Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **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 $ 21,387,791.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ WWW.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: BERKSHIRE TACONIC COMMUNITY FOUNDATION BUILDS STRONGER, MORE VIBRANT COMMUNITIES AND IMPROVES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	396
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,502,215.	15,605,084.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,838,652.	10,677,925.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,263.	159,642.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,480,130.	26,442,651.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,942,352.	13,652,485.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,827,515.	1,917,651.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 593,405.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,219,247.	1,097,757.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,989,114.	16,667,893.
19	Revenue less expenses. Subtract line 18 from line 12	7,491,016.	9,774,758.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	174,472,296.	198,820,984.
21	Total liabilities (Part X, line 26)	1,099,927.	1,474,517.
22	Net assets or fund balances. Subtract line 21 from line 20	173,372,369.	197,346,467.

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
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CHRISTOPHER GRANUCCI	CHRISTOPHER GRANUCCI	11/15/21	☐	P01523744

Firm's name ▶ CLIFTONLARSONALLEN — Firm's EIN ▶ 41-0746749

Firm's address ▶ 29 SOUTH MAIN STREET, 4TH FLOOR
WEST HARTFORD, CT 06107

Phone no. (860) 561-4000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
BERKSHIRE TACONIC COMMUNITY FOUNDATION CONNECTS DONORS WITH CAUSES, BUILDS PERMANENT COMMUNITY RESOURCES AND STRENGHTHENS 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 $ 12,247,812. including grants of $ 11,274,290.) (Revenue $)
COMMUNITY PHILANTHROPY: PROVIDE SUPPLEMENTAL FINANCIAL SUPPORT TO ENHANCE THE COMMUNITY BOTH THROUGH AND TO RECOGNIZED CHARITABLE AGENCIES.

4b (Code:) (Expenses $ 1,205,039. including grants of $ 1,080,446.) (Revenue $)
PROGRAM PHILANTHROPY: PROVIDE SUPPORT TO SPECIFIC FIELDS OF INTEREST TO STRENGTHEN OUR COMMUNITY INCLUDING ENVIRONMENTAL PROTECTION, SOCIAL SERVICES, EDUCATION, YOUTH DEVELOPMENT.

4c (Code:) (Expenses $ 944,126. including grants of $ 846,510.) (Revenue $)
REGIONAL PHILANTHROPY: PROVIDE CHARITABLE SUPPORT FOR SPECIFIC GEOGRAPHIC AREAS WITHIN THE REGION WE SERVE.

4d Other program services (Describe on Schedule O.)
(Expenses $ 503,275. including grants of $ 451,239.) (Revenue $)

4e Total program service expenses ▶ 14,900,252.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 X

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	55		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	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)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
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?	13a		
	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?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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	22		
	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 in 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 in 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 in 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 ▶ MA,NY,CT,IL

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.

[X] Own website [X] Another's website [X] 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 AND ADMINISTRATION - (413) 229-0370

800 NORTH MAIN STREET, PO BOX 400, SHEFFIELD, MA 01257

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER TAYLOR	50.00									
PRESIDENT	2.50			X				199,255.	0.	28,141.
(2) JOSEPH BAKER	50.00									
VP FINANCE & ADMIN	5.00			X				144,928.	0.	30,714.
(3) KARA MIKULICH	37.50									
CHIEF PHILANTHROPY OFFICER						X		117,845.	0.	28,543.
(4) MAEVE O'DEA	37.50									
PROGRAM DIRECTOR						X		121,946.	0.	23,754.
(5) TIMOTHY WILMOT	37.50									
DIRECTOR OF STRATEGY						X		113,329.	0.	15,802.
(6) JUSTIN BURKE	37.50									
MARKETING DIRECTOR						X		103,322.	0.	9,161.
(7) ELLEN BOYD	2.00									
DIRECTOR		X						0.	0.	0.
(8) SUZETTE BROOKS MASTERS	2.00									
DIRECTOR		X						0.	0.	0.
(9) PETER DILLON	2.00									
DIRECTOR		X						0.	0.	0.
(10) SHELDON EVANS	2.00									
DIRECTOR		X						0.	0.	0.
(11) THADDEUS GRAY	2.00									
DIRECTOR		X						0.	0.	0.
(12) PAMELA GREEN	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(13) ELIZABETH HILPMAN	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(14) NANCY HUMPHREYS	2.00									
DIRECTOR		X						0.	0.	0.
(15) ELLEN KENNEDY	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(16) KELLY MORGAN	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(17) NANCY NEEDHAM HATHAWAY	2.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT NORRIS	3.00									
CHAIR	0.50	X						0.	0.	0.
(19) DAVID OFFENSEND	2.00									
DIRECTOR		X						0.	0.	0.
(20) EMILIE PRYOR	3.00									
SECRETARY	0.50	X						0.	0.	0.
(21) HENRY PUTZEL III	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(22) JODI RATHBUN-BRIGGS	3.00									
TREASURER	0.50	X						0.	0.	0.
(23) SARAH STACK	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(24) THOMAS QUINN	2.00									
DIRECTOR	0.50	X						0.	0.	0.
(25) ELEANORE VELEZ	2.00									
DIRECTOR		X						0.	0.	0.
(26) RICHARD WEININGER	3.00									
VICE CHAIR	0.50	X						0.	0.	0.
1b Subtotal ▶								800,625.	0.	136,115.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								800,625.	0.	136,115.

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ ASSOCIATES, INC. 25 CHESTNUT STREET, PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	142,537.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) MICHAEL WYNN DIRECTOR	2.00	X						0.	0.	0.
(28) JANE IREDALE DIRECTOR	2.00	X						0.	0.	0.
(29) PETER FRANK DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,605,084.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,650,167.				
	h **Total.** Add lines 1a-1f			15,605,084.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,367,779.			2,367,779.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	3,255,286.				
	b Less: cost or other basis and sales expenses	7b	-5,054,860.				
	c Gain or (loss)	7c	8,310,146.				
	d Net gain or (loss)			8,310,146.			8,310,146.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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			**Business Code**				
	11a FUND ADMINISTRATION		900099	159,642.			159,642.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			159,642.			
	12 **Total revenue.** See instructions			26,442,651.	0.	0.	10,837,567.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,902,417.	12,902,417.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	750,068.	750,068.		
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	383,537.	202,016.	85,447.	96,074.
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	1,135,631.	612,114.	238,263.	285,254.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,877.	40,493.	17,127.	19,257.
9 Other employee benefits	209,448.	112,949.	43,919.	52,580.
10 Payroll taxes	112,158.	60,214.	23,813.	28,131.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,310.	3,426.	3,785.	2,099.
c Accounting	66,786.	24,576.	27,150.	15,060.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	646,469.		646,469.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	114,449.	46,207.	34,435.	33,807.
12 Advertising and promotion	9,943.	7,457.	1,243.	1,243.
13 Office expenses	37,805.	20,259.	8,908.	8,638.
14 Information technology	63,266.	34,643.	13,163.	15,460.
15 Royalties				
16 Occupancy	41,009.	21,979.	8,737.	10,293.
17 Travel	3,170.	1,742.	659.	769.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,706.	2,947.	1,136.	1,623.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,616.	9,825.	4,122.	4,669.
23 Insurance	26,049.	13,763.	5,772.	6,514.
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 DUES & SUBSCRIPTIONS	40,907.	24,336.	7,845.	8,726.
b STAFF DEVELOPMENT	9,217.	5,636.	1,328.	2,253.
c LEADERSHIP INITIATIVE P	5,055.	3,185.	915.	955.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	16,667,893.	14,900,252.	1,174,236.	593,405.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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		1,604,867.	1	3,711,545.
	2	Savings and temporary cash investments		9,493,293.	2	18,965,422.
	3	Pledges and grants receivable, net		539,804.	3	362,604.
	4	Accounts receivable, net		528,372.	4	50,606.
	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		103,355.	9	85,125.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 205,414.			
	b	Less: accumulated depreciation	10b 173,246.	48,238.	10c	32,168.
	11	Investments - publicly traded securities		84,497,943.	11	75,859,931.
	12	Investments - other securities. See Part IV, line 11		77,656,424.	12	99,753,583.
	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)		174,472,296.	16	198,820,984.
Liabilities	17	Accounts payable and accrued expenses		317,246.	17	272,422.
	18	Grants payable		417,706.	18	423,251.
	19	Deferred revenue		348,000.	19	380,000.
	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		0.	23	379,439.
	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		16,975.	25	19,405.
	26	**Total liabilities.** Add lines 17 through 25		1,099,927.	26	1,474,517.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ▶ X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		84,777,454.	27	95,075,612.
	28	Net assets with donor restrictions		88,594,915.	28	102,270,855.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **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		173,372,369.	32	197,346,467.
	33	Total liabilities and net assets/fund balances		174,472,296.	33	198,820,984.

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	26,442,651.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,667,893.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,774,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	173,372,369.
5	Net unrealized gains (losses) on investments	5	14,186,001.
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	13,339.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	197,346,467.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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: ☐ Separate basis ☒ Consolidated basis ☐ 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 Single Audit Act and OMB Circular A-133?	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	Employer identification number
BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	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 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,838,790.	15,755,469.	10,500,578.	13,502,215.	15,605,084.	67,202,136.
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	11,838,790.	15,755,469.	10,500,578.	13,502,215.	15,605,084.	67,202,136.
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)						10,902,295.
6 **Public support.** Subtract line 5 from line 4.						56,299,841.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11,838,790.	15,755,469.	10,500,578.	13,502,215.	15,605,084.	67,202,136.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,455,493.	1,394,370.	3,037,196.	2,519,837.	2,367,779.	10,774,675.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						77,976,811.

12 Gross receipts from related activities, etc. (see instructions)	12	7,842,981.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	72.20 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.77 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2020

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Total Excess Contributions to Schedule A, Part II, Line 5 ..... [redacted]

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.

Employer identification number
06-1254469

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number
06-1254469

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[redacted]	$ 1,125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	[redacted]	$ 752,482.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	[redacted]	$ 316,553.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	[redacted]	$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	[redacted]	$ 315,822.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	[redacted]	$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.

Employer identification number
06-1254469

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	[redacted]	$ 2,322,835.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	[redacted]	$ 561,652.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.

Employer identification number: 06-1254469

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

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	174	189
2	Aggregate value of contributions to (during year)	7,561,421.	2,568,647.
3	Aggregate value of grants from (during year)	6,678,573.	2,279,572.
4	Aggregate value at end of year	46,399,406.	71,606,464.

