PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-30-96

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

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

C Name of organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2 TOWER PLACE, EXECUTIVE PARK

City or town, state or province, country, and ZIP or foreign postal code
ALBANY, NY 12203

F Name and address of principal officer: JOHN EBERLE
SAME AS C ABOVE

D Employer identification number
14-1505623

E Telephone number
518-446-9638

G Gross receipts $ 27,082,404.

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.CFGCR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1968 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	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)	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-12,777.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,168,387.	4,876,980.
	9	Program service revenue (Part VIII, line 2g)	131,477.	149,179.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,678,448.	6,345,167.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,031.	-16,336.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,281.	11,354,990.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,332,248.	6,523,651.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,119,831.	1,115,526.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 195,257.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	959,558.	1,067,632.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,411,637.	8,706,809.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,451,356.	2,648,181.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	110,463,310.	119,822,415.
	21	Total liabilities (Part X, line 26)	4,605,129.	5,308,092.
	22	Net assets or fund balances. Subtract line 21 from line 20	105,858,181.	114,514,323.

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

JOHN EBERLE, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JEREMY COLE	JEREMY COLE	09/25/25	☐	P00436330

Firm's name BST & CO. CPAS, LLP — Firm's EIN 14-1442607

Firm's address 10 BRITISH AMERICAN BLVD
LATHAM, NY 12110 — Phone no. (518)459-6700

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 X

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses $ 7,170,364. including grants of $ 6,523,651.) (Revenue $ 149,179.)
SEE SCHEDULE O.

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

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

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

4e Total program service expenses 7,170,364.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NY, CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

TERRY D. MARIANO, CFO - 518-446-9638

2 TOWER PLACE, EXECUTIVE PARK, ALBANY, NY 12203

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN G. EBERLE PRESIDENT & CEO	40.00			X				213,056.	0.	27,825.
(2) TERRY D. MARIANO CFO	40.00			X				149,698.	0.	21,508.
(3) MINDY DEROSIA VICE PRESIDENT, DEVELOPMENT	40.00					X		119,503.	0.	6,728.
(4) SHELLY CONNOLLY VICE PRESIDENT, COMMUNITY GRANTMAKIN	40.00					X		114,051.	0.	6,559.
(5) JENNA CUILLA DIRECTOR, ADVANCEMENT OPERATIONS	40.00					X		101,050.	0.	5,506.
(6) ALICIA LASCH IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(7) ROBERT T. HENNES TREASURER	1.00	X		X				0.	0.	0.
(8) BELINDA HILTON CHAIR	2.00	X		X				0.	0.	0.
(9) ROBERT S. REYNOLDS, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(10) CHRISTOPHER L. CIMIJOTTI, CPA DIRECTOR	1.00	X						0.	0.	0.
(11) JEAN BEDELL, CPA VICE CHAIR	2.00	X		X				0.	0.	0.
(12) M. CHRISTIAN BENDER DIRECTOR	1.00	X						0.	0.	0.
(13) ELDON HARRIS DIRECTOR	1.00	X						0.	0.	0.
(14) EILEEN MCLOUGHLIN DIRECTOR	1.00	X						0.	0.	0.
(15) MEAGHAN E. MURPHY, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(16) MURRAY CARL MASSRY DIRECTOR	1.00	X						0.	0.	0.
(17) CHESTER OPALKA 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 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) AIMEE DAKE DIRECTOR	1.00	X						0.	0.	0.
(19) HEIDI KNOBLAUCH, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(20) DAVID HOLLANDER DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT F. AUDI, CPA DIRECTOR	1.00	X						0.	0.	0.
(22) ALEX ZHANG, CPA DIRECTOR	1.00	X						0.	0.	0.
(23) WALTER THORNE DIRECTOR	1.00	X						0.	0.	0.
(24) DAVID CRAFT, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(25) BRENDA OSORIO DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								697,358.	0.	68,126.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								697,358.	0.	68,126.

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	82,498.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,794,482.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			4,876,980.		
Program Service Revenue			Business Code				
	2a	FEES FOR SERVICE	561000		149,179.	149,179.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			149,179.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,385,260.		-12,777.	2398037.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	19,653,385.			
	b	Less: cost or other basis and sales expenses	7b	15,693,478.			
	c	Gain or (loss)	7c	3,959,907.			
	d	Net gain or (loss)			3,959,907.			3959907.
	8a	Gross income from fundraising events (not including $ 82,498. of contributions reported on line 1c). See Part IV, line 18	8a	17,600.				
	b	Less: direct expenses	8b	33,936.				
	c	Net income or (loss) from fundraising events			-16,336.			-16,336.
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions			11,354,990.	149,179.	-12,777.	6341608.

