	0.			ARTS, CULTURE, AND HUMANITIES
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028	13-1624086	501(C)(3)	5,350.	0.			ARTS, CULTURE, AND HUMANITIES
ICHABOD CRANE CENTRAL SCHOOL DISTRICT - PO BOX 820 - VALATIE, NY 12184-0137	14-6010281	STATE OF NEW YOR	5,346.	0.			EDUCATIONAL INSTITUTIONS
DU BOIS FREEDOM CENTER PO BOX 1075 GREAT BARRINGTON, MA 01230	82-1322151	501(C)(3)	5,250.	0.			ARTS, CULTURE, AND HUMANITIES
WOMAN'S FUND OF WESTERN MASSACHUSETTS - 333 BRIDGE STREET - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	5,208.	0.			HUMAN SERVICES
CENTER FOR REGENERATIVE ECOLOGICAL EDUCATION & ENTERPRISE DEVELOPMENT - 40 CHERRY LANE - CANAAN, NY 12029	83-2571369	501(C)(3)	5,200.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
HEIFER PROJECT INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	5,200.	0.			INTERNATIONAL, FOREIGN AFFAIRS, AND NATIONAL SECURITY

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990)

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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
BERKSHIRE LYRIC THEATRE PO BOX 347 PITTSFIELD, MA 01202	04-2707982	501(C)(3)	5,139.	0.			ARTS, CULTURE, AND HUMANITIES
SHEFFIELD HISTORICAL SOCIETY 159 MAIN ST SHEFFIELD, MA 01257	23-7295955	501(C)(3)	5,100.	0.			ARTS, CULTURE, AND HUMANITIES
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE, STE 6 CAMBRIDGE, MA 02138	04-2535767	501(C)(3)	5,050.	0.			ENVIRONMENTAL QUALITY PROTECTION, BEAUTIFICATION
FIRST CONGREGATIONAL CHURCH OF SHEFFIELD, UCC - 125 MAIN ST - SHEFFIELD, MA 01257	41-1494786	501(C)(3)	5,015.	0.			AGRICULTURE, FOOD, NUTRITION

Schedule I (Form 990)

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule I (Form 990) 2023

06-1254469

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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
GRANTS FOR ARTS, CULTURE, AND HUMANITIES	68	200,073.	0.		
GRANTS FOR HEALTH, GENERAL, AND REHABILITATIVE	250	153,629.	0.		
EDUCATIONAL INSTITUTIONS	22	58,481.	0.		
DISEASE, DISORDERS, AND MEDICAL DISCIPLINES	49	17,450.	0.		

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

PART I, LINE 2:

BERKSHIRE TACONIC COMMUNITY FOUNDATION REQUIRES ANNUAL UTILIZATION REPORTS
OR RECEIPTS TO SUBSTANTIATE THE CHARITABLE USE OF GRANT DOLLARS WHEN
SCHOLARSHIPS AND GRANTS ARE PAID DIRECTLY TO THE RECIPIENT. THE FOUNDATION
ALSO PAYS SCHOLARSHIP GRANTS DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR
THE USE OF THE SCHOLARSHIP RECIPIENT.

GRANTEES ARE SELECTED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS. THE
GROUP FROM WHICH GRANT RECIPIENTS ARE SELECTED MUST BE SUFFICIENTLY BROAD

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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 checked="" 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule J (Form 990) 2023

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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	(i)	201,685.	0.	645.	13,463.	20,459.	236,252.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH BAKER	(i)	154,235.	0.	729.	10,710.	28,908.	194,582.	0.
VP FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHERINE MIKULICH	(i)	139,887.	0.	515.	9,912.	31,340.	181,654.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAEVE O'DEA	(i)	127,846.	0.	554.	8,951.	22,353.	159,704.	0.
PROGRAM DIRECTOR	(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)							
	(i)							
	(ii)							

Part III	Supplemental Information
-----------------	---------------------------------

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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	49	2,000,761.	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?