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? [X] Yes [ ] 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? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (for example, recreation or education)
[ ] Preservation of a historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,447,212.	69,615,921.	73,852,340.	64,578,567.	57,839,054.
b Contributions	3,999,197.	3,063,668.	1,759,121.	2,176,860.	4,955,855.
c Net investment earnings, gains, and losses	10,889,780.	12,591,038.	-2,341,894.	10,407,739.	4,222,804.
d Grants or scholarships	2,256,319.	2,597,578.	2,259,884.	2,102,241.	1,797,354.
e Other expenditures for facilities and programs		162,225.	-27,747.	66,283.	606,251.
f Administrative expenses	1,272,925.	1,388,062.	1,366,018.	1,274,868.	1,248,043.
g End of year balance	92,806,945.	81,447,212.	69,615,921.	73,852,340.	64,578,567.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 71.7788 %
c Term endowment ▶ 28.2211 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,836.	1,794.	5,042.
d Equipment		198,578.	171,452.	27,126.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				32,168.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) NON PERFORMING ASSETS	20,200.	END-OF-YEAR MARKET VALUE
(B) CHARITABLE REMAINDER UNITRUSTS (SPLIT		
(C) INTEREST TRUST AGREEMENT)	1,396,881.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	98,336,502.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	99,753,583.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIABILITIES UNDER SPLIT INTEREST AGREEMENTS	19,405.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		19,405.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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:

TO SUPPORT CHARITABLE CAUSES IN THE REGION IN PERPETUITY.

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

2020

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
CAYMAN ISLANDS	0	0	INVESTMENTS		30,697,381.
GUERNSEY	0	0	INVESTMENTS		3,213,724.
3 a Subtotal	0	0			33,911,105.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			33,911,105.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2020**

032071 12-03-20

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

SCHEDULE 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

2020

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? ..... [X] 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERNATIONAL DOCUMENTARY ASSOCIATION - 3470 WILSHIRE BLVD. SUITE 980 - LOS ANGELES, CA 90010	95-3911227	501(C)(3)	10,000.	0.			"A CRIME ON THE BAYOU"
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06508	91-1864328	501(C)(3)	8,950.	0.			YALE ALUMNI FUND AND SUPPORT OF THE NORFOLK ARTS PROGRAMS AND FACILITIES
VOLUNTEERS IN MEDICINE BERKSHIRES 777 MAIN STREET, STE 4 GREAT BARRINGTON, MA 01230	90-0140004	501(C)(3)	248,295.	0.			TO EXPAND MEDICAL, DENTAL AND SOCIAL WORK SERVICES AND TO PROVIDE EMERGENCY ASSISTANCE TO IMMIGRANTS
BERKSHIRE HELPING HANDS, INC. 12 BEECHER STREET ADAMS , MA 01220	84-4821057	501(C)(3)	9,000.	0.			FOR NORTHERN BERKSHIRE COMMUNITY RELIEF INITIATIVE
CBRSD WEEKEND BACKPACK PROGRAM, INC. - 117 ELMORE DRIVE - DALTON, MA 01226	84-3875261	501(C)(3)	10,500.	0.			FOR THE CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT
ACUCARES FOUNDATION 43 ARCH STREET GREENWHICH , CT 06830	84-2918250	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 284.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 8.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2020**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 11-02-20

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE BAHAMAS HUMANE SOCIETY, INC. - 100 EAST LINTON BOULEVARD, STE 3018 - DELRAY BEACH, FL 33483	84-1923420	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
COMPASSION AND CHOICES PO BOX 485 ETNA, NH 03750	84-1328829	501(C)(3)	5,800.	0.			FOR GENERAL OPERATING SUPPORT
ROOTS RISING, INC. PO BOX 1805 PITTSFIELD, MA 01201	83-2950864	501(C)(3)	38,600.	0.			TO MAKE HEALTHY, LOCAL FOOD FROM THE VIRTUAL FARMERS MARKET
BERKSHIRE BOUNTY, INC. 33 COMMONWEALTH AVENUE GREAT BARRINGTON, MA 01230	83-0905992	501(C)(3)	9,600.	0.			FOR GENERAL OPERATING SUPPORT
SUNDAY IN THE COUNTRY FOOD DRIVE PO BOX 789 MILLERTON, NY 12546	83-0412444	501(C)(3)	10,000.	0.			FOR PROGRAM SUPPORT
FRIENDS OF HUDSON YOUTH, INC. PO BOX 285 HUDSON, NY 12534	82-4654406	501(C)(3)	43,630.	0.			FOR EMERGENCY FOOD RESPONSE
COLUMBIA COUNTY SANCTUARY MOVEMENT PO BOX 785 HUDSON, NY 12534	82-1804199	501(C)(3)	30,000.	0.			FOR SUPPORT FOR THE IMMIGRANT COMMUNITY
DORRANCE DANCE PO BOX 1935 NEW YORK, NY 10101	81-4741774	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS
BERKSHIRE AGRICULTURAL VENTURES, INC. - 314 MAIN STREET, OFFICE #11 - GREAT BARRINGTON, MA 01230	81-4386302	501(C)(3)	16,450.	0.			FOR GENERAL OPERATIONS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOUTHERN POVERTY LAW CENTER, INC. - 400 WASHINGTON AVENUE PO BOX 548 - MONTGOMERY, AL 36101	63-0598743	501(C)(3)	6,200.	0.			FOR GENERAL OPERATIONS
SALVATION ARMY HUDSON 40 SOUTH 3RD STREET HUDSON, NY 12534	58-0660607	501(C)(3)	9,000.	0.			FOR EMERGENCY FOOD AND SUPPLIES FOR VULNERABLE RESIDENTS
MAHAIWE PERFORMING ARTS CENTER, INC. - 244 MAIN STREET PO BOX 690 - GREAT BARRINGTON, MA 01230	57-1140453	501(C)(3)	66,419.	0.			FOR HONORING THE LEGACY OF RON AND MARILYN WALTER, THIS GRANT IS UNRESTRICTED AND MAY BE
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22903	54-0838566	501(C)(3)	10,000.	0.			FOR THE ANNUAL FUND
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE NORTHWEST WASHINGTON, DC 20001	53-0196603	501(C)(3)	10,000.	0.			TO SUPPORT THE LAWA PROGRAM AT THE GEORGETOWN UNIVERSITY LAW CENTER
EASTERN SHORE LAND CONSERVANCY 114 SOUTH WASHINGTON STREET, STE 10 EASTON, MD 21601	52-1711989	501(C)(3)	7,500.	0.			FOR THE LAND CONSERVATION AND OUTREACH PROGRAM
AMNESTY INTERNATIONAL 311 WEST 43RD STREET, 7TH FLOOR NEW YORK, NY 10036	52-0851555	501(C)(3)	5,800.	0.			FOR GENERAL OPERATIONS
CHORE SERVICE, INC. PO BOX 522 LAKEVILLE, CT 06039	51-0416899	501(C)(3)	24,770.	0.			FOR OPERATIONAL SUPPORT
ABODE OF THE MESSAGE 5 ABODE ROAD NEW LEBANON, NY 12125	51-0140774	501(C)(3)	5,500.	0.			FOR ABODE FARM FOR CSA SHARES FOR FAMILIES ADVERSELY AFFECTED BY THE COVID-19 CRISIS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STISSING CENTER PO BOX 1024 PINE PLAINS, NY 12567	47-3035907	501(C)(3)	9,000.	0.			FOR GENERAL OPERATIONS
ENTREPRENEURSHIP FOR ALL, INC. 175 CABOT STREET, SUITE 100 WANNALANCIT MILL, FIRST FLOOR - LOWELL, MA 01854	47-1858182	501(C)(3)	177,500.	0.			FOR THE SECOND YEAR COMMITMENTS FROM BTCF, BERKSHIRE BANK FOUNDATION AND THE FIEGENBAUM
HILLTOWN VILLAGE, INC. PO BOX 146 CUMMINGTON, MA 01026	47-1394720	501(C)(3)	7,500.	0.			FOR CONNECTING THE VILLAGE - BERKSHIRE COUNTY FAMILY OUTREACH INITIATIVE
SOAR EDUCATIONAL ENRICHMENT, INC. PO BOX 593 SALISBURY, CT 06068	47-1188127	501(C)(3)	30,025.	0.			FOR THE 2020 DISBURSEMENT
JOSH BRESSETTE COMMIT TO SAVE A LIFE, INC. - 2345 SKIPAREE ROAD - NORTH POWNAL, VT 05260	47-1129831	501(C)(3)	20,000.	0.			FOR GENERAL OPERATIONS AND CAPACITY BUILDING
BERKSHIRE ARTS & TECHNOLOGY CHARTER SCHOOL - ONE COMMERCIAL PLACE PO BOX 267 - ADAMS , MA 01220	47-0918667	GOV'T ENTITY	7,000.	0.			FOR INTEGRATING TECHNOLOGY TO SUPPORT REMOTE AND IN-PERSON LEARNING
BERKSHIRE HORSEWORKS PO BOX 214 GREAT BARRINGTON, MA 01230	46-5419671	501(C)(3)	13,600.	0.			FOR GENERAL OPERATING SUPPORT
21ST CENTURY FUND FOR HVRHS 246 WARREN TURNPIKE ROAD PO BOX 132 FALLS VILLAGE, CT 06031	46-3683577	501(C)(3)	23,639.	0.			TO DISBURSE 2020 SPENDABLE
CORNER FOOD PANTRY PO BOX 705 LAKEVILLE, CT 06039	46-3253476	501(C)(3)	38,197.	0.			FOR PROGRAM SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMARACK HOLLOW PO BOX 115 WINDSOR, MA 01270	46-3157103	501(C)(3)	17,560.	0.			FOR THE BOREAL FOREST ECOLOGY AND HEALTH PROGRAMS
REENTRY COLUMBIA 52 GREEN STREET HUDSON, NY 12534	46-2035643	501(C)(3)	21,819.	0.			FOR EMERGENCY SUPPORT
GREENAGERS 62 UNDERMOUNTAIN ROAD PO BOX 157 SOUTH EGREMONT, MA 01258	46-1728356	501(C)(3)	71,175.	0.			FOR PROJECT CLUB
KITE'S NEST 108 SOUTH FRONT STREET HUDSON, NY 12534	46-0954848	501(C)(3)	16,303.	0.			FOR WEBSITE IMPROVEMENTS AND VIDEO CONFERENCING
THE LIGHTHOUSE WORKS, INC. 1070 MONTAUCK AVE PO BOX 385 FISHERS ISLAND, NY 06390	46-0865290	501(C)(3)	10,000.	0.			FOR OPERATING SUPPORT
HAITI PLUNGE, INC. 21 MAPLE STREET ADAMS , MA 01220	45-5425885	501(C)(3)	5,500.	0.			FOR RAINWATER COLLECTION UNITS
PERFECT TEN AFTERSCHOOL 32 WARREN STREET HUDSON, NY 12534	45-4522521	501(C)(3)	23,600.	0.			FOR GENERAL OPERATIONS AND COVID SUPPLIES
HIGH AND MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. - 71 COUNTY ROUTE 21C - GHENT, NY 12075	45-2460484	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT
FOCUSING PHILANTHROPY, INC. 1637 16TH STREET SANTA MONICA, CA 90404	45-2405071	501(C)(3)	10,000.	0.			FOR THE BENEFIT OF PER SCHOLAS

