

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NORTHSHORE COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
807 N COLUMBIA ST

City or town, state or province, country, and ZIP or foreign postal code
COVINGTON, LA 70433

D Employer identification number
61-1517784

E Telephone number
(985) 893-8757

F Name and address of principal officer:
CHRIS KENNY
807 N COLUMBIA ST
COVINGTON, LA 70433

G Gross receipts \$ 6,876,681

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.NORTHSHOREFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2007 **M** State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UNITES RESOURCES TO ENHANCE THE QUALITY OF LIFE IN SOUTH LA'S NORTHSHORE REGION THOUGH CHARITABLE GRANTS, PROJECTS & PROGRAMS BENEFITTING THE NEEDY AND COMMUNITY AS A WHOLE.

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 2021 (Part V, line 2a)	5	4
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,661,355	5,346,099
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	701,462	1,382,105
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,194	19,062
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,402,011	6,747,266
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,192,627	2,542,319
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)	424,612	437,186
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶155,757		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	437,652	458,025
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,054,891	3,437,530
19 Revenue less expenses. Subtract line 18 from line 12	1,347,120	3,309,736

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	29,323,823	35,281,290
21 Total liabilities (Part X, line 26)	116,434	86,124
22 Net assets or fund balances. Subtract line 21 from line 20	29,207,389	35,195,166

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 2022-11-15

CHRIS KENNY TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-11-15 Check if self-employed PTIN P01687293

Firm's name ▶ HANNIS T BOURGEOIS LLP Firm's EIN ▶ 72-0636725

Firm's address ▶ 2322 TREMONT DRIVE Phone no. (225) 928-4770
BATON ROUGE, LA 70809

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NORTHSHORE COMMUNITY FOUNDATION UNITES HUMAN AND FINANCIAL RESOURCES TO ENHANCE THE QUALITY OF LIFE IN THE NORTHSHORE REGION OF SOUTH LOUISIANA. TO ACHIEVE OUR MISSION, WE: SERVE DONORS TO BUILD ASSETS THAT DRIVE INITIATIVES AND SOLUTIONS, ENGAGE COMMUNITY LEADERS, TO DEVELOP APPROPRIATE RESPONSES TO EMERGING OPPORTUNITIES AND CHALLENGES, AND ELEVATE OUR WORK AND SHARE THE RESULTS WITH OUR STAKEHOLDERS. WE PROUDLY SERVE ST. TAMMANY, WASHINGTON, TANGIPAHOA, AND ST. HELENA PARISHES.

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 \$ 2,908,020 including grants of \$ 2,542,319) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 2,908,020

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
11b	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	Yes	
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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	Yes	
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	Yes	
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		No
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. See instructions.		No
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt status, and related entity disclosures.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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... 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization have annual gross receipts that are normally greater than \$100,000... 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 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.
19 Describe in 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:

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN BONNETT BOURGEOIS PRESIDENT & CEO	4.00	X		X				165,000	0	19,141
(2) MAURA DONAHUE DIRECTOR	1.00	X						0	0	0
(3) JIMMY MAURIN DIRECTOR	1.00	X						0	0	0
(4) BILL BAKER DIRECTOR	1.00	X						0	0	0
(5) WILLIAM BOUDREAU DIRECTOR	1.00	X						0	0	0
(6) M TODD RICHARD DIRECTOR	1.00	X						0	0	0
(7) LISA WILSON CHAIR	1.00	X		X				0	0	0
(8) GREG PELLEGRINI VICE CHAIR	1.00	X		X				0	0	0
(9) DANNY SHAW SECRETARY	1.00	X		X				0	0	0
(10) CHRIS KENNY TREASURER	1.00	X		X				0	0	0
(11) FAY BRIGHT DIRECTOR	1.00	X						0	0	0
(12) CHIP LAVIGNE DIRECTOR	1.00	X						0	0	0
(13) MARTY MAYER DIRECTOR	1.00	X						0	0	0
(14) PATTI ELLISH DIRECTOR	1.00	X						0	0	0
(15) JOHN BALDWIN DIRECTOR	1.00	X						0	0	0
(16) JENIFER BESH DIRECTOR	1.00	X						0	0	0
(17) MICHAEL BURRIS DIRECTOR	1.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN FINAN DIRECTOR	1.00	X						0	0	0
(19) WAYNE MCCANTS DIRECTOR	1.00	X						0	0	0
(20) JILL DONALDSON DIRECTOR	1.00	X						0	0	0
(21) DAVE KRONLAGE DIRECTOR	1.00	X						0	0	0
(22) ALEXIS DUCORBIER DIRECTOR	1.00	X						0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	165,000	0	19,141

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

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

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

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

Part VIII Statement of Revenue

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

			(A) 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	222,762				
	d Related organizations	1d	325,000				
	e Government grants (contributions)	1e	150,446				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,647,891				
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,216,386				
	h Total. Add lines 1a-1f ▶			5,346,099			
Program Service Revenue	2a	Business Code					
	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) ▶		606,447	606,447			
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	92,150				
		b Less: rental expenses	6b	41,602			
	c Rental income or (loss)	6c	50,548				
	d Net rental income or (loss) ▶			50,548	50,548		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	775,658				
		b Less: cost or other basis and sales expenses	7b	0			
	c Gain or (loss)	7c	775,658				
	d Net gain or (loss) ▶			775,658		775,658	
8a Gross income from fundraising events (not including \$ 222,762 of contributions reported on line 1c). See Part IV, line 18							
	8a	26,283					
	b Less: direct expenses	8b	79,384				
c Net income or (loss) from fundraising events ▶			-53,101		-53,101		
9a Gross income from gaming activities. See Part IV, line 19							
	9a	30,044					
	b Less: direct expenses	9b	8,429				
c Net income or (loss) from gaming activities ▶			21,615	21,615			
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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			6,747,266	678,610	0	722,557	