	Yes	No
30a		X
31	X	
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2023

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Schedule M (Form 990) 2023

06-1254469

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number
06-1254469

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

SCHOLARSHIP SUPPORT:

PROVIDED SCHOLARSHIPS TO STUDENTS SEEKING HIGHER EDUCATION OR

PROFESSIONAL DEVELOPMENT.

EXPENSES \$ 817,376. INCLUDING GRANTS OF \$ 813,665. REVENUE \$ 0.

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 BEFORE FILING WITH THE
INTERNAL REVENUE SERVICE.

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

Employer identification number
06-1254469

THE FOUNDATION COMPLETES A COMPENSATION STUDY OF ALL POSITIONS THAT INFORMS
COMPENSATION OF ALL EMPLOYEES. THE BOARD APPROVES THE PERSONNEL BUDGET EACH
YEAR. THIS PROCESS WAS LAST UNDERTAKEN IN 2023.

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

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

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -9,962.

FORM 990, PART XII, LINE 2C:

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BTCF RESOURCES - 04-3585223 800 NORTH MAIN STREET SHEFFIELD, MA 01257	REAL ESTATE HOLDING	CONNECTICUT	501(C)(3)	LINE 12A, I	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	X	
FOUNDATION FOR COMMUNITY HEALTH - 20-0057897 155 SHARON VALLEY ROAD SHARON, CT 06069					BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	X	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

Page 2

Part III

[illegible]

Part IV

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

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Schedule R (Form 990) 2023

06-1254469 Page 3

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2023

Page 4

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

[illegible]

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

FEIN: 06-1254469

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	D Employer identification number 06-1254469
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 800 NORTH MAIN STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SHEFFIELD, MA 01257	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 230,666,604.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>
J Enter the number of attached Schedules A (Form 990-T) 1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation
L The books are in care of JOSEPH BAKER, VP FINANCE & ADMIN Telephone number (413) 229-0370

Part I Total Unrelated Business Taxable Income	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1 43,865.
2 Reserved	2
3 Add lines 1 and 2	3 43,865.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4 4,287.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5 39,578.
6 Deduction for net operating loss. See instructions	6
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7 39,578.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8 1,000.
9 Trusts. Section 199A deduction. See instructions	9
10 Total deductions. Add lines 8 and 9	10 1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11 38,578.

Part II Tax Computation	
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1 8,101.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2
3 Proxy tax. See instructions	3
4 Other tax amounts. See instructions	4
5 Alternative minimum tax	5
6 Tax on noncompliant facility income. See instructions	6
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7 8,101.

Part III Tax and Payments		
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	8,101.
3a Amount due from Form 4255	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	8,101.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	11,500.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	11,500.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	3,399.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 3,399. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 114,426.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/15/24	PTIN P00543209
	Firm's name	PKF O'CONNOR DAVIES ADVISORY, LLC		Firm's EIN 87-3231666
	Firm's address	500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633		Phone no. 914-381-8900

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

Form 990-T (2023)

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS TO ORGANIZATION	N/A	17,061,425.
CHARITABLE CONTRIBUTIONS - ENCAP ENERGY CAPITAL FUND XI, LP	N/A	80.
CHARITABLE CONTRIBUTIONS - MADISON DEARBORN CAPITAL PARTNERS VIII-B	N/A	118.
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L	N/A	23.
CHARITABLE CONTRIBUTIONS - MADISON DEARBORN CAPITAL PARTNERS VII-B, LP	N/A	34.
TOTAL TO FORM 990-T, PART I, LINE 4		17,061,680.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
FOR TAX YEAR 2018 150
FOR TAX YEAR 2019 10,127,571
FOR TAX YEAR 2020 233
FOR TAX YEAR 2021
FOR TAX YEAR 2022 315