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

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BERKSHIRE PULSE, INC. 420 PARK STREET PO BOX 37 HOUSATONIC, MA 01236	43-2052204	501(C)(3)	6,000.	0.			FOR THE GENERAL FUND
CORPORATE ACCOUNTABILITY INTERNATIONAL - 10 MILK STREET, STE 610 - BOSTON, MA 02108	41-1322686	501(C)(3)	16,500.	0.			FOR GENERAL OPERATING
NORTHWEST HILLS COUNCIL OF GOVERNMENTS - 59 TORRINGTON ROAD, STE A-1 - GOSHEN , CT 06756	38-3917142	GOV'T ENTITY	46,500.	0.			FOR ADMINISTRATION OF THE N2N
MILLBROOK EARLY CHILDHOOD EDUCATION CENTER - PO BOX 757 - MILLBROOK, NY 12545	38-3770734	501(C)(3)	8,300.	0.			FOR GENERAL OPERATING
U.S. NATIONAL SKI AND SNOWBOARD HALL OF FAME - 610 PALMS AVENUE PO BOX 191 - ISHPEMING, MI 49849	38-2561101	501(C)(3)	15,200.	0.			FOR OPERATING SUPPORT
WATERSHED CENTER, INC. 41 KAYE ROAD MILLERTON, NY 12546	36-4624060	501(C)(3)	15,000.	0.			FOR ROCK STEADY FARM FOR
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	31,013.	0.			FOR GENERAL OPERATING SUPPORT
TAKODAH YMCA 32 LAKE STREET NORTH SWANZEY, NH 03431	36-3258696	501(C)(3)	50,000.	0.			GIVEN AS AN UNRESTRICTED DONATION
SALISBURY HOUSING TRUST PO BOX 52 SALISBURY, CT 06068	35-2160939	501(C)(3)	15,312.	0.			FOR GENERAL OPERATING

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FISHES AND LOAVES FOOD PANTRY THE PILGRIM HOUSE, 30 GRANITE AVENUE PO BOX 306 - CANAAN, CT 06018	34-1927041	501(C)(3)	14,450.	0.			FOR PROGRAM SUPPORT
SHARON COMMUNITY FOUNDATION PO BOX 385 SHARON, CT 06069	32-0259707	501(C)(3)	5,173.	0.			FOR GENERAL OPERATING
CAPE ELEUTHERA FOUNDATION PO BOX 5910 PRINCETON, NJ 08543	31-1591503	501(C)(3)	6,000.	0.			TO GO TO BREEF TO REPAIR THE BOAT OPERATED BY CASUARINA MCKINNEY
CHESTERWOOD MUSEUM, NATIONAL TRUST FOR HISTORIC PRESERVATION - PO BOX 827 - STOCKBRIDGE, MA 01262	30-0188229	501(C)(3)	13,856.	0.			FOR ENGAGING A DIVERSE COMMUNITY AT CHESTERWOOD
CENTER OF COMPASSION PO BOX 665 DOVER PLAINS, NY 12522	27-3477999	501(C)(3)	10,000.	0.			FOR THE BACKPACK PROGRAM
1BERKSHIRE STRATEGIC ALLIANCE FOUNDATION - 66 ALLEN STREET - PITTSFIELD, MA 02101	27-3145760	501(C)(3)	10,000.	0.			FOR THE ECONOMIC COMMUNITY FUND
THE WASSAIC PROJECT PO BOX 220 WASSAIC, NY 12592	27-2691962	501(C)(3)	22,800.	0.			FOR TEN MILE TABLE, AUGUST 2020 AND HAUNTED MILL AND MONSTER'S BALL, OCTOBER 2020
HUDSON CITY SCHOOL DISTRICT COMMUNITY ENDOWMENT FUND - 215 HARRY HOWARD AVENUE - HUDSON, NY 12534	27-1850222	501(C)(3)	7,500.	0.			FOR THE HUDSON CHILDREN'S BOOK FESTIVAL
WAM THEATRE COMPANY PO BOX 712 LENOX, MA 01240	27-1595793	501(C)(3)	39,200.	0.			FOR THE GENERAL OPERATING SUPPORT IS FOR THE GENERAL

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CATHEDRAL HIGH SCHOOL 350 EAST 56TH STREET NEW YORK, NY 10022	27-0671104	501(C)(3)	20,000.	0.			GIVEN AS AN UNRESTRICTED GIFT
CAMPHILL GHENT, INC. 2542 ROUTE 66 CHATHAM, NY 12037	27-0489223	501(C)(3)	8,000.	0.			FOR NON-PERISHABLE FOOD PANTRY
BERKSHIRE ENVIRONMENTAL ACTION TEAM, INC. - 29 HIGHLAND AVENUE - PITTSFIELD, MA 01201	27-0054356	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT
AMERICAN MURAL PROJECT 100 WHITING STREET PO BOX 538 WINSTED, CT 06098	26-3993911	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
EDUCATIONAL BROADCASTING CORPORATION THIRTEEN/WNET - 825 EIGHTH AVENUE - NEW YORK, NY 10019	26-2810489	501(C)(3)	12,000.	0.			FOR GENERAL PURPOSES
GERMANTOWN STUDENT EDUCATION FOUNDATION - PO BOX 533 - GERMANTOWN, NY 12526	26-2074955	501(C)(3)	9,070.	0.			FOR THE 2020 GRANT AWARDS
MULTICULTURAL BRIDGE 17 MAIN STREET, SUITE B3 LEE, MA 01238	26-1211169	501(C)(3)	110,650.	0.			TO CONNECT HOUSEHOLDS LESS LIKELY TO ACCESS TRADITIONAL OFFERINGS TO FRESH FOOD, SUPPLIES AND
TIME AND SPACE LIMITED 434 COLUMBIA STREET PO BOX 343 HUDSON, NY 12534	23-7428682	501(C)(3)	6,750.	0.			FOR GENERAL OPERATING SUPPORT
TAPESTRY HEALTH SYSTEMS 1985 MAIN STREET 2ND FLOOR, STE 202 SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	8,375.	0.			FOR TAPESTRY HEALTH BERKSHIRE COUNTY SEXUAL AND REPORDUCTIVE HEALTH CLINICS FOR RESIDENTS OF

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SALISBURY VOLUNTEER AMBULANCE SERIVICE, INC. - PO BOX 582 - SALISBURY, CT 06068	23-7121173	501(C)(3)	9,400.	0.			FOR GENERAL OPERATING SUPPORT
MASSACHUSETTS FOREST TRUST 249 LAKESIDE AVENUE MARLBOROUGH, MA 01752	23-7119602	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
CONSTRUCT, INC. 316A STATE ROAD GREAT BARRINGTON, MA 01230	23-7099108	501(C)(3)	86,195.	0.			TO SUPPORT A RENTAL ASSISTANCE
HOUSATONIC CHILD CARE CENTER, INC. 30-B SALMON KILL ROAD SALISBURY, CT 06068	23-7055646	501(C)(3)	22,902.	0.			TO SUPPORT OPERATING EXPENSES TO OFFSET A REDUCTION IN ENROLLMENT TO ACCOMMODATE SAFER
LANESBORO/NEW ASHFORD DOLLARS FOR SCHOLARS - PO BOX 377 - LANESBOROUGH , MA 01237	23-7039405	501(C)(3)	8,488.	0.			FOR SCHOLARSHIPS AWARDED IN JUNE 2020
CARY INSTITUTE OF ECOSYSTEM STUDIES - 2801 SHARON TURNPIKE PO BOX AB - MILLBROOK, NY 12545	22-3232968	501(C)(3)	8,250.	0.			FOR GENERAL OPERATING SUPPORT
REBUILDING TOGETHER DUTCHESS COUNTY - PO BOX 3695 - POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	11,000.	0.			FOR SAFE AND HEALTHY HOUSING
HOUSATONIC YOUTH SERVICE BUREAU, INC. - 236 WARREN TURNPIKE ROAD PO BOX 356 - FALLS VILLAGE, CT 06031	22-3124429	501(C)(3)	59,063.	0.			FOR PROGRAM SUPPORT
BERKSHIRE IMMIGRANT CENTER/MIRA ST. STEPHEN'S CHURCH - 67 EAST STREET - PITTSFIELD, MA 01201	22-3115048	501(C)(3)	106,000.	0.			TO CONTINUE EMERGENCY ASSISTANCE TO IMMIGRANTS AND UNDOCUMENTED INDIVIDUALS

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VERMONT FOODBANK PO BOX 471 BRATTLEBORO, VT 05032	22-3021942	501(C)(3)	87,500.	0.			FOR THE COVID-19 HUNGER RELIEF FUND
THE BIDWELL HOUSE MUSEUM 100 ART SCHOOL ROAD PO BOX 537 MONTEREY, MA 01245	22-2864958	501(C)(3)	8,179.	0.			FOR GENERAL OPERATING SUPPORT
COLUMBIA LAND CONSERVANCY, INC. 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	36,000.	0.			FOR GENERAL OPERATING SUPPORT
SALVATION ARMY 298 WEST STREET PITTSFIELD, MA 01201	22-2406433	501(C)(3)	5,200.	0.			TO HELP ALLEVIATE FOOD INSECURITY
COLUMBIA CHILDREN'S CENTER 142 UNION TURNPIKE HUDSON, NY 12534	22-2403126	501(C)(3)	25,000.	0.			FOR OPERATING SUPPORT DUE TO LOST REVENUE
WAMC 318 CENTRAL AVENUE PO BOX 66600 ALBANY, NY 12206	22-2400593	501(C)(3)	11,900.	0.			FOR GENERAL OPERATING SUPPORT
COLUMBIA GREENE COMMUNITY COLLEGE FOUNDATION - 4400 ROUTE 23 - HUDSON, NY 12534	22-2308614	501(C)(3)	16,000.	0.			FOR STUDENT SUPPORT
THE SYLVIA CENTER 304 HUDSON ST. SUITE 201 NEW YORK, NY 12567	20-4297703	501(C)(3)	77,500.	0.			FOR THE FRESH AND HEALTHY FOOD
AMERICAN AGORA FOUNDATION, INC. 116 EAST 16TH STREET, FLOOR 8 NEW YORK, NY 10003	20-4000236	501(C)(3)	25,000.	0.			FOR OPERATING SUPPORT