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	2,491,969	2,491,969		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,725	43,725		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,625	6,625		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	165,000	82,500	49,500	33,000
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	202,360	84,308	58,308	59,744
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,374	18,332	11,849	10,193
9 Other employee benefits	2,726	1,238	800	688
10 Payroll taxes	26,726	12,136	7,843	6,747
11 Fees for services (non-employees):				
a Management	94,335		94,335	
b Legal				
c Accounting	19,852		19,852	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	107,652		107,652	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,073	7,710	15	348
12 Advertising and promotion	8,137			8,137
13 Office expenses	25,178	10,580	5,870	8,728
14 Information technology	9,095	3,323	1,284	4,488
15 Royalties				
16 Occupancy	14,312	7,654	3,579	3,079
17 Travel	3,344	934	2,064	346
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,674	940	454	11,280
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,363	14,241	9,204	7,918
23 Insurance	601	273	176	152
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	119,788	119,788		
b DUES AND SUBSCRIPTIONS	3,621	1,744	968	909
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,437,530	2,908,020	373,753	155,757
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	463,473	1	201,009
	2 Savings and temporary cash investments	4,298,893	2	6,264,195
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,068	4	0
	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	80,000	7	80,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,275	9	1,575
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,156,785		
	b Less: accumulated depreciation	412,681		
	11 Investments—publicly traded securities	1,086,140	11	1,379,648
	12 Investments—other securities. See Part IV, line 11	20,572,208	12	24,610,759
	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)	29,323,823	16	35,281,290	
Liabilities	17 Accounts payable and accrued expenses	43,649	17	57,124
	18 Grants payable		18	11,000
	19 Deferred revenue	18,500	19	18,000
	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	54,285	23	0
	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		25	
	26 Total liabilities. Add lines 17 through 25	116,434	26	86,124
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,889,542	27	10,986,192
	28 Net assets with donor restrictions	20,317,847	28	24,208,974
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	29,207,389	32	35,195,166	
33 Total liabilities and net assets/fund balances	29,323,823	33	35,281,290	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,747,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,437,530
3	Revenue less expenses. Subtract line 2 from line 1	3	3,309,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,207,389
5	Net unrealized gains (losses) on investments	5	2,678,042
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,195,166

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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 in Schedule O.
- 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 61-1517784

Name: NORTSHORE COMMUNITY FOUNDATION

Form 990 (2021)

Form 990, Part III, Line 4a:

SERVING THE NORTHSORE REGION CONSISTING OF ST. HELENA, ST. TAMMANY, TANGIPAOHA, AND WASHINGTON PARISHES BY FUNDING VARIOUS AGENCIES, PROJECTS AND PROGRAMS BENEFITTING AND AIDING THE COMMUNITY AS A WHOLE, INCLUDING INVESTING IN RESOURCES, GUIDANCE AND SUPPORT OF PARTNER NON-PROFIT AGENCIES SERVING THE NORTSHORE COMMUNITY; EMERGENCY RELIEF AND RESPONSE WORK INCLUDING BOTH COVID-19 AND NATURAL DISASTERS; DEVELOPING AND PROMOTING A REGIONAL BRAND AND PRIDE CAMPAIGN; INVESTIGATION PLATFORM FOR THE HEALTH AND WELLNESS OF THE REGION; AND CONTINUED EFFORTS TO SUPPORT THE DIVERSE PASSIONS OF OUR DONORS AND STRENGTHEN OUR COMMUNITIES.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
NORTHSHORE COMMUNITY FOUNDATION

Employer identification number
61-1517784

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BATON ROUGE AREA FOUNDATION	726030391	7	Yes		2,908,020	0
Total	1				2,908,020	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
5a			No
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? <i>If "Yes," provide detail in Part VI.</i>		No
6			No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a			No
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b			No
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c			No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		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? <i>If "Yes" or "No," provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

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).

Facts And Circumstances Test

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 2021 Open to Public Inspection

Name of the organization NORTHSHORE COMMUNITY FOUNDATION

Employer identification number 61-1517784

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Line number, Held at the End of the Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b 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 are a 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 programs
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	494,424	482,266	394,586	391,629	499,581
b Contributions	106,140	2,500	74,000	4,666	15,844
c Net investment earnings, gains, and losses	21,589	10,105	14,013	-1,389	10,445
d Grants or scholarships	15,263				133,921
e Other expenditures for facilities and programs					
f Administrative expenses	491	447	333	320	310
g End of year balance	606,399	494,424	482,266	394,586	391,629

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 22.057 %
 - b** Permanent endowment ▶ 77.944 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 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		805,860		805,860
b Buildings		1,764,422	226,666	1,537,756
c Leasehold improvements		487,818	146,345	341,473
d Equipment		98,685	39,670	59,015
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,744,104

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) INVESTMENTS-OTH SECS(DETAIL)-990	24,610,759	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	24,610,759	

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)		
(10)		
Total. (Column (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)	
(10)	
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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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 FIN 48 (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	6,351,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,678,042
b	Donated services and use of facilities	2b	8,529
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	94,703
e	Add lines 2a through 2d	2e	2,781,274
3	Subtract line 2e from line 1	3	3,569,787
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	107,652
b	Other (Describe in Part XIII.)	4b	3,069,827
c	Add lines 4a and 4b	4c	3,177,479
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,747,266

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	3,431,659
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,529
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	94,823
e	Add lines 2a through 2d	2e	103,352
3	Subtract line 2e from line 1	3	3,328,307
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	107,652
b	Other (Describe in Part XIII.)	4b	1,571
c	Add lines 4a and 4b	4c	109,223
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,437,530

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.