TOTAL CARRYOVER 10,128,269
TOTAL CURRENT YEAR 10% CONTRIBUTIONS 17,061,680

TOTAL CONTRIBUTIONS AVAILABLE 27,189,949
TAXABLE INCOME LIMITATION AS ADJUSTED 4,287

EXCESS CONTRIBUTIONS 27,185,662
EXCESS 100% CONTRIBUTIONS 0
TOTAL EXCESS CONTRIBUTIONS 27,185,662

ALLOWABLE CONTRIBUTIONS DEDUCTION 4,287

TOTAL CONTRIBUTION DEDUCTION 4,287

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

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

B Employer identification number
06-1254469

C Unrelated business activity code (see instructions) **901101**

D Sequence: **1** of **1**

E Describe the unrelated trade or business **INVESTMENT IN QUALIFYING PARTNERSHIP INTEREST**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a 109,716.		109,716.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3		5 140,119.		140,119.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 249,835.		249,835.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions SEE STATEMENT 4	5	14,429.
6 Taxes and licenses	6	11,592.
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	56,688.
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 5	14	8,835.
15 Total deductions. Add lines 1 through 14	15	91,544.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	158,291.
17 Deduction for net operating loss. See instructions STMT 6 STMT 9	17	114,426.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	43,865.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical					
a Add columns A through D. Enter here and on Part I, line 11, column (B)		0.			

4

Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.

a

Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on
Part II, line 13 0.

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
MADISON DEARBORN CAPITAL PARTNERS VIII-A, L.P. - INTEREST INCOME	47.
MADISON DEARBORN CAPITAL PARTNERS VIII-A, L.P. - DIVIDEND INCOME	5,280.
MADISON DEARBORN CAPITAL PARTNERS VIII-A, L.P. - OTHER INCOME (LOSS)	-17.
ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	585,546.
ENCAP ENERGY CAPITAL FUND XI, LP - INTEREST INCOME	22.
ENCAP ENERGY CAPITAL FUND XI, LP - ROYALTIES	7,907.
ENCAP ENERGY CAPITAL FUND XI, LP - OTHER PORTFOLIO INCOME (LOSS)	188.
ENCAP ENERGY CAPITAL FUND XI, LP - OTHER INCOME (LOSS)	-426,133.
AG REALTY VALUE FUND X LP - ORDINARY BUSINESS INCOME (LOSS)	5,974.
AG REALTY VALUE FUND X LP - NET RENTAL REAL ESTATE INCOME	-76,486.
AG REALTY VALUE FUND X LP - OTHER INCOME (LOSS)	-86.
THE RESOLUTE FUND IV, LP - INTEREST INCOME	99.
THE RESOLUTE FUND IV, LP - DIVIDEND INCOME	1,135.
THE RESOLUTE FUND IV, LP - OTHER INCOME (LOSS)	-2,712.
THE RESOLUTE FUND V, L.P. - INTEREST INCOME	72.
THE RESOLUTE FUND V, L.P. - OTHER INCOME (LOSS)	-651.
TRF V (BLOCKED), L.P. - INTEREST INCOME	375.
MADISON DEARBORN CAPITAL PARTNERS VIII-B - ORDINARY BUSINESS INCOME (LOSS)	28,233.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM	13,784.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE	-332.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME	7.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - DIVIDEND INCOME	154.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER PORTFOLIO INCOME	1,515.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER INCOME (LOSS)	8.
TA XIII-B, L.P. - DIVIDEND INCOME	2.
TA XIII-B, L.P. - OTHER INCOME (LOSS)	-12.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XIV, L.P. - OTHER INCOME (LOSS)	-13,075.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XV, L.P. - OTHER INCOME (LOSS)	-1,229.
MOONRISE CHINA PARTNERS I LP - OTHER INCOME (LOSS)	-15.
MOONRISE VENTURE PARTNERS I LP - OTHER INCOME (LOSS)	675.
MOONRISE VENTURE PARTNERS II LP - OTHER INCOME (LOSS)	469.
MOONRISE VENTURE PARTNERS III LP - OTHER INCOME (LOSS)	768.
TA XIV-B, L.P. - INTEREST INCOME	1.
TA XIV-B, L.P. - DIVIDEND INCOME	8.
TA XIV-B, L.P. - OTHER INCOME (LOSS)	-425.
MADISON DEARBORN CAPITAL PARTNERS VII-B, LP - ORDINARY BUSINESS INCOME (LOSS)	12,005.