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SURVIVE THE DRIVE, INC. 125 WHITE HOLLOW ROAD LAKEVILLE, CT 06039	20-3315722	501(C)(3)	5,100.	0.			FOR PROGRAM SUPPORT
GATEWAY TO ENTREPRENEURIAL TOMORROWS, INC. - PO BOX 827 - POUGHKEEPSIE, NY 12602	20-2138478	501(C)(3)	20,000.	0.			FOR THE COVID-19 RAPID RESPONSE PROGRAM
BERKSHIRE WALDORF HIGH SCHOOL PO BOX 905 GREAT BARRINGTON, MA 01230	20-0582262	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE GROWN, INC. 314 MAIN STREET PO BOX 983 GREAT BARRINGTON, MA 01230	20-0482070	501(C)(3)	49,823.	0.			FOR GENERAL OPERATING SUPPORT
STEVEN MYRON HOLL FOUNDATION, INC. 450 WEST 31ST STREET, 11TH FLOOR NEW YORK, NY 10001	20-0124950	501(C)(3)	10,000.	0.			FOR SUPPORT OF T-SPACE RHINEBECK
EMS INSTITUTE, INC. 1 LOW ROAD PO BOX 91 SHARON, CT 06069	20-0061963	501(C)(3)	20,000.	0.			FOR PAYROLL EXPENSE & GENERAL
FOUNDATION FOR COMMUNITY HEALTH 478 CORNWALL BRIDGE ROAD SHARON, CT 06069	20-0057897	501(C)(3)	1,570,000.	0.			FOR EMERGENCY REPONSE FUNDING
WORKER JUSTICE CENTER OF NEW YORK 1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	13,000.	0.			FOR DIFFERENT OUTREACH AND EDUCATION PROGRAMS
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10021	15-0532082	501(C)(3)	11,000.	0.			FOR RESEARCH WORK OF DR. CARY REID

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GREATER HUDSON PROMISE NEIGHBORHOOD - 369 WARREN ST. - HUDSON, NY 12534	14-6030796	501(C)(3)	153,021.	0.			FOR ELLN ACTIVITIES IN 2020-2021
NORTHEAST-MILLERTON LIBRARY 75 MAIN STREET PO BOX 786 MILLERTON, NY 12546	14-6030232	501(C)(3)	16,738.	0.			FOR GENERAL OPERATING SUPPORT
COLUMBIA COUNTY HISTORICAL SOCIETY 5 ALBANY AVENUE PO BOX 311 KINDERHOOK , NY 12106	14-6021853	501(C)(3)	16,000.	0.			FOR SUPPORT OF THE ACTIVISM ARCHIVE & EXHIBITION
DUTCHESS BOCES 5 BOCES ROAD POUGHKEEPSIE, NY 12601	14-6012196	GOV'T ENTITY	141,990.	0.			FOR NEDCORPS 2.0
CHATHAM CENTRAL SCHOOL DISTRICT 50 WOODBRIDGE AVENUE CHATHAM, NY 12037	14-6010837	GOV'T ENTITY	15,514.	0.			FOR THE LIST OF ENCLOSED GRANTS
ICHABOD CRANE CENTRAL HIGH SCHOOL 2910 ROUTE 9 PO BOX 820 VALATIE, NY 12184	14-6010281	GOV'T ENTITY	19,878.	0.			FOR THE SUMMER 2020 FOOD PROJECT
WEBUTUCK CENTRAL SCHOOL DISTRICT 194 HAIGHT ROAD PO BOX 405 AMENIA, NY 12501	14-6010101	GOV'T ENTITY	10,095.	0.			FOR THE LIST OF ENCLOSED GRANTS
HUDSON CITY SCHOOL DISTRICT 215 HARRY HOWARD AVENUE HUDSON, NY 12534	14-6004219	GOV'T ENTITY	33,219.	0.			FOR LIST OF ENCLOSED GRANTS
PHILMONT PUBLIC LIBRARY/VILLAGE OF PHILMONT - 101 MAIN STREET - PHILMONT, NY 12565	14-6002370	GOV'T ENTITY	6,950.	0.			TO SUPPORT BUILDING RECONFIGURATION OR OTHER LIBRARY PROJECTS

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PINE PLAINS CENTRAL SCHOOL DISTRICT - 2829 CHURCH STREET - PINE PLAINS, NY 12567	14-6001821	GOV'T ENTITY	10,625.	0.			FOR INTERNET ACCESS
DOVER UNION FREE SCHOOL DISTRICT 2368 ROUTE 22 DOVER PLAINS, NY 12522	14-6001407	GOV'T ENTITY	8,100.	0.			FOR INTERNET ACCESS
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE ALBANY, NY 12206	14-6000805	501(C)(3)	54,000.	0.			FOR GENERAL SUPPORT
COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM, INC. - 325 COLUMBIA STREET, STE 200 - HUDSON, NY 12534	14-1802680	501(C)(3)	16,500.	0.			FOR TRANSPORTATION NEEDS
HARLEM VALLEY RAIL TRAIL ASSOC., INC. - 51 SOUTH CENTER STREET PO BOX 356 - MILLERTON, NY 12546	14-1798581	501(C)(3)	11,700.	0.			FOR GENERAL OPERATING FUNDS
HISTORIC HUDSON, INC. 541 WARREN STREET HUDSON, NY 12534	14-1795837	501(C)(3)	15,500.	0.			FOR SUPPORT OF HISTORIC HUDSON'S WATERFRONT WORK
OPERATION UNITE NEW YORK, INC. 360 COLUMBIA STREET PO BOX 1305 HUDSON, NY 12534	14-1783766	501(C)(3)	10,000.	0.			FOR THE YOUTH EMPOWERMENT AND YOUTH IN ACTION: EARN TO LEARN
COLUMBIA MEMORIAL HEALTH FOUNDATION - 71 PROSPECT AVENUE - HUDSON, NY 12534	14-1761112	501(C)(3)	16,000.	0.			THE COVID-19 DEFENSE FUND OF THE COLUMBIA MEMORIAL HEALTH FOUNDATION
AUSTERLITZ HISTORICAL SOCIETY 11550 STATE ROUTE 22 PO BOX 144 AUSTERLITZ, NY 12017	14-1758407	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT

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COMMON GROUND 11 WILLIAM STREET CATSKILL, NY 12414	14-1756034	501(C)(3)	6,080.	0.			FOR GENERAL OPERATING FUNDING
COLUMBIA ECONOMIC DEVELOPMENT CORP. - ONE HUDSON CITY CENTRE, SUITE 301 - HUDSON, NY 12534	14-1755710	501(C)(3)	213,521.	0.			FOR ADMINISTRATION OF THE EMERGENCY GRANTS TO BUSINESSES IN COLUMBIA COUNTY
HUDSON OPERA HOUSE 327 WARREN STREET HUDSON, NY 12534	14-1752524	501(C)(3)	8,750.	0.			FOR PROGRAMS SUPPORTING INCLUSION FOR PEOPLE OF ALL ABILITIES
NORTH EAST COMMUNITY CENTER 51 SOUTH CENTER STREET PO BOX 35 MILLERTON, NY 12546	14-1736237	501(C)(3)	124,828.	0.			FOR THE NEDCORPS 2.0 CASE
BALANCED INNOVATIVE TEACHING STRATEGIES, INC. - PO BOX 127 - OLD CHATHAM , NY 12136	14-1732835	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING
BARD COLLEGE 30 CAMPUS ROAD PO BOX 5000 ANNANDALE, NY 12504	14-1713034	501(C)(3)	12,100.	0.			FOR THE BARD PRISON INITIATIVE
CLINTON COMMUNITY LIBRARY 1215 CENTRE ROAD RHINEBECK, NY 12572	14-1699640	501(C)(3)	15,000.	0.			FOR PIVOTING TO RESPOND
DUTCHESS LAND CONSERVANCY, INC. 4289 ROUTE 82 PO BOX 138 MILLBROOK, NY 12545	14-1667526	501(C)(3)	28,100.	0.			FOR GENERAL OPERATIONS
VIOLET H. SIMMONS SCHOLARSHIP FUND, INC. - 200 DEPOT HILL ROAD - AMENIA, NY 12501	14-1634968	501(C)(3)	32,675.	0.			FOR GENERAL OPERATING SUPPORT

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COLUMBIA OPPORTUNITIES, INC. 540 COLUMBIA STREET HUDSON, NY 12534	14-1627038	501(C)(3)	12,434.	0.			FOR ADMINISTRATION OF THE NEIGHBOR-TO-NEIGHBOR PROGRAM
COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	100,000.	0.			FOR THE NEDCORPS 2.0 CASE MANAGEMENT
FIRST PRESBYTERIAN CHURCH OF MILLERTON - 369 WARREN STREET - HUDSON, NY 12534	14-1605968	RELIGIOUS	13,431.	0.			FOR GENERAL OPERATING SUPPORT
HUDSON DAY CARE CENTER, INC. 10-12 WARREN STREET HUDSON, NY 12534	14-1602966	501(C)(3)	9,340.	0.			FOR GENERAL OPERATING SUPPORT
ROELIFF JANSEN COMMUNITY LIBRARY PO BOX 669 HILLSDALE, NY 12529	14-1598707	501(C)(3)	6,154.	0.			FOR COVID9 RELIEF
CATHOLIC CHARITIES OF COLUMBIA AND GREENE COUNTIES - 431 EAST ALLEN STREET - HUDSON, NY 12534	14-1595821	501(C)(3)	22,500.	0.			FOR THE 2020 NEIGHBOR TO NEIGHBOR PROGRAM
TACONIC HILLS CENTRAL SCHOOL DISTRICT - 73 COUNTRY ROUTE 11A - CRAYVILLE, NY 12521	14-1508274	GOV'T ENTITY	21,190.	0.			FOR ENL SUMMER TUTORING
NORTH CHATHAM FREE LIBRARY 4287 ROUTE 203 PO BOX 907 NORTH CHATHAM, NY 12132	14-1499448	501(C)(3)	8,557.	0.			GIVEN AS AN ANNUAL DONATION TO OPERATIONS
FOOD OF LIFE FOOD PANTRY C/O SAINT THOMAS EPISCOPAL CHURCH - 40 LEEDSVILLE ROAD - AMENIA, NY 12501	14-1496937	RELIGIOUS	13,000.	0.			FOR FOOD OF LIFE/COMIDA DE VIDA PANTRY

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COARC 65 PROSPECT AVENUE HUDSON, NY 12534	14-1489603	501(C)(3)	15,000.	0.			FOR FOOD ASSISTANCE FOR RESIDENTS
HUDSON AREA ASSOCIATION LIBRARY 51 NORTH 5TH STREET HUDSON, NY 12534	14-1456213	501(C)(3)	13,850.	0.			FOR JOB SEARCH HELP FOR HUDSON AREA YOUTH AND ADULTS
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	9,572.	0.			FOR GENERAL OPERATING SUPPORT
SHAKER MUSEUM & LIBRARY PO BOX 328 CHATHAM, NY 12037	14-1364601	501(C)(3)	30,000.	0.			FOR $25,000 TOWARDS THE CAPITAL CAMPAIGN AND $5,000 TOWARDS GENERAL OPERATING
NEW YORK COUNCIL OF NONPROFITS 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)(3)	35,350.	0.			TO BE DISTRIBUTED AS FOLLOWS: $20K TO COLUMBIA COUNTY CAPACITY BUILDING FUND, $10K TO BERKSHIRE
CATHOLIC CHARITIES OF COLUMBIA AND GREENE COUNTIES - 431 EAST ALLEN STREET - HUDSON, NY 12534	14-1340033	501(C)(3)	70,000.	0.			FOR HEALTHY FAMILIES STAFF POSITION
COLUMBIA MEMORIAL HOSPITAL 71 PROSPECT AVENUE HUDSON, NY 12534	14-1338373	501(C)(3)	25,000.	0.			FOR THE COVID FUND
LEGAL SERVICES OF THE HUDSON VALLEY - 90 MAPLE AVENUE - WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	16,000.	0.			FOR IMMIGRATION SERVICES FOR NORTHEAST DUTCHESS COUNTY
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,850.	0.			FOR GENERAL OPERATING SUPPORT