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 61-1517784

Name: NORTSHORE COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, NCF MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31, 2021.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 41,602. FUNDRAISING EXPENSES 53,101.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ORGANIZATIONAL FUND GIFTS 216,180. ORGANIZATIONAL FUND EARNINGS 2,853,073. CREDIT CARD FEES INCLUDED IN INVESTMENT EXPENSES 574.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 41,602. FUNDRAISING EXPENSES 53,101. DEPRECIATION ADJUSTMENT 120.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ORGANIZATIONAL FUND GRANTS 1,000. CREDIT CARD FEES INCLUDED IN INVESTMENT EXPENSES 571.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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

2021

Open to Public Inspection

Name of the organization
NORTHSHORE COMMUNITY FOUNDATION

Employer identification number
61-1517784

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 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			5,338,113
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,338,113

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)
(1)		SUB-SAHARAN AFRICA	GENERAL SUPPORT	6,625		0		
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 61-1517784

Name: NORTHSHORE COMMUNITY FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	INVESTMENTS		3,165,367
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2,166,121

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		6,625

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
NORTSHORE COMMUNITY FOUNDATION

Employer identification number
61-1517784

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		STIRLING STEWARDSHIP GOLF TOURNAMENT (event type)	DFC DRIVING FORE GOLF TOURNAMENT (event type)	1 (total number)	(add col. (a) through col. (c))
1	Gross receipts	99,000	85,159	64,886	249,045
2	Less: Contributions	91,050	81,439	50,273	222,762
3	Gross income (line 1 minus line 2)	7,950	3,720	14,613	26,283
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		7,937		7,937
	6 Rent/facility costs	20,099	8,666		28,765
	7 Food and beverages		2,565		2,565
	8 Entertainment				
	9 Other direct expenses	29,203	1,396	9,518	40,117
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				79,384
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-53,101

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			8,429	8,429
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				8,429
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				21,615

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTHSHORE COMMUNITY FOUNDATION

Employer identification number 61-1517784

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 64
3 Enter total number of other organizations listed in the line 1 table 1

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HEALTH AND HUMAN SERVICES	30	43,725			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	CERTAIN GRANTS ARE MONITORED BY THE FOUNDATION. FOR GRANTS THAT ARE MONITORED, THE RECIPIENT ORGANIZATION MUST SUBMIT FISCAL ACCOUNTING AND NARRATIVE REPORTS ON THE USE OF THE GRANT AND THE IMPACT THAT THE GRANT MAY HAVE HAD ON THE COMMUNITY IT SERVES. REPORTING GUIDELINES ARE ESTABLISHED IN THE LETTER OF AWARD. A FINAL REPORT IS DUE WITHIN 60 DAYS OF THE COMPLETION OF THE PROJECT. IF THE PROJECT IS NOT COMPLETED WITHIN ONE YEAR, AN INTERIM REPORT IS DUE. GRANTS FROM DONOR-ADVISED FUNDS AS WELL AS ORGANIZATION FUNDS ARE NOT MONITORED.

Additional Data

Software ID:
Software Version:
EIN: 61-1517784
Name: NORTHSHORE COMMUNITY FOUNDATION

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

(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
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	44,636	0			SUPPORT FALLEN FIRST RESPONDERS (POLICE, FIRE & EMT) AND MILITARY PERSONNEL
MUSCULAR DYSTROPHY ASSOCIATION POST OFFICE BOX 7410354 CHICAGO, IL 60674	13-1665552	501(C)(3)	11,500	0			GENERAL SUPPORT

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

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THE INTERNATIONAL COUNCIL OF SHOPPING CENTERS FOUNDATION INC 1251 AVE OF THE AMERICAS 45TH FLOOR NEW YORK, NY 10020	13-3525440	501(C)(3)	50,000	0			SUPPORT THE MAURIN-OGDEN TULANE TALENT INCUBATOR FUND
AMERICAN HEART ASSOCIATION INC 110 VETERANS BOULEVARD SUITE 160 METAIRIE, LA 70005	13-5613797	501(C)(3)	5,250	0			GENERAL SUPPORT, SUPPORT CIRCLE OF RED, SUPPORT OF THE 2021 HEART WALK, AND SUPPORT GO RED FOR WOMEN

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LEUKEMIA AND LYMPHOMA SOCIETY INC - CENTRAL (GULF COAST) POST OFFICE BOX 772395 DETROIT, MI 48277	13-5644916	501(C)(3)	5,100	0			SUPPORT STUDENT OF THE YEAR CAMPAIGN
LOUISIANA FRATERNAL ORDER OF POLICE FOUNDATION POST OFFICE BOX 1479 ABITA SPRINGS, LA 70420	20-3484575	501(C)(3)	10,000	0			SUPPORT THE FRATERNAL ORDER OF POLICE CRESCENT CITY LODGE'S FOP FAMILY FUND

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LOUISIANA DISCOVERY MUSEUM INC 113 NORTH CYPRESS STREET HAMMOND, LA 70401	20-5251359	501(C)(3)	8,000	0			REPAIR WATER DAMAGE TO FACILITY AND REPLACE AWNING AND SIGN THAT WAS DESTROYED IN STORM
LCTCS FOUNDATION 265 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	20-5432053	501(C)(3)	20,000	0			SUPPORT STUDENTS PURSUING CAREERS AS CERTIFIED NURSING ASSISTANTS