BERKSHIRE TACONIC COMMUNITY FOUNDATION,	06-1254469
MADISON DEARBORN CAPITAL PARTNERS VII-B, LP - OTHER NET RENTAL INCOME (LOSS)	-191.
EIGHTH CINVEN FUND (NO. 1) LIMITED PARTNERSHIP - OTHER INCOME (LOSS)	-2,791.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	140,119.

FORM 990-T (A)	INTEREST PAID	STATEMENT 4
DESCRIPTION	AMOUNT	
ENCAP ENERGY CAPITAL FUND XI, LP	208.	
MADISON DEARBORN CAPITAL PARTNERS VIII-A, L.P.	13,042.	
TA XIV-B, L.P.	49.	
THE RESOLUTE FUND IV, LP	532.	
THE RESOLUTE FUND V, L.P.	56.	
TRF V (BLOCKED), L.P.	542.	
TOTAL TO SCHEDULE A, PART II, LINE 5	14,429.	

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	AMOUNT	
ENCAP ENERGY CAPITAL FUND XI, LP	1,485.	
TAX PREPARATION FEES	7,350.	
TOTAL TO SCHEDULE A, PART II, LINE 14	8,835.	

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 6
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
114,426.	114,426.	0.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S BUSINESS ACTIVITY	UNRELATED STATEMENT 7
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INVESTMENT IN QUALIFYING PARTNERSHIP INTERESTS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	24,517.	24,517.	0.	0.
12/31/19	51,598.	51,598.	0.	0.
12/31/20	13,258.	13,258.	0.	0.
12/31/22	114,426.	0.	114,426.	114,426.
NOL CARRYOVER AVAILABLE THIS YEAR			114,426.	114,426.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 9
TAXABLE INCOME FROM ALL ENTITIES		158,291.
THIS ENTITIES PORTION OF TAXABLE INCOME		158,291.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS		100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS		0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS		158,291.
80% INCOME LIMITATION		126,633.
POST-2017 AVAILABLE		114,426.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		114,426.

SCHEDULE D

(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number

06-1254469

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts
to enter on the lines below.This form may be easier to complete if you
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-14,664.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-14,664.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One YearSee instructions for how to figure the amounts
to enter on the lines below.This form may be easier to complete if you
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				105,832.
11 Enter gain from Form 4797, line 7 or 9			11	18,548.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	124,380.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	109,716.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	109,716.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Social security number or taxpayer identification no.

06-1254469

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

06-1254469

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Form **8949** (2023)

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2023Attachment
Sequence No. **27**

Name(s) shown on return

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Identifying number

06-1254469

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 10							

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3**4****5****6****7****18,548.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8**9****18,548.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

11**12****13****14****15****16****17****18a****18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY VALUE FUND X LP COMMONFUND CAPITAL PRIVATE EQUITY PARTNE MADISON DEARBORN CAPITAL PARTNERS VII-B,						18,261. 293. -6.
TOTAL TO 4797, PART I, LINE 2						18,548.

SCHEDULE D

(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number

06-1254469

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts
to enter on the lines below.This form may be easier to complete if you
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-14,664.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-14,664.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One YearSee instructions for how to figure the amounts
to enter on the lines below.This form may be easier to complete if you
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				105,832.
11 Enter gain from Form 4797, line 7 or 9			11	18,548.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	124,380.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	109,716.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	109,716.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Social security number or taxpayer identification no.