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INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	5,900.	0.			FOR GENERAL OPERATING SUPPORT
GRACE EPISCOPAL CHURCH 3328 FRANKLIN AVENUE PO BOX 366 MILLBROOK, NY 12545	13-3902908	501(C)(3)	66,773.	0.			FOR THE NEDCORPS 2.0 CASE MANAGEMENT
GLYNWOOD CENTER PO BOX 157 COLD SPRING, NY 10516	13-3852957	501(C)(3)	10,000.	0.			FOR HELPING SMALL FARMS
THE BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205 STREET BRONX, NY 10468	13-3763299	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS, INC. - 6 WEST 48TH STREET, 10TH FLOOR - NEW YORK, NY 10036	13-3615533	501(C)(3)	25,500.	0.			FOR UPSTART CO-LAB
THE ABRAHAM FUND INITIATIVES 1460 BROADWAY, SUITE 9021 NEW YORK, NY 10021	13-3556715	501(C)(3)	100,000.	0.			"THIS GRANT HONORS THE LEGACY OF OUR PARENTS, RONALD AND MARILYN WALTER. MR. WALTER WAS A
IRISH REPERTORY THEATRE 132 WEST 22ND STREET NEW YORK, NY 10011	13-3531713	501(C)(3)	11,000.	0.			FOR USE AT YOUR DISCRETION
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	30,013.	0.			FOR GENERAL SUPPORT
FOOD BANK FOR NEW YORK CITY FOOD FOR SURVIVAL, INC. - 355 FOOD CENTER DRIVE HUNTER POINT CO-OP MARKET - BRONX, NY 10474	13-3179546	501(C)(3)	75,250.	0.			FOR GENERAL SUPPORT

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NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	26,600.	0.			FOR GENERAL SUPPORT
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION - 225 NORTH MICHIGAN AVENUE, 17TH FLOOR - CHICAGO, IL 60601	13-3039601	501(C)(3)	5,250.	0.			FOR GENERAL SUPPORT
THE GREAT MOUNTAIN FOREST CORPORATION - 200 CANAAN MOUNTAIN ROAD - FALLS VILLAGE, CT 06031	13-2998991	501(C)(3)	25,221.	0.			TO SUPPORT THE SUMMER INTERNSHIP PROGRAM AT GREAT MOUNTAIN FOREST
NEW YORK CITY BALLET, INC. DAVID H. KOCH THEATER C/O MAJOR GIFTS - 20 LINCOLN CENTER - NEW YORK, NY 10023	13-2947386	501(C)(3)	7,600.	0.			FOR GENERAL ANNUAL SUPPORT
HAWTHORNE VALLEY ASSOCIATION, INC. 327 ROUTE 21C GHENT, NY 12075	13-2722428	501(C)(3)	85,450.	0.			FOR THE FRESH AND HEALTHY FOOD
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	10,550.	0.			FOR ANNUAL DONATION
SALISBURY CONGREGATIONAL CHURCH UCC - 30 MAIN STREET PO BOX 392 - SALISBURY, CT 06068	13-1957221	501(C)(3)	14,300.	0.			FOR NECESSARY EXPENSES
BALLET THEATRE FOUNDATION, INC. 890 BROADWAY NEW YORK, NY 10003	13-1882106	501(C)(3)	5,460.	0.			FOR GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	12,800.	0.			FOR ANNUAL DONATION

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AMERICAN IRISH HISTORICAL SOCIETY, INC. - 991 FIFTH AVENUE - NEW YORK, NY 10028	13-1656636	501(C)(3)	10,000.	0.			FOR GENERAL PURPOSES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	8,750.	0.			FOR ANNUAL DONATION
TEMPLE ISRAEL OF THE CITY OF NEW YORK - 112 EAST 75TH STREET - NEW YORK, NY 10021	13-1624205	501(C)(3)	6,350.	0.			FOR MEMBERSHIP- SANCTUARY GIFT FOR WHICH ALL TANGIBLE BENEFITS ARE REFUSED
NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 161 WILLIAMS STREET, 9TH FLOOR - NEW YORK, NY 10038	13-1624134	501(C)(3)	27,500.	0.			FOR GENERAL USE
CHURCH OF ST. THOMAS MORE 65 EAST 89TH STREET NEW YORK, NY 10128	13-1623960	RELIGIOUS	6,000.	0.			FOR GENERAL FUNDS
CONGREGATION B'NAI JESHURU 270 WEST 89TH STREET NEW YORK, NY 10024	13-0594858	501(C)(3)	10,000.	0.			FOR THE KOL NIDRE FUND
ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	10,500.	0.			FOR ANNUAL DONATION
SALISBURY HOUSING COMMITTEE, INC. PO BOX 1024 SALISBURY, CT 06068	11-5309016	501(C)(3)	15,312.	0.			FOR GENERAL OPERATING
FRACTURED ATLAS, INC. 248 WEST 35TH STREET, 10TH FLOOR NEW YORK, NY 10001	11-3451703	501(C)(3)	10,000.	0.			FOR THE "SPRAGUE" FILM PROJECT

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NORTH SHORE CHILD AND FAMILY GUIDANCE ASSOCIATION - 480 OLD WESTBURY ROAD - ROSLYN HEIGHTS, NY 11577	11-1797183	501(C)(3)	13,600.	0.			FOR THE WINDOW CAMPAIGN
REGIONAL SCHOOL DISTRICT ONE PUPIL SERVICES/CENTRAL OFFICE - 246 WARREN TURNPIKE ROAD - FALLS VILLAGE, CT 06031	06-6054764	GOV'T ENTITY	10,320.	0.			FOR THE ART GARAGE PROGRAM
SALISBURY ASSOCIATION, INC. 24 MAIN STREET PO BOX 553 SALISBURY, CT 06068	06-6054763	501(C)(3)	8,226.	0.			FOR GENERAL OPERATING SUPPORT
SHARON HISTORICAL SOCIETY 18 MAIN STREET PO BOX 511 SHARON, CT 06069	06-6050703	501(C)(3)	18,171.	0.			FOR GENERAL OPERATING SUPPORT
HOUSATONIC VALLEY ASSOCIATION - BERKSHIRE COUNTY - 14 MAIN STREET PO BOX 496 - STOCKBRIDGE, MA 01262	06-6049295	501(C)(3)	17,887.	0.			FOR GENERAL OPERATING SUPPORT
TOWN OF SALISBURY PO BOX 548 SALISBURY, CT 06068	06-6002078	GOV'T ENTITY	14,070.	0.			FOR THE SUMMER PROGRAM
NORTHWEST CONNECTICUT COMMUNITY FOUNDATION - 32 EAST MAIN STREET PO BOX 1144 - TORRINGTON, CT 06790	06-1565733	501(C)(3)	7,500.	0.			FOR SUPPORTIVE HOUSING WORKS CAMPAIGN
GREENWOODS COUNSELING REFERRALS, INC. - 25 SOUTH STREET PO BOX 1549 - LITCHFIELD, CT 06759	06-1351190	501(C)(3)	12,125.	0.			TO SUPPORT OPERATING EXPENSES TO MAINTAIN CLIENT ACCESS TO MENTAL HEALTH TREATMENT VIA
HABITAT FOR HUMANITY OF NORTHWEST CONNECTICUT, INC. - PO BOX 1024 - SALISBURY, CT 06068	06-1316993	501(C)(3)	8,350.	0.			FOR GENERAL OPERATING SUPPORT

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AMY CLAMPITT FUND C/O BERKSHIRE TACONIC COMMUNITY FOUNDATION - 800 NORTH MAIN STREET - SHEFFIELD, MA 01257	06-1254469	501(C)(3)	432,985.	0.			BOARD DONATIONS TO OPERATIONS
SUSAN B. ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	6,750.	0.			FOR THE NW CORNER SERVICES
WOMEN'S SUPPORT SERVICES 158 GAY STREET PO BOX 341 SHARON, CT 06069	06-1072379	501(C)(3)	48,702.	0.			FOR PROGRAM SUPPORT
NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - PO BOX 833 - WINSTED, CT 06098	06-1044425	501(C)(3)	7,500.	0.			TO SUPPORT THE STUDENT EMERGENCY FUND
AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	6,113.	0.			FOR GENERAL OPERATING SUPPORT
MCCALL CENTER FOR BEHAVORIAL HEALTH - 58 HIGH STREET PO BOX 806 - TORRINGTON, CT 06790	06-0961756	501(C)(3)	5,950.	0.			FOR GENERAL OPERATING SUPPORT
CANAAN CHILD CARE CENTER 20 WHITING DRIVE PO BOZ 881 CANAAN, CT 06018	06-0931866	501(C)(3)	16,275.	0.			FOR THE SECURITY SYSTEM FOR THE NEW ELEMENTARY SCHOOL SITE
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF CONNECTICUT - 765 ASYLUM AVENUE - HARTFORD, CT 06105	06-0871754	501(C)(3)	10,100.	0.			FOR GENERAL OPERATING
EDADVANCE 355 GOSHEN ROAD PO BOX 909 LITCHFIELD, CT 06759	06-0842189	501(C)(3)	16,100.	0.			FOR THE NORTHWEST CORNER DAY CARE INITIATIVE

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SALISBURY FAMILY SERVICES, INC. PO BOX 379 SALISBURY, CT 06068	06-0739807	501(C)(3)	18,016.	0.			FOR GENERAL OPERATIING SUPPORT
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	12,150.	0.			FOR ANNUAL DONATION
SALISBURY WINTER SPORTS ASSOCIATION - 80 INDIAN CAVE ROAD - SALISBURY, CT 06068	06-0672022	501(C)(3)	7,650.	0.			FOR GENERAL OPERATING SUPPORT
HOTCHKISS LIBRARY OF SHARON 10 UPPER MAIN STREET SHARON, CT 06069	06-0655489	501(C)(3)	46,300.	0.			FOR GENERAL OPERATING
SCOVILLE MEMORIAL LIBRARY ASSOCIATION, INC. - 38 MAIN STREET - SALISBURY, CT 06068	06-0653164	501(C)(3)	8,950.	0.			FOR GENERAL OPERATING
MYSTIC SEAPORT MUSEUM, INC 75 GREENMANVILLE AVENUE PO BOX 6000 MYSTIC, CT 06355	06-0653120	501(C)(3)	15,000.	0.			FOR THE PADDLE RAISE AUCTION FOR WHICH ALL TANGIBLE BENEFITS ARE REFUSED
SALISBURY VISITING NURSE ASSOCIATION, INC. - 30A SALMON KILL ROAD - SALISBURY, CT 06068	06-0646887	501(C)(3)	30,466.	0.			FOR GENERAL OPERATING
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	8,350.	0.			FOR GENERAL OPERATING
BERKSHIRE THEATRE GROUP 111 SOUTH STREET PITTSFIELD, MA 01201	04-6134497	501(C)(3)	5,350.	0.			FOR GENERAL OPERATING