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MARY BIRD PERKINS CANCER CENTER 1203 SOUTH TYLER STREET COVINGTON, LA 70433	23-7010520	501(C)(3)	26,100	0			GENERAL SUPPORT, SUPPORT OF NORTSHORE INVESTOR COLLECTIVE, AND SUPPORT OF THERAPEUTIC PANTRY
RICHARD MURPHY HOSPICE HOUSE INC 1109 SOUTH CHESTNUT STREET HAMMOND, LA 70403	26-0480698	501(C)(3)	10,000	0			PROVIDE FUNDS TO REPLACE GENERATOR AT FACILITY LOST DURING HURRICANE

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

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PELICAN INSTITUTE FOR PUBLIC POLICY 400 POYDRAS STREET SUITE 900 NEW ORLEANS, LA 70130	26-1704791	501(C)(3)	10,000	0			SUPPORT SMART ON CRIME LOUISIANA
COMMUNITY CHEST INC 2220 EAST GABRIEL SQUARE LAKE CHARLES, LA 70611	26-2163645	501(C)(3)	9,400	0			PURCHASE CRIBS TO REDUCE INFANT MORTALITY BY PROVIDING A SAFE SLEEP ENVIRONMENT FOR INFANTS

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

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FULLER CENTER DISASTER REBUILDERS INC 955 SOUTH MORRISON BLVD HAMMOND, LA 70404	26-3704583	501(C)(3)	30,000	0			PROVIDE FUNDIS TO REPAIR/REBUILD 25 HOMES DAMAGED IN IDA FOR LOW INCOME RESIDENTS
THE GINGER FORD - NORTHSHORE FULLER CENTER FOR HOUSING INC PO BOX 2726 955 SOUTH MORRISON BLVD HAMMOND, LA 70404	26-4235331	501(C)(3)	20,100	0			GENERAL SUPPORT AND FOR SERVICES AND SUPPLIES TO BE USED FOR EMERGENCY CLEANING, TREE REMOVAL AND REPAIRS TO HOUSES DAMAGED IN IDA

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HOPE HOTEL 3923 MARTIN LUTHER KING JR BOULEVARD NEW ORLEANS, LA 70125	27-2083749	501(C)(3)	300,000	0			SUPPORT KITCHEN AND DINING ROOM RENOVATIONS
GRANT'S GIFT FOUNDATION INC 70447 RIVERSIDE DRIVE COVINGTON, LA 70433	30-0804062	501(C)(3)	9,500	0			SUPPORT OF CHILDREN WITH SPECIAL NEEDS IMPACTED BY HURRICANE IDA, PROVIDE A BACKUP GENERATOR FOR A SPECIAL NEEDS CHILD TO PROVIDE A CONSTANT SOURCE OF POWER FOR THE VENTILATOR, AND CHRISTMAS GIFTS FOR FAMILIES WITH SPECIAL NEEDS CHILDREN

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HUNTERS FOR THE HUNGRY A NON PROFIT CORPORATION 11019 PERKINS ROAD SUITE C BATON ROUGE, LA 70810	32-0093034	501(C)(3)	6,000	0			GENERAL SUPPORT
MONASTERY OF ST JOSEPH & ST TERESA OF THE DISCALCED CARMELITES OF NEW ORL 73530 RIVER ROAD COVINGTON, LA 70435	32-0596201	501(C)(3)	10,000	0			GENERAL SUPPORT

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FAMILY PROMISE OF ST TAMMANY PARISH 513 MICHIGAN AVENUE SLIDELL, LA 70458	35-2489888	501(C)(3)	15,000	0			GENERAL SUPPORT AND PROVIDE FUNDING FOR THE COMPLETION OF THE WILLIE PARETTI DAY CENTER
ST TAMMANY HOSPITAL FOUNDATION 1202 SOUTH TYLER STREET COVINGTON, LA 70433	37-1458857	501(C)(3)	46,000	0			SUPPORT THE PEDIATRIC HEALING ARTS INITIATIVE, SUPPORT MOBILE CANCER SCREENINGS, SUPPORT THE ST. TAMMANY CANCER CENTER, THERAPEUTIC FOOD PANTRY, AND GENERAL SUPPORT.

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EMPLOYEE ASSISTANCE FOUNDATION 100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802	45-2478986	501(C)(3)	50,000	0			SUPPORT THE EMPLOYEE ASSISTANCE PROGRAM OF BARRIERE CONSTRUCTION COMPANY
CHILDREN'S MUSEUM OF ST TAMMANY INC 21404 KOOP DRIVE MANDEVILLE, LA 70471	45-3788694	501(C)(3)	7,750	0			SUPPORT THE VITALS SURVEY, SPONSOR 2021 CHALK FEST, PROVIDE FUNDING TO OFFER RESPITE, FOOD AND WATER AT NO CHARGE TO PUBLIC ON SEPTEMBER 10TH AND 11TH, SUPPORT LIVE IT, LEARN IT, LOVE IT EVENT, AND GENERAL SUPPORT

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NORTHSHORE COLLEGE ENHANCEMENT FOUNDATION 65556 CENTERPOINT BLVD LACOMBE, LA 70445	47-3038507	501(C)(3)	35,000	0			PROVIDE MICRO GRANTS (UP TO \$500) TO STUDENTS OR STAFF WHO HAVE/HAD IDA RELATED EMERGENCY NEEDS
AMERICAN NATIONAL RED CROSS - SOUTHEAST LOUISIANA CHAPTER 2640 CANAL STREET NEW ORLEANS, LA 70119	53-0196605	501(C)(3)	5,700	0			PROVIDE CLEANING SUPPLIES, MEDICATION, EYEGASSES, MEDICAL EQUIPMENT TO THOSE EFFECTED BY IDA AND GENERAL SUPPORT