06-1254469

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

06-1254469

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Form **8949** (2023)

Alternative Minimum Tax-Corporations

OMB No. 1545-0123

2023

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

Name BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number 06-1254469
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511) ...	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5	6		
7 3-year average annual AFSI (see instructions)	7		

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?
☐ **Yes.** Continue to line 9.
☐ **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
☐ **Yes.** Continue to line 10.
☐ **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15
16 Is line 15 \$100 million or more? <input type="checkbox"/> Yes. Continue to Part II. <input type="checkbox"/> No. STOP here. Attach to your tax return.			

Form **4626** (2023)

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	153,004.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	153,004.
2 Adjustments:		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits (see instructions)	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other (see instructions)	2z	STATEMENT 13 * -109,239.
3 Total adjustments. Combine lines 2a through 2z	3	-109,239.
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	43,765.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	43,765.
7 Multiply line 6 by 15% (0.15)	7	6,565.
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	6,565.
10 Regular tax liability (see instructions)	10	8,101.
11 Base erosion minimum tax (see instructions)	11	0.
12 Combine lines 10 and 11	12	8,101.
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**Section I - AMT Foreign Tax Credit**

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b		3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)		3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)		3g	
4	CAMT FTC Line 4 - Reserved for future use		4	
5	CAMT FTC Line 5 - Reserved for future use		5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8		6	

Form **4626** (2023)

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2023Attachment
Sequence No. **27**

Name(s) shown on return

**BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Identifying number

06-1254469

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 14						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 18,548.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 18,548.

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 11

1) AFS INCOME BEFORE FSNOL, CHARITABLE CONTRIBUTIONS	38,578
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN CHARITABLE CONTRIBUTIONS	-477
3) PREADJUSTMENT AFSI BEFORE CHARITABLE DEDUCTIONS AND FSNOL	38,101
4) CONTRIBUTION LIMITATION TO CALCULATE 80 % AFSI LIMITATION FOR FSNOL(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE LINE 3 ABOVE, MULTIPLIED BY 10%).	3,810
5) TOTAL AVAILABLE CONTRIBUTIONS	17,061,680
6) CONTRIBUTION DEDUCTION TO CALCULATE 80% AFSI LIMITATION FOR FSNOL (LESSER OF LINE 4 OR LINE 5)	3,810
7) AFSI FOR PURPOSES OF 80 % FSNOL LIMITATION (LINE 3 LESS LINE 6)	34,291
8) FSNOL LIMITATION (80 % OF LINE 7)	27,433
9) TOTAL FSNOL AVAILABLE	0
10) AMT FSNOL (LESSER OF LINE 8 OR LINE 9)	0
11) AFSI FOR CHARITABLE DEDUCTION LIMITATION (LINE 6 PLUS SPECIAL DEDUCTIONS LESS AMT FSNOL ON LINE 10) . .	38,101
12) 10% OF LINE 11	3,810
13) AFSI CHARITABLE DEDUCTION (LESSER OF LINE 5 OR LINE 12) . .	3,810
14) REGULAR CONTRIBUTION DEDUCTION	4,287
15) AFSI CONTRIBUTION ADJUSTMENT (LINE 14 LESS LINE 13)	477

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 12
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2018		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		17,061,680
TOTAL CONTRIBUTIONS		17,061,680
10% OF TAXABLE INCOME AS ADJUSTED		3,810
EXCESS CONTRIBUTIONS		17,057,870
ALLOWABLE CONTRIBUTIONS		3,810

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 13
DESCRIPTION		AMOUNT
CHARITABLE CONTRIBUTIONS		477.
ADJUSTED GAIN OR LOSS		-109,716.
TOTAL TO FORM 4626, LINE 2Z		-109,239.

FORM 4797	PROPERTY HELD MORE THAN ONE YEAR					STATEMENT 14
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY VALUE FUND X LP COMMONFUND CAPITAL PRIVATE EQUITY PARTNE MADISON DEARBORN CAPITAL PARTNERS VII-B,						18,261. 293. -6.
TOTAL TO 4797, PART I, LINE 2						18,548.