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WILLIAMSTOWN COMMUNITY CHEST PO BOX 204 WILLIAMSTOWN, MA 01267	04-6044550	501(C)(3)	6,950.	0.			FOR GENERAL OPERATING SUPPORT
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT - 254 HINSDALE ROAD PO BOX 299 - DALTON, MA 01227	04-6006427	GOV'T ENTITY	7,092.	0.			FOR SCHOLARSHIPS AS OUTLINED
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT - 491 BERKSHIRE SCHOOL ROAD PO BOX 339 - SHEFFIELD, MA 01257	04-6006133	GOV'T ENTITY	82,855.	0.			FOR THE ENCLOSED LIST OF GRANTS
JACOB'S PILLOW DANCE FESTIVAL, INC. - 358 GEORGE CARTER ROAD - BECKET, MA 01223	04-6002993	501(C)(3)	25,750.	0.			FOR GENERAL OPERATING FUND
NORTH ADAMS PUBLIC SCHOOLHOOL DISTRICT - 10 MAIN STREET, FLOOR 2 - NORTH ADAMS, MA 01247	04-6001405	GOV'T ENTITY	16,338.	0.			FOR THE LIST OF ENCLOSED GRANTS
RICHMOND CONSOLIDATED SCHOOL PO BOX 368 WEST STOCKBRIDGE, MA 01266	04-6001279	PUBLIC SCHOOL	6,549.	0.			FOR LIST OF ENCLOSED GRANTS
LEE-TYRINGHAM PUBLIC SCHOOLHOOLS 300A GREYLOCK STREET LEE, MA 01238	04-6001196	GOV'T ENTITY	8,820.	0.			FOR THE LIST OF ENCLOSED GRANTS
ADAMS COUNCIL ON AGING 3 HOOSAC STREET ADAMS , MA 01220	04-6001064	GOV'T ENTITY	30,000.	0.			FOR ADMINISTRATION OF THE NEIGHBOR-TO-NEIGHBOR PROGRAM
FIRST CONGREGATIONAL CHURCH/WILLIAMSTOWN - 906 MAIN STREET - WILLIAMSTOWN, MA 01267	04-6000944	501(C)(3)	10,200.	0.			FOR GENERAL OPERATING SUPPORT

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RED ROCK VOLUNTEER FIRE COMPANY 401 COUNTY ROUTE 24 EAST CHATHAM, NY 12060	04-3731008	501(C)(3)	12,048.	0.			FOR RRVFC BUILDING FUND AND EQUIPMENT REPLACEMENT
RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)(3)	31,850.	0.			FOR SOUTH COUNTY CAREER READINESS ACTIVITIES
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS , MA 01220	04-3529643	501(C)(3)	23,100.	0.			FOR BERKSHIRE LACTATION SUPPORT PROJECT FOR ADAMS, CHESHIRE AND SAVOY
BECKET ATHENAEUM 3367 MAIN STREET PO BOX 9 BECKET, MA 01223	04-3458519	501(C)(3)	64,500.	0.			FOR GENERAL OPERATING SUPPORT
NORTHERN BERKSHIRE COMMUNITY COALITION - 61 MAIN STREET, STE 218 - NORTH ADAMS, MA 01247	04-3446578	501(C)(3)	25,450.	0.			FOR THE BEACON RECOVERY CENTER
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-3439329	501(C)(3)	11,000.	0.			FOR THE 2020 VISION FUND
SAINTS PATRICK & RAPHAEL PARISH 54 SOUTHWORTH STREET WILLIAMSTOWN, MA 01267	04-3351088	501(C)(3)	21,600.	0.			FOR THE PARISH'S FOOD PANTRY PROGRAM
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)(3)	33,335.	0.			FOR THE BSRCC/FLYING CLOUD S M ART STUDIO COLLABORATION
THE WOMEN'S FUND OF WESTERN MASSACHUSETTS - 1350 MAIN STREET, STE 1006 - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	129,281.	0.			TRANSFER OF FUNDS PER ORGANIZATION

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RIVERBROOK RESIDENCE, INC. 4 ICE GLEN ROAD PO BOX 478 STOCKBRIDGE, MA 01262	04-3327968	501(C)(3)	621,200.	0.			TO PAY THE MORTGAGE OFF PER BOARD APPROVAL
HEALTH LAW ADVOCATES, INC. 1 FEDERAL STREET, 5TH FLOOR BOSTON, MA 02110	04-3298116	501(C)(3)	87,500.	0.			GIVEN AS AN UNRESTRICTED DONATION
BARRINGTON STAGE COMPANY, INC. 122 NORTH STREET PITTSFIELD, MA 01201	04-3263298	501(C)(3)	28,800.	0.			FOR THE GENERAL FUND
PER SCHOLAS 804 EAST 138TH STREET, 2ND FLOOR BRONX, NY 10454	04-3252955	501(C)(3)	6,000.	0.			FOR ANNUAL DONATION; AT THE REQUEST OF JOHN H. STOOKEY
LITERACY NETWORK OF SOUTH BERKSHIRE - 100 MAIN STREET - LEE, MA 01238	04-3252289	501(C)(3)	6,163.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY ACCESS TO THE ARTS - CATA - 420 STOCKBRIDGE ROAD, SUITE 2 - GREAT BARRINGTON, MA 01230	04-3196265	501(C)(3)	138,400.	0.			FOR THE BUILDING FUND
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVENUE PO BOX 2717 - PITTSFIELD, MA 01202	04-3157085	501(C)(3)	135,780.	0.			TO CONTINUE EMERGENCY FINANCIAL ASSISTANCE TO LOW-INCOME FAMILIES DISPROPORTIONALLY
BERKSHIRE HUMANE SOCIETY, INC. 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	9,963.	0.			FOR GENERAL OPERATING SUPPORT
IS183 ART SCHOOL OF THE BERKSHIRES PO BOX 1400 STOCKBRIDGE, MA 01262	04-3132409	501(C)(3)	52,006.	0.			FOR GENERAL OPERATING SUPPORT

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MASS MOCA 1040 MASS MOCA WAY NORTH ADAMS, MA 01247	04-3113688	501(C)(3)	47,850.	0.			FOR $10,000 FOR GENERAL OPERATING SUPPORT AND $10,000 FOR TECHNICAL ASSISTANCE SUPPORT. A
HOSPICE CARE IN THE BERKSHIRES, INC. BERKSHIRE HEALTH SYSTEMS - 877 SOUTH STREET - PITTSFIELD, MA 01201	04-3084466	501(C)(3)	11,896.	0.			FOR GENERAL OPERATING SUPPORT
RICHMOND LAND TRUST PO BOX 214 RICHMOND, MA 01254	04-3060494	501(C)(3)	5,733.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE FACULTY SERVICES, INC. 725 NORTH STREET PITTSFIELD, MA 01201	04-2995053	501(C)(3)	10,000.	0.			FOR N2N RESOURCE COORDINATION
WILLIAMSTOWN RURAL LANDS FOUNDATION - 671 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-2940686	501(C)(3)	5,950.	0.			FOR THE TRAIL PROJECT
ROOTS TEEN CENTER 43 EAGLE STREET NORTH ADAMS, MA 01247	04-2831330	501(C)(3)	6,500.	0.			FOR BICYCLE WORKSHOP
BERKSHIRE MEDICAL CENTER, INC. DEVELOPMENT AND COMMUNITY RELATIONS OFFICE - 725 NORTH STREET - PITTSFIELD, MA 01201	04-2791396	501(C)(3)	15,432.	0.			GIVEN AS AN ANNUAL DONATION TO SUPPORT THE ORGANIZATIONS CHARITABLE PURPOSES
THE FOOD BANK OF WESTERN MASSACHUSETTS - 97 NORTH HATFIELD ROAD - HATFIELD, MA 01038	04-2751023	501(C)(3)	77,463.	0.			TO INCREASE THE AMOUNT OF FOOD AVAILABLE TO BENEFIT BERKSHIRE COUNTY FOOD PANTRIES AND MEAL SITES
BERKSHIRE COMMUNITY COLLEGE FOUNDATION - 1350 WEST STREET - PITTSFIELD, MA 01201	04-2736585	501(C)(3)	84,050.	0.			TO PROVIDE DIRECT EMERGENCY SUPPORT GRANTS TO COLLEGE STUDENTS

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PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS - 1055 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2698497	501(C)(3)	11,950.	0.			FOR GENERAL OPERATING SUPPORT
EDITH WHARTON RESTORATION, INC. 2 PLUNKETT STREET PO BOX 974 LENOX, MA 01240	04-2666846	501(C)(3)	30,550.	0.			FOR GENERAL OPERATING SUPPORT
SHAKESPEARE & COMPANY 70 KEMBLE STREET LENOX, MA 01240	04-2666826	501(C)(3)	25,300.	0.			FOR GENERAL OPERATING SUPPORT
BECKET ARTS CENTER OF THE HILLTOWNS, INC. - 7 BROOKER HILL ROAD - BECKET, MA 01223	04-2625991	501(C)(3)	10,500.	0.			FOR STAFFING SUPPORT
MASSACHUSETTS COLLEGE OF LIBERAL ARTS FOUNDATION - 375 CHURCH STREET - NORTH ADAMS, MA 01247	04-2613803	501(C)(3)	32,396.	0.			FOR SCHOLARSHIPS AS OUTLINED IN THE FUND AGREEMENT
YOUTH CENTER, INC. 191 CHURCH STREET PO BOX 92 CHESHIRE, MA 01225	04-2591290	501(C)(3)	25,000.	0.			FOR OUT OF SCHOOL ENRICHMENT PROGRAMS AND REMOTE LEARNING PROGRAM
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)(3)	31,025.	0.			FOR BERKSHIRE VIOLENCE PREVENTION PROGRAM
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD PO BOX 30 GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	88,113.	0.			FOR THE PARENTCHILD AND HOME VISITING PROGRAM
CHRISTIAN CENTER OF PITTSFIELD 193 ROBBINS AVENUE PITTSFIELD, MA 01201	04-2546021	501(C)(3)	12,750.	0.			FOR GENERAL OPERATING SUPPORT