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WESTERN CAROLINA COMMUNITY ACTION INC POST OFFICE BOX 685 HENDERSONVILLE, NC 28793	56-0846319	501(C)(3)	10,000	0			SUPPORT THE SUMMER CAMP PROGRAM AT THE HILLVIEW CHILDREN'S CENTER
THE SAINT PAULS SCHOOL FOUNDATION 917 SOUTH JAHNCKE STREET COVINGTON, LA 70433	58-1638895	501(C)(3)	14,900	0			SPONSOR THE GOLF TEAM, SUPPORT THE PRESIDENT'S ANNUAL FUND, SPONSOR GOLF TOURNAMENT DRIVING RANGE, AND SUPOORT THE BUILDING FUND

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COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)(3)	10,000	0			GENERAL SUPPORT AND SUPPORT OF PIZZA NIGHT FOR 12 MONTHS, AND SUPPORT THE 2021 SLEEP OUT
NAMI ST TAMMANY POST OFFICE BOX 2055 MANDEVILLE, LA 70470	58-1866671	501(C)(3)	12,400	0			GENERAL SUPPORT

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CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS 1000 HOWARD AVENUE SUITE 200 NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	25,000	0			ARCHBISHOP HANNAH COMMUNITY APPEAL
LCMC HEALTH CHILDREN'S HOSPITAL INC 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	5,200	0			PROCEEDS FROM BAYOU RELIEF CONCERT TO SUPPORT EFFORTS TO BUILD, SUSTAIN AND EMPOWER STRONG LOUISIANA FAMILIES, SPECIFICALLY FOR BEHAVIORAL HEALTH SERVICES

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OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH607 PHILANTHROPY DEPARTMENT NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	520,000	0			SUPPORT OF THE OCHSNER NEUROSCIENCE INSTITUTE CAPITAL CAMPAIGN, THE OCHSNER EMPLOYEE ASSISTANCE FUND, AND GENERAL SUPPORT
ST TAMMANY HUMANE SOCIETY DBA NORTSHORE HUMANE SOCIETY 20384 HARRISON AVENUE COVINGTON, LA 70433	72-0543369	501(C)(3)	5,400	0			SUPPORT THE COST OF EVACUATION OF ANIMALS AND SUPPLIES AND SHELTER FOR INFLUX OF STRAY ANIMALS DUE TO THE HURRICANE AND GENERAL SUPPORT

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

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CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE INC 1900 SOUTH ACADIAN THRUWAY BATON ROUGE, LA 70808	72-0590685	501(C)(3)	115,000	0			PROVIDE SUPPLIES SUCH AS WATER, MEALS, TARPS, GENERATORS, GAS AND SUPPORT THE IMMEDIATE NEEDS OF SHELTER TO EVACUEES AND LOCALS WHO HAVE LOST THEIR HOMES IN TANGIPAHOA AND ST. HELENA PARISHES DUE TO HURRICANE IDA
ST GENEVIEVE ROMAN CATHOLIC CHURCH 58025 ST GENEVIEVE LANE SLIDELL, LA 70460	72-0597662	501(C)(3)	12,000	0			GENERAL SUPPORT

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COVINGTON PRESBYTERIAN CHURCH POST OFFICE BOX 819 COVINGTON, LA 70434	72-0628311	RELIGIOUS ORGANIZATI	10,000	0			GENERAL SUPPORT
FIRST BAPTIST CHURCH COVINGTON 16333 HIGHWAY 1085 COVINGTON, LA 70433	72-0636568	RELIGIOUS ORGANIZATI	26,500	0			PROVIDE ASSISTANCE TO FAMILIES WITH A CHILD WHO HAS A DISABILITY, THE ANNIE ARMSTRONG OFFERING, SUPPORT HURRICANE IDA RELIEF, SUPPORT THE KENTUCKY BAPTIST TORNADO RELIEF AND LOTTIE MOON CHRISTMAS OFFERING

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PARTICULAR COUNCIL OF ST VINCENT DE PAUL OF BATON ROUGE LOUISIANA POST OFFICE BOX 127 BATON ROUGE, LA 70821	72-0646911	501(C)(3)	10,000	0			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH HAMMOND 2200 RUE DENISE HAMMOND, LA 70403	72-0695723	501(C)(3)	10,000	0			GENERAL SUPPORT

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SPECIAL OLYMPICS LOUISIANA INC 46 LOUIS PRIMA DRIVE SUITE A COVINGTON, LA 70433	72-0706608	501(C)(3)	5,100	0			GENERAL SUPPORT
VIA LINK INC 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	72-0706669	501(C)(3)	5,100	0			PROVIDE FUNDING TO CONTINUE RESPONDING TO CRISIS CALLS AND DISASTER RESPONSE NEEDS AND GENERAL SUPPORT

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VOLUNTEERS OF AMERICA OF SOUTHEAST LOUISIANA 4152 CANAL STREET NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	6,000	0			GENERAL SUPPORT AND SUPPORT THE REACH FOR THE STARS SOCIETY
STARC OF LOUISIANA INC 40201 HWY 190 EAST SLIDELL, LA 70461	72-0727074	501(C)(3)	10,100	0			PROVIDE FUNDING TO STAFFING FOR EMERGENCY CARE FOR DISABLED CLIENTS IN ST. TAMMANY AND GENERAL SUPPORT

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SOUTHEAST LOUISIANA LEGAL SERVICES CORPORATION POST OFFICE DRAWER 2867 HAMMOND, LA 70404	72-0877422	501(C)(3)	35,700	0			FUNDS TO PROVIDE LONG-TERM DISASTER RELATED LEGAL NEEDS TO HURRICANE IDA SURVIVORS
POPE JOHN PAUL II HIGH SCHOOL 1901 JAGUAR DRIVE SLIDELL, LA 70461	72-0894550	501(C)(3)	115,000	0			PROVIDE FUNDS FOR IMPROVEMENTS OF LIBRARY TO CREATE INDOOR AND OUTDOOR LEARNING SPACES

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HABITAT FOR HUMANITY ST TAMMANY WEST 1400 NORTH LANE MANDEVILLE, LA 70471	72-0921695	501(C)(3)	33,700	0			GENERAL SUPPORT, SUPPORT OF LEADERSHIP BUILD - WOMEN BUILD, PROVIDE 6 QUALIFIED HOMEOWNERS FUNDS TO PAY DEDUCTIBLE AMOUNTS FOR HOME REPAIRS AND GENERAL SUPPORT
YOUTH SERVICE BUREAU OF ST TAMMANY 430 NORTH NEW HAMPSHIRE COVINGTON, LA 70433	72-0933867	501(C)(3)	27,000	0			SUPPORT THE OPTIONS PROGRAM WHICH WILL PROVIDE 22 ADOLESCENTS MENTAL HEALTH SERVICES AND 36 CARETAKERS WITH PARENTING SESSIONS.

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ST LUKE THE EVANGELIST ROMAN CATHOLIC CHURCH 910 CROSS GATES BOULEVARD SLIDELL, LA 70461	72-0947538	501(C)(3)	22,500	0			PROVIDE FUNDS TO PURCHASE WINN DIXIE FOOD GIFT CARDS AND SUPPLIES SUCH AS DIAPERS, FORMULA VOUCHERS, GAS VOUCHERS AND FAST FOOD VOUCHERS. FUNDS WILL ALSO BE USED TO COVER RENT, UTILITIES AND MEDICAL NEEDS FOR THOSE WHO HAVE LOST WORK DUE TO THE STORM, SUPPORT THE FIRST STEP CRISIS PROGRAM AND ADDITIONAL COMPUTERS TO INCREASE CAPACITY TO SERVE CLIENTELE
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	15,500	0			GENERAL SUPPORT

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EAST ST TAMMANY RAINBOW CHILDCARE CENTER POST OFFICE BOX 1534 SLIDELL, LA 70459	72-1028297	501(C)(3)	7,600	0			PROVIDE FUNDING TO REPAIR OUR FENCE, REPLACE DAMAGED PLAYGROUND EQUIPMENT NECESSARY TO MAINTAIN OUR LICENSE, AND FOOD LOST DURING THE STORM AND GENERAL SUPPORT
NORTHSHORE FOOD BANK 125 WEST 30TH AVENUE COVINGTON, LA 70433	72-1028539	501(C)(3)	20,165	0			GENERAL SUPPORT AND SUPPORT OF THE NORTHSHORE TURKEY TROT

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COMMUNITY CHRISTIAN CONCERN OF SLIDELL POST OFFICE BOX 3125 SLIDELL, LA 70459	72-1050312	501(C)(3)	7,500	0			SUPPORT FOOD PANTRY AND TEMPORARY SHELTER FOR THOSE AFFECTED BY STORM
PONTCHARTRAIN CONSERVANCY POST OFFICE BOX 6965 METAIRIE, LA 70009	72-1152784	501(C)(3)	10,000	0			SUPPORT THE RE-ESTABLISHMENT OF DECENTRALIZED WASTEWATER SYSTEMS DUE TO LOSS OF POWER IN HURRICANE IDA

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

(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
OPTIONS INC 19362 WEST SHELTON ROAD HAMMOND, LA 70401	72-1161001	501(C)(3)	36,000	0			PROVIDE EMERGENCY CARE FOR DISABLED CLIENTS IN TANGIPAHOA, PROVIDE FUNDS TO REPLACE THE DISASTER SHELTER WITH A WHOLE HOUSE GENERATOR AND TWO AIR-CONDITIONING UNITS, AND GENERAL SUPPORT
LAKE PONTCHARTRAIN BASIN MARITIME MUSEUM 133 MABEL DRIVE MADISONVILLE, LA 70447	72-1200018	501(C)(3)	10,467	0			SUPPORT REPAIR OF WIND DAMAGE TO THE MUSEUM AND STABILIZE THE LIGHTHOUSE KEEPERS COTTAGE DAMAGED IN THE STORM

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

(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
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	124,000	0			SUPPORT AMERICAN SPIRIT AWARDS, HURRICANE IDA RESPONSE FUND, SUPPORT PURCHASE OF MAGAZINE STREET PROPERTY, SUPPORT THE PATRIOT'S CIRCLE, AND GENERAL SUPPORT
EAST ST TAMMANY HABITAT FOR HUMANITY POST OFFICE BOX 2952 SLIDELL, LA 70459	72-1204556	501(C)(3)	20,000	0			PROVIDE FUNDS FOR OPERATION RESTORATION TO PROVIDE HOMEOWNERS IMPACTED BY IDA WITH DIRECT PAYMENTS TO CONTRACTORS, DIRECT MORTGAGE PAYMENTS