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ELDER SERVICES OF BERKSHIRE COUNTY 877 SOUTH STREET, STE 4E PITTSFIELD, MA 01201	04-2542001	501(C)(3)	39,067.	0.			FOR ADMINSTRATIVE SUPPORT FOR THE NEIGHBOR TO NEIGHBOR PROGRAM
BERKSHIRE FUND, INC. PO BOX 1180 PITTSFIELD, MA 01201	04-2483221	501(C)(3)	30,000.	0.			FOR THE 2020 NEIGHBOR TO NEIGHBOR PROGRAM
PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET, STE 802 BOSTON, MA 21110	04-2457605	501(C)(3)	25,000.	0.			TO SUPPORT COVID RELATED CAPACITY BUILDING STRATEGIES TO SERVICE NONPROFITS AND
CHILD CARE OF THE BERKSHIRES 210 STATE STREET PO BOX 172 NORTH ADAMS, MA 01247	04-2457299	501(C)(3)	185,000.	0.			TO DIRECTLY PROVIDE FINANCIAL SUPPORT TO FAMILIES TO MEET THE IMMEDIATE NEEDS OF
NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC. - 9 GLENDALE ROAD PO BOX 308 - STOCKBRIDGE, MA 01262	04-2450813	501(C)(3)	30,700.	0.			FOR HONORING THE LEGACY OF RON AND MARILYN WALTER, THIS GRANT IS UNRESTRICTED AND MAY BE
BERKSHIRE HEALTH SYSTEMS, INC. 725 NORTH STREET PO BOX 4999 PITTSFIELD, MA 01201	04-2442944	501(C)(3)	31,086.	0.			FOR THE HEALTH COACHING THROUGH CANCER PROGRAM YEAR ONE
BERKSHIRE NATURAL RESOURCE COUNCIL, INC. - 20 BANK ROW, STE 203 - PITTSFIELD, MA 01201	04-2430091	501(C)(3)	66,697.	0.			FOR GENERAL SUPPORT
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET PO BOX 617 - STOCKBRIDGE, MA 01262	04-2426357	GOV'T ENTITY	27,780.	0.			FOR COMMITTED SCHOLARSHIPS
ADAMS CHESHIRE REGIONAL SCHOOL DISTRICT - 191 CHURCH STREET - CHESHIRE, MA 01225	04-2422135	GOV'T ENTITY	9,700.	0.			FOR THE HOOSAC VALLEY HIGH SCHOOL, BRIDGES PROGRAM; CATA INITIATIVE

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE COMMUNITY ACTION COUNCIL, INC. - 1531 EAST STREET - PITTSFIELD, MA 01201	04-2422074	501(C)(3)	45,100.	0.			FOR THE 2020 NEIGHBOR TO NEIGHBOR PROGRAM
SEDGWICK RESERVE, LLC 22 MAIN STREET PO BOX 418 STOCKBRIDGE, MA 01262	04-2327143	OTHER	6,314.	0.			PAYMENT ON INVOICE #246
HANCOCK SHAKER VILLAGE, INC. PO BOX 927 PITTSFIELD, MA 01202	04-2281657	501(C)(3)	109,000.	0.			THIS GRANT HONORS THE LEGACY OF OUR PARENTS, RONALD AND MARILYN WALTER. MR. WALTER WAS A
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET, STE BP600 BOSTON, MA 02115	04-2263040	501(C)(3)	6,200.	0.			TO SUPPORT THE RINK RATS DRIVE FOR THE JIMMY FUND
WILLIAMSTOWN THEATRE FOUNDATION, INC. - PO BOX 517 - WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,500.	0.			FOR THE 2020 VISION FUND MATCHING GRANT PROGRAM
18 DEGREES 480 WEST ST STE 2 PITTSFIELD, MA 01201	04-2226238	501(C)(3)	223,707.	0.			FOR KIDS 4 HARMONY ($30K) AND THE REMAINING AMOUNT GIVEN AS AN UNRESTRICTED DONATION
BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD, MA 01201	04-2218928	501(C)(3)	5,800.	0.			FOR ADULT FAMILY CARE SUPPORT
ST. AGNES PARISH 489 MAIN STREET DALTON, MA 01226	04-2205322	501(C)(3)	5,500.	0.			GIVEN AS AN ANNUAL GIFT
ST. MARY OF THE ASSUMPTION CHURCH 159 CHURCH STREET CHESHIRE, MA 01225	04-2203820	501(C)(3)	10,000.	0.			FOR THE EDUCATION MINISTRY

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 non-cash 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)	17,230.	0.			FOR 50% FOR NEEDS BASED SCHOLARSHIPS FOR COLLEGES AND INSTITUTES OF HIGHER LEARNING AND 50% FOR
CLARK ART INSTITUTE 225 SOUTH STREET WILLIAMSTOWN, MA 01267	04-2163004	501(C)(3)	22,500.	0.			FOR HONORING THE LEGACY OF RON AND MARILYN WALTER, THIS GRANT IS UNRESTRICTED AND MAY BE
WILLIAM J. GOULD ASSOCIATES, INC. PO BOX 157 MONTEREY, MA 01245	04-2134819	501(C)(3)	10,650.	0.			GIVEN AS AN ANNUAL UNRESTRICTED DONATION
FAIRVIEW HOSPITAL, BERKSHIRE HEALTH SYSTEMS - 29 LEWIS AVENUE - GREAT BARRINGTON, MA 01230	04-2133860	501(C)(3)	48,637.	0.			TO FUND FOOD SECURITY POSITION, AS PER SIGNED MOU
JEWISH FEDERATION OF THE BERKSHIRES, INC. - 196 SOUTH STREET - PITTSFIELD, MA 01201	04-2131409	501(C)(3)	15,943.	0.			FOR THE 2020 CAMPAIGN DONATION
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE ROAD PO BOX 826 STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	5,321.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE MUSIC SCHOOL 30 WENDELL AVENUE PITTSFIELD, MA 01201	04-2121369	501(C)(3)	6,999.	0.			TO PROVIDE FINANCIAL ASSISTANCE TO STUDENTS
RICHMOND AND WEST STOCKBRIDGE COMMUNITY HEALTH ASSN. - PO BOX 368 - WEST STOCKBRIDGE, MA 01266	04-2121326	501(C)(3)	5,733.	0.			FOR GENERAL OPERATING SUPPORT
CLARK UNIVERSITY BUSINESS AND FINANCIAL SERVICES - 950 MAIN STREET - WORCESTER, MA 01610	04-2111203	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKET CHIMNEY CORNERS YMCA 748 HAMILTON ROAD BECKET, MA 01223	04-2105946	501(C)(3)	12,950.	0.			FOR THE SUSTAINABILITY CAMPAIGN
PINE COBBLE SCHOOL 163 GALE ROAD WILLIAMSTOWN, MA 01267	04-2105910	501(C)(3)	6,800.	0.			FOR UNRESTRICTED USE
TRUSTEES OF RESERVATIONS 200 HIGH STREET, STE 4A BOSTON, MA 02110	04-2105780	501(C)(3)	30,173.	0.			FOR PROJECTS IN BERKSHIRE COUNTY
WILLIAMS COLLEGE PO BOX 67 WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	119,364.	0.			TO HELP SUPPPORT TWO 2019-2020 GRADUATE FEELOWSHIPS IN THE WILLIAMS COLLEGE CENTER
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD, MA 01201	04-2104841	501(C)(3)	719,098.	0.			FOR THE COVID19 EMERGENCY
THE PIKE SCHOOL 34 SUNSET ROCK ROAD ANDOVER, MA 01810	04-2104832	501(C)(3)	20,000.	0.			FOR WHERE NEEDED MOST
GRACE CHURCH PO BOX 114 GREAT BARRINGTON, MA 01230	04-2104816	501(C)(3)	16,000.	0.			FOR THE GENERAL MISSION OF GRACE CHURCH
MASSACHUSETTS AUDUBON SOCIETY 472 WEST MOUNTAIN ROAD LENOX, MA 01240	04-2104702	501(C)(3)	15,033.	0.			FOR GENERAL OPERATING SUPPORT
LENOX LIBRARY ASSOCIATION 18 MAIN STREET LENOX, MA 01240	04-2104388	501(C)(3)	32,786.	0.			FOR CURRENT YEAR OPERATING

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUB OF THE BERKSHIRES - 16 MELVILLE STREET - PITTSFIELD, MA 01201	04-2103925	501(C)(3)	6,100.	0.			FOR CAMPERSHIPS $300 FOR CONTINUATION OF SALARIES FOR FULL TIME EMPLOYEES, $2700 FOR EQUIPMENT AND
BERKSHIRE MUSEUM 39 SOUTH STREET PITTSFIELD, MA 01201	04-2103878	501(C)(3)	29,700.	0.			FOR THE GENERAL OPERATING SUPPORT IS FOR THE STAFF THAT IS IMPLEMENTING THE TA WORK
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)(3)	44,800.	0.			FOR THE 2020 NEIGHBOR TO NEIGHBOR PROGRAM
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	21,322.	0.			FOR OPERATIONS AND PROGRAMMING
BOSTON UNIVERSITY TANGLEWOOD INSTITUTE - 855 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2103547	501(C)(3)	27,505.	0.			FOR THE SELTZER FAMILY DIVERSITY AND INCLUSION FUND
BRIEN CENTER FOR MENTAL HEALTH & SUBSTANCE ABUSE SERVICES - PO BOX 4219 - PITTSFIELD, MA 01202	04-2081870	501(C)(3)	28,912.	0.			FOR PROTECTING STAFF AND CLIENTS FROM POTENTIAL CC
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	5,100.	0.			GIVEN AS AN ANNUAL UNRESTRICTED DONATION TO THE CANCER CENTER
BERKSHIRES TOMORROW, INC. 1 FENN STREET, STE 201 PITTSFIELD, MA 01201	03-0572303	501(C)(3)	55,050.	0.			TO PROVIDE MEALS TO LOW-INCOME CHILDREN AND FAMILIES ON THE WEEKENDS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSIST, INC. PO BOX 969, STE 217 SUFFIELD, CT 06078	03-0272890	501(C)(3)	6,250.	0.			FOR GENERAL OPERATING SUPPORT
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE , VT 05482	03-0229347	501(C)(3)	45,000.	0.			FOR THE FARM-BASED EDUCATION
WORLD LEARNING 1 KIPLING ROAD PO BOX 676 BRATTLEBORO, VT 05302	03-0179592	501(C)(3)	10,000.	0.			TO FUND TWO ANNUAL SCHOLARSHIPS FOR INTERNATIONAL PARTICIPANTS IN THE
KURN HATTIN HOMES FOR CHILDREN PO BOX 127 WESTMINISTER, VT 05158	03-0179306	501(C)(3)	338,602.	0.			GIVEN AS AN UNRESTRICTED DONATION
UNIVERSITY OF NEW HAMPSHIRE UNH BUSINESS SERVICES - 11 GARRISON AVENUE - DURHAM, NH 03824	02-6000937	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
BERKSHIRE FOOD PROJECT, INC. 134 MAIN STREET PO BOX 651 NORTH ADAMS, MA 01247	02-2946660	501(C)(3)	43,450.	0.			TO DISTRIBUTE GIFT CARDS TO FOOD INSECURE HOUSEHOLDS FOR NEEDS THAT ARE NOT MET BY THE PANTRY
PINE ISLAND CAMP PO BOX 242 BRUNSWICK, MA 04011	01-0493614	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
TOWN OF RICHMOND 1529 STATE ROAD RICHMOND, MA 01254		GOV'T ENTITY	5,733.	0.			FOR THE SCHOLARSHIP FUND
FIRST CONGREGATIONAL CHURCH 514 MAIN STREET DALTON, MA 01226		RELIGIOUS	20,000.	0.			FOR GENERAL OPERATING SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF HUDSON - 369 WARREN ST. - HUDSON, NY 12534		RELIGIOUS	22,200.	0.			FOR GENERAL OPERATING SUPPORT
ST. PETERS CHURCH PO BOX 1502 MILLBROOK, NY 12545		CHURCH	7,500.	0.			FOR 2020 DONATION
ST. THOMAS' EPISCOPAL CHURCH 40 LEEDSVILLE ROAD AMENIA, NY 12501		RELIGIOUS	17,500.	0.			FOR FOOD OF LIFE/COMIDA DE VIDA PANTRY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARTS	34	156,008.	0.		
EDUCATIONAL	177	503,779.	0.		
ENVIRONMENTAL	1	1,000.	0.		
HEALTH, GENERAL	49	70,852.	0.		
CIVIC	1	17,500.	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 UTILIZATION REPORTS OR

RECEIPTS TO SUBSTANTIATE THE CHARITABLE USE OF GRANT DOLLARS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS IN MEDICINE BERKSHIRES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND MEDICAL, DENTAL AND SOCIAL

WORK SERVICES AND TO PROVIDE EMERGENCY ASSISTANCE TO IMMIGRANTS OF

UNDOCUMENTED PATIENTS

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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
HUMAN SERVICE	1.	929.	0.		