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

(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
ST TAMMANY PARISH DEVELOPMENT DISTRICT 21489 KOOP DRIVE SUITE 7 MANDEVILLE, LA 70471	72-1243325	170(C)(1)	88,841	0			SUPPORT WORK ON PROSPECT DEVELOPMENT PROJECTS, PROVIDE FUNDS FOR MAINTENANCE OF OFFICE SPACE, SUPPORT OF A CYBERSECURITY ASSESSMENT, PROVIDE MATCHING FUNDS FOR US EDA GRANT TO STIMULATE INDUSTRIAL AND COMMERCIAL GROWTH, SUPPORT THE DEVELOPMENT, DRAFTING AND IMPLEMENTATION OF MICRO-PILOT PROGRAM, SUPPORT THE NORTSHORE RESILIENCY COLLABORATIVE INITIATIVE, AND GENERAL SUPPORT
CHILDREN'S ADVOCACY CENTER HOPE HOUSE POST OFFICE BOX 1852 COVINGTON, LA 70434	72-1271514	501(C)(3)	31,600	0			SUPPORT THE END OF THE CYCLE OF CHILD ABUSE IN OUR COMMUNITY, COMMUNITY PARTNER SUPPORT, PROVIDE FUNDS FOR TREE REMOVAL AND CLEANUP OF THE FACILITY FOLLOWING HURRICANE IDA, PROVIDE THERAPEUTIC COUNSELING SERVICE TO CHILD VICTIMS OF ABUSE, AND GENERAL SUPPORT

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

(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
OUR DAILY BREAD FOOD BANK OF TANGIPAHOA POST OFFICE BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)(3)	10,000	0			PROVIDE WATER, ICE AND FEEDING IN TANGIPAHOA PARISH
NORTH CROSS UNITED METHODIST CHURCH 311 LA 21 MADISONVILLE, LA 70447	72-1454601	501(C)(3)	9,038	0			SUPPORT FAITH-BASED EFFORTS THAT BUILD THE ST. TAMMANY COMMUNITY.

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

(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
ST TAMMANY PARISH SCHOOL BOARD 321 NORTH THEARD STREET COVINGTON, LA 70433	72-6001305	501(C)(3)	27,380	0			SUPPORT THE EDUCATIONAL WELL-BEING OF ST. TAMMANY PARISH KIT STUDENTS AND/OR THEIR PARENTS AND GUARDIANS, SUPPORT GIRLS ON THE RUN PROGRAM, AND SUPPORT A GARDEN PROJECT AT PITCHER JUNIOR HIGH SCHOOL
LSU FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	72-6020969	501(C)(3)	27,000	0			SUPPORT THE PRESIDENTIAL SCHOLARSHIP AND GENERAL SUPPORT

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

(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
SOUTHEASTERN DEVELOPMENT FOUNDATION INC SLU BOX 10703 HAMMOND, LA 70402	72-6028821	501(C)(3)	45,100	0			PROVIDE MICRO GRANTS (UP TO \$500) TO STUDENTS OR STAFF WHO HAVE/HAD IDA RELATED EMERGENCY NEEDS AND SUPPORT THE G. HOOD FUND FOR VISUAL ARTS
CHRIST'S COMMUNITY CHURCH POST OFFICE BOX 1113 DENHAM SPRINGS, LA 70726	74-3133792	501(C)(3)	10,000	0			SUPPORT FOR HURRICANE AND FLOOD VICTIMS

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

(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
SANTA FE COMMUNITY FOUNDATION POST OFFICE BOX 1827 SANTA FE, NM 87504	85-0303044	501(C)(3)	15,000	0			SUPPORT THE LAS COMPANAS COMMUNITY FUNDS

Schedule J
(Form 990)

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHSHORE COMMUNITY FOUNDATION

Employer identification number
61-1517784

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.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 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	No
b	Any related organization?	5b	No
	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	No
b	Any related organization?	6b	No
	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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
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	No
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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 SUSAN BONNETT BOURGEOIS PRESIDENT & CEO	(i)	165,000	0	0	18,150	991	184,141	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHSHORE COMMUNITY FOUNDATION

Employer identification number
61-1517784

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	23	1,207,957	FMV
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 ▶ (<u>RAFFLE ITEMS</u>)	X	7	8,429	FMV
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 IV, 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?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BATON ROUGE AREA FOUNDATION, AS THE SUPPORTED ORGANIZATION, APPOINTS THE DIRECTORS OF THE NORTHSHORE COMMUNITY FOUNDATION BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AFTER COMPLETION OF IRS FORM 990, DRAFT COPIES ARE PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AND THE TREASURER OF THE FOUNDATION. THE TREASURER REVIEW THE DRAFT FORM 990 AND NECESSARY CHANGES ARE MADE ON THE FORM. ONCE ALL NECESSARY CHANGES ARE MADE AND THE TREASURER AGREES TO THE VERACITY OF THE INFORMATION PRESENTED IN IT, IT WILL BE RECOMMENDED FOR APPROVAL BY THE BOARD OF DIRECTORS. THE FORM WILL BE SIGNED BY THE PRESIDENT AND CEO (OR OTHER APPROPRIATE REPRESENTATIVE OF THE FOUNDATION), DATED AND SUBMITTED TO THE IRS BY THE FILING DEADLINE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON SHALL ALL DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL OR CONFLICTING INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE BOARD OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION, ARRANGEMENT, OR RELATIONSHIP. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION, ARRANGEMENT, OR RELATIONSHIP WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTIONS, ARRANGEMENT, OR RELATIONSHIP IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE FOUNDATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGMENT IN CONFORMITY WITH SUCH DETERMINATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT BOARD APPROVES THE CEO COMPENSATION. OUTSIDE SOURCES OF INFORMATION INCLUDING FORM 990 OF OTHER ORGANIZATIONS ARE USED TO DETERMINE THE LEVEL AS WELL AS EXPECTATIONS. THE BOARD MAINTAINS CONTEMPORANEOUS DOCUMENTATION WITH RESPECT TO DELIVERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. THE CEO THEN SETS COMPENSATION FOR ALL OTHER STAFF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

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

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

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

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

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

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

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

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

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	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-1517784
Name: NORTHSHORE COMMUNITY FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802 72-6030391	GRANT MAKING	LA	501(C)(3)	LINE 7	N/A		No
450 MAIN STREET BATON ROUGE, LA 70802 58-2019715	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
PO BOX 3038 MILWAUKEE, WI 53201 72-6092736	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
PO BOX 690 DONALDSONVILLE, LA 70346 72-1303806	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
4171 ESSEN LANE BATON ROUGE, LA 70809 72-1406374	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
8183 W EL CAJON BATON ROUGE, LA 70815 30-0169264	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
450 MAIN STREET BATON ROUGE, LA 70802 20-4146236	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
PO BOX 82724 BATON ROUGE, LA 70884 20-0665987	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802 20-4265927	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
PO BOX 1806 BATON ROUGE, LA 70821 72-1494869	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
POST OFFICE BOX 3125 LAKE CHARLES, LA 70602 72-1508036	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No
100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802 45-2478986	SUPPORT ORG	LA	501(C)(3)	LINE 11	BRAF		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BCBC SHOPPES LLC 450 MAIN STREET BATON ROUGE, LA 70802 38-3993641	REAL ESTATE	LA	CPDC PROPERTIES	N/A				No			No	
5401 NORTH INVESTMENTS I LLC 450 MAIN STREET BATON ROUGE, LA 70802 38-4045235	REAL ESTATE	LA	CP REALTY TRUST	N/A				No			No	
5401 CFN I LLC 450 MAIN STREET BATON ROUGE, LA 70802 83-1285927	REAL ESTATE	LA	5401 NORTH INVESTMENTS I LLC	N/A				No			No	
5401 NORTH INVESTMENTS III LLC 450 MAIN STREET BATON ROUGE, LA 70802 35-2647126	REAL ESTATE	LA	WMF					No			No	
CANCER FOCUS FUND 2450 HOLCOMBE BLVD HOUSTON, TX 77021 83-2801543	INVESTMENT	LA	BRAF	N/A				No			No	
CPRT QOF I LLC 450 MAIN STREET BATON ROUGE, LA 70801 84-2069965	REAL ESTATE	LA	CP REALTY TRUST	N/A				No			No	
CPRT QOZB I LLC 450 MAIN STREET BATON ROUGE, LA 70801 84-2076325	REAL ESTATE	LA	CP REALTY TRUST	N/A				No			No	
CPRT QOZB II LLC 450 MAIN STREET BATON ROUGE, LA 70801 85-3162313	REAL ESTATE	LA	CP REALTY TRUST	N/A				No			No	
KANNAPOLIS CROSSING 450 MAIN STREET BATON ROUGE, LA 70801 84-3924118	REAL ESTATE	LA	CP REALTY TRUST	N/A				No			No	
CPDC PROPERTIES LP 450 MAIN STREET BATON ROUGE, LA 70801 72-1553510	REAL ESTATE	LA	CP REALTY TRUST					No			No	
5401 NORTH LLC 450 MAIN STREET BATON ROUGE, LA 70801 20-8307307	REAL ESTATE	LA	WILBUR MARVIN FOUNDATION					No			No	
CPRT AMERICANA LLC 450 MAIN STREET BATON ROUGE, LA 70801 47-1677217	REAL ESTATE	LA	CP REALTY TRUST					No			No	
BCBC LAND LLC 450 MAIN STREET BATON ROUGE, LA 70801 26-2113124	REAL ESTATE	LA	CPDC PROPERTIES					No			No	
TRANSBIO VENTURES LP 820 GARRETT DRIVE BOSSIER CITY, LA 71111 81-2879574	INVESTMENT	LA	BRAF					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
BON CARRE CPDC II INC 450 MAIN STREET BATON ROUGE, LA 70801 20-8661741	HOLDING CORP	LA	CP REALTY TRUST	C						No
CHARITABLE REMAINDER TRUSTS (8) 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	N/A	T						No
CHARITABLE REMAINDER TRUSTS (1) 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	NC	N/A	T						No
CHARITABLE REMAINDER TRUSTS (3) 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	N/A	T						No
GRAY FOX MINERAL CORPORATION 100 NORTH STREET STE 900 BATON ROUGE, LA 70802 72-0779122	INVESTMENT	LA	BRAF	S						No
FRONT STREET CONDOMINIUM ASSOCIATION INC 450 MAIN STREET BATON ROUGE, LA 70801 47-4003649	CONDO ASSOCIATION	LA	CP REALTY TRUST	C						No
5401 NORTH COMMERCIAL OWNERS ASSOCIATION 3605 GLENWOOD AVE STE 500 RALEIGH, NC 27612 38-4094200	COMMERCIAL ASSOCIATION	NC	CP REALTY TRUST	C						No
COMMERCIAL PROPERTIES REALTY TRUST 450 MAIN STREET BATON ROUGE, LA 70801 86-1086905	REAL ESTATE	LA	WILBUR MARVIN FOUNDATION	C						No
CAPITAL HOUSE HOTEL LLC 450 MAIN STREET BATON ROUGE, LA 70801 32-0105872	REAL ESTATE	LA	WILBUR MARVIN FOUNDATION	C						No
COMMERCIAL PROPERTIES DEVELOPMENT CORP 450 MAIN STREET BATON ROUGE, LA 70801 72-0594391	REAL ESTATE	LA	COMMERCIAL PROPERTIES MANAGEMENT CORP	C						No
COMMERCIAL PROPERTIES MANAGEMENT CORP 450 MAIN STREET BATON ROUGE, LA 70801 72-0594389	REAL ESTATE MANAGEMENT	LA	WILBUR MARVIN FOUNDATION	C						No