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MAHAIWE PERFORMING ARTS CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HONORING THE LEGACY OF RON AND MARILYN WALTER, THIS GRANT IS UNRESTRICTED AND MAY BE USED AS THE LEADERSHIP DEEMS APPROPRIATE

NAME OF ORGANIZATION OR GOVERNMENT: ENTREPRENEURSHIP FOR ALL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SECOND YEAR COMMITMENTS FROM BTCF, BERKSHIRE BANK FOUNDATION AND THE FIEGENBAUM FOUNDATION FOR THE EFORALL BERKSHIRE COUNTY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MULTICULTURAL BRIDGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONNECT HOUSEHOLDS LESS LIKELY TO ACCESS TRADITIONAL OFFERINGS TO FRESH FOOD, SUPPLIES AND SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: TAPESTRY HEALTH SYSTEMS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TAPESTRY HEALTH BERKSHIRE COUNTY SEXUAL AND REPORDUCTIVE HEALTH CLINICS FOR RESIDENTS OF ADAMS, CHESHIRE AND SAVOY

NAME OF ORGANIZATION OR GOVERNMENT: HOUSATONIC CHILD CARE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPERATING EXPENSES TO OFFSET A REDUCTION IN ENROLLMENT TO ACCOMMODATE SAFER PHYSICAL DISTANCING IN THE FACILITY

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK COUNCIL OF NONPROFITS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE DISTRIBUTED AS FOLLOWS: $20K TO COLUMBIA COUNTY CAPACITY BUILDING FUND, $10K TO BERKSHIRE COUNTY

Part IV Supplemental Information

POOLED FUND, $5K TO DUTCHESS COUNTY POOLED FUND

NAME OF ORGANIZATION OR GOVERNMENT: THE ABRAHAM FUND INITIATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: "THIS GRANT HONORS THE LEGACY OF OUR PARENTS, RONALD AND MARILYN WALTER. MR. WALTER WAS A LONG-TIME BOARD MEMBER OF THE ABRAHAM INITIATIVES. HE AND MRS. WALTER WERE ARDENT SUPPORTERS WHO BELIEVED PASSIONATELY IN THE ORGANIZATION'S MISSION"

NAME OF ORGANIZATION OR GOVERNMENT: GREENWOODS COUNSELING REFERRALS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPERATING EXPENSES TO MAINTAIN CLIENT ACCESS TO MENTAL HEALTH TREATMENT VIA TELEHEALTH

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL BERKSHIRE HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE EMERGENCY FINANCIAL ASSISTANCE TO LOW-INCOME FAMILIES DISPROPORTIONALLY AFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: MASS MOCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR $10,000 FOR GENERAL OPERATING SUPPORT AND $10,000 FOR TECHNICAL ASSISTANCE SUPPORT. A REPORT IS DUE BY OCTOBER 15, 2020 PROVIDING AN UPDATE ON THE PROGRESS OF YOUR WORK

NAME OF ORGANIZATION OR GOVERNMENT: PHILANTHROPY MASSACHUSETTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COVID RELATED CAPACITY BUILDING STRATEGIES TO SERVICE NONPROFITS AND IMPLEMENTATION OF THE COMMUNITY FOUNDATION COALITION SUPPORTING THIS WORK

NAME OF ORGANIZATION OR GOVERNMENT: CHILD CARE OF THE BERKSHIRES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DIRECTLY PROVIDE FINANCIAL SUPPORT TO FAMILIES TO MEET THE IMMEDIATE NEEDS OF FAMILIES WHO ARE PARTICIPATING IN ANY OF THE CCB'S PROGRAMS DUE TO THE COVID-19 EMERGENCY

NAME OF ORGANIZATION OR GOVERNMENT: NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HONORING THE LEGACY OF RON AND MARILYN WALTER, THIS GRANT IS UNRESTRICTED AND MAY BE USED AS THE LEADERSHIP DEEMS APPROPRIATE

NAME OF ORGANIZATION OR GOVERNMENT: HANCOCK SHAKER VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT HONORS THE LEGACY OF OUR PARENTS, RONALD AND MARILYN WALTER. MR. WALTER WAS A LONG-TIME BOARD MEMBER OF HANCOCK SHAKER VILLIAGE. HE AND MRS. WALTER WERE ARDENT SUPPORTERS WHO BELIEVED PASSIONATELY IN THE ORGANIZATION'S MISSION

NAME OF ORGANIZATION OR GOVERNMENT: GLADYS ALLEN BRIGHAM COMMUNITY CENTER OF PITTSFIELD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 50% FOR NEEDS BASED SCHOLARSHIPS FOR COLLEGES AND INSTITUTES OF HIGHER LEARNING AND 50% FOR PROGRAM AND OPERATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CLARK ART INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HONORING THE LEGACY OF RON AND MARILYN WALTER, THIS GRANT IS UNRESTRICTED AND MAY BE USED AS THE LEADERSHIP DEEMS APPROPRIATE

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAMS COLLEGE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUPPPORT TWO 2019-2020

GRADUATE FEELOWSHIPS IN THE WILLIAMS COLLEGE CENTER FOR DEVELOPMENT

ECONOMICS TO HONOR THE MEMORY OF PROFESSOR HENRY BRUTON

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF THE BERKSHIRES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAMPERSHIPS $300 FOR

CONTINUATION OF SALARIES FOR FULL TIME EMPLOYEES, $2700 FOR EQUIPMENT AND

SUPPLIES NEEDED FOR THE SAFETY AND HEALTH OF EMPLOYEES AND YOUTH AT THE

CLUB $2000

NAME OF ORGANIZATION OR GOVERNMENT: WORLD LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND TWO ANNUAL SCHOLARSHIPS FOR

INTERNATIONAL PARTICIPANTS IN THE CONTACT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BERKSHIRE FOOD PROJECT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DISTRIBUTE GIFT CARDS TO FOOD

INSECURE HOUSEHOLDS FOR NEEDS THAT ARE NOT MET BY THE PANTRY AND MEAL

SITE

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

2020

Open to Public Inspection

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

Employer identification number: 06-1254469

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 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)	179,755.	0.	19,500.	12,605.	15,536.	227,396.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH BAKER	(i)	144,928.	0.	0.	10,113.	20,601.	175,642.	0.
VP FINANCE & ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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.

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

2020

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	99	2,650,167.	AVERAGE OF HIGH AND LOW
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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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 O
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

THE QUALITY OF LIFE FOR ALL RESIDENTS IN BERKSHIRE COUNTY, MA;

NORTHWEST LITCHFIELD COUNTY, CT; NORTHEAST DUTCHESS COUNTY AND COLUMBIA

COUNTY, NY.

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

DISTRIBUTE SCHOLARSHIPS TO STUDENTS IN OUR COMMUNITY.

EXPENSES $ 503,275. INCLUDING GRANTS OF $ 451,239. REVENUE $ 0.

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

CAYMAN ISLANDS, BERMUDA, IRELAND, GABON

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER ELEANORE VELEZ WORKS FOR BOARD MEMBER ELLEN KENNEDY AT

BERKSHIRE COMMUNITY COLLEGE.

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

THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION DISTRIBUTED THE FORM 990

TO THE CHAIR, VICE-CHAIR, TREASURER AND AUDIT CHAIR FOR REVIEW AND FEEDBACK

PRIOR TO FILING.

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

NEW CONFLICT OF INTEREST STATEMENTS ARE DISTRIBUTED TO ALL BOARD MEMBERS AT

THE MEETING FOLLOWING THE ANNUAL CHANGE IN MEMBERS.

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

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

Employer identification number: 06-1254469

MANAGEMENT UTILIZES COMPARATIVE DATA ANNUALLY WHEN REVIEWING COMPENSATION.

THE FOUNDATION GENERALLY HIRES A THIRD PARTY CONSULTANT WITHIN 5 YEARS OF THE DATE OF THE LAST REVIEW TO EVALUATE COMPENSATION USING LOCAL AND NATIONAL COMPARATIVES FOR EMPLOYEES. THIS INFORMATION IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE, WWW.BERKSHIRETACONIC.ORG. IN ADDITION TO THIS, THE PUBLIC IS NOTIFIED THROUGH A QUARTERLY UPDATE THAT THE INFORMATION IS AVAILABLE ON THEIR WEBSITE.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	62,424.
INTER-ORGANIZATION RENT	-49,085.
TOTAL TO FORM 990, PART XI, LINE 9	13,339.

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

2020

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	(g) No
BTCF RESOURCES - 04-3585223 800 NORTH MAIN STREET PO BOX 400 SHEFFIELD, MA 01257	HOLD REAL ESTATE FOR FUNDS AT BERKSHIRE TACONIC COMMUNITY FOUNDATION	CONNECTICUT	501(C)(3)	12A TYPE 1	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	X	
FOUNDATION FOR COMMUNITY HEALTH - 20-0057897 155 SHARON VALLEY ROAD SHARON, CT 06069	IMPROVE PHYSICAL AND MENTAL HEALTH OF RESIDENTS SERVED BY SHARON HOSPITAL	CONNECTICUT	501(C)(3)	12C TYPE 3	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		X

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		**Yes**	**No**
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		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)	FOUNDATION FOR COMMUNITY HEALTH	B	1,570,000.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

CARRYOVER DATA TO 2021

Name	Employer Identification Number
BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	06-1254469

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - ALTERNATIVE INVESTMEN	89,373.
FEDERAL PRE-2018 NET OPERATING LOSS	29,785.
FEDERAL CONTRIBUTION - 50% CASH	22,329,078.
IL NET OPERATING LOSS	4,037.
NY NET OPERATING LOSS	10,615.
MA NET OPERATING LOSS	21,219.
FEDERAL SECTION 179 EXPENSE	160.