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	5,827,769.	5,827,769.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	695,882.	695,882.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	412,087.	88,051.	263,816.	60,220.
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	586,107.	330,209.	171,767.	84,131.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,068.	19,783.	6,911.	3,374.
9 Other employee benefits	15,057.	13,675.		1,382.
10 Payroll taxes	72,207.	33,418.	29,836.	8,953.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,004.		10,004.	
c Accounting	39,296.		39,296.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	637,685.		637,685.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	33,377.	26,660.	5,526.	1,191.
12 Advertising and promotion	31,575.		31,575.	
13 Office expenses	12,947.	3,690.	8,268.	989.
14 Information technology				
15 Royalties				
16 Occupancy	123,753.	57,273.	51,135.	15,345.
17 Travel	5,150.	2,383.	2,128.	639.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,238.	8,630.	4,438.	2,170.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,621.	9,081.	8,107.	2,433.
23 Insurance	23,146.	1,073.	21,785.	288.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT LEASES/MAINT	60,014.	27,775.	24,798.	7,441.
b PROF. DEVELOPMENT	54,044.	25,012.	22,331.	6,701.
c FILING FEES	1,782.		1,782.	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,706,809.	7,170,364.	1,341,188.	195,257.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	702,326.	1	775,815.
	2	Savings and temporary cash investments	935,368.	2	770,014.
	3	Pledges and grants receivable, net	403,323.	3	219,692.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,413.	9	45,475.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 207,352.			
	b	Less: accumulated depreciation — 10b: 150,264.	65,559.	10c	57,088.
	11	Investments - publicly traded securities	68,054,930.	11	73,277,420.
	12	Investments - other securities. See Part IV, line 11	38,825,572.	12	42,993,306.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,448,819.	15	1,683,605.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	110,463,310.	16	119,822,415.
Liabilities	17	Accounts payable and accrued expenses	46,725.	17	85,555.
	18	Grants payable	114,989.	18	164,209.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,443,415.	25	5,058,328.
	26	**Total liabilities.** Add lines 17 through 25	4,605,129.	26	5,308,092.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	41,009,823.	27	44,478,949.
	28	Net assets with donor restrictions	64,848,358.	28	70,035,374.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	105,858,181.	32	114,514,323.
	33	Total liabilities and net assets/fund balances	110,463,310.	33	119,822,415.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,354,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,706,809.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,648,181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105,858,181.
5	Net unrealized gains (losses) on investments	5	5,951,986.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	55,975.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	114,514,323.

Part XII Financial Statements and Reporting

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

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

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

2024

Open to Public Inspection

Name of the organization	Employer identification number
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	14-1505623

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5742558.	18220903.	9584370.	5168387.	4876980.	43593198.
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	5742558.	18220903.	9584370.	5168387.	4876980.	43593198.
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)						4240897.
6 **Public support.** Subtract line 5 from line 4.						39352301.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5742558.	18220903.	9584370.	5168387.	4876980.	43593198.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1162813.	1406076.	1630989.	1995005.	2398037.	8592920.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,990.	10,061.	128,196.	-41,706.	-12,777.	85,764.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		51,270.	46,915.	14,240.	17,600.	130,025.
11 **Total support.** Add lines 7 through 10						52401907.

12 Gross receipts from related activities, etc. (see instructions)	12	708,517.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	75.10 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	76.23 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number
14-1505623

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number
14-1505623

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,000,305.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 487,082.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 295,546.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 211,201.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number
14-1505623

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 177,429.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 170,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 107,420.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 106,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 101,436.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number
14-1505623

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 99,931.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 99,383.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number
14-1505623

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

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

Name of organization: THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number: 14-1505623

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

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	14-1505623

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		2,250.
j Total. Add lines 1c through 1i			2,250.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:
PAYMENT TO A THIRD PARTY FOR LOBBYING SERVICES.

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number 14-1505623

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	213	
2	Aggregate value of contributions to (during year)	3,804,110.	
3	Aggregate value of grants from (during year)	4,174,980.	
4	Aggregate value at end of year	32,029,670.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	70,604,415.	61,853,837.	71,284,850.	51,222,338.	46,290,439.
b Contributions	1,086,337.	1,031,529.	5,970,280.	13,062,621.	1,079,063.
c Net investment earnings, gains, and losses	7,880,956.	8,932,771.	-12,945,237.	8,911,821.	5,662,341.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,876,276.	1,213,722.	2,456,056.	1,911,930.	1,809,505.
f Administrative expenses					
g End of year balance	76,695,432.	70,604,415.	61,853,837.	71,284,850.	51,222,338.

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

a Board designated or quasi-endowment 10.2825 %
b Permanent endowment 68.6323 %
c Term endowment 21.0851 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		207,352.	150,264.	57,088.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				57,088.

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) COMMINGLED/OTHER		
(B) INVESTMENTS	42,993,306.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	42,993,306.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY LIABILITY	159,929.
(3) AGENCY ENDOWMENTS	4,644,818.
(4) OPERATING LEASE LIABILITY	253,581.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	5,058,328.

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

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	16,759,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	5,951,986.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	55,975.		
e	Add lines 2a through 2d			2e	6,007,961.
3	Subtract line 2e from line 1			3	10,751,241.
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	637,685.		
b	Other (Describe in Part XIII.)	4b	-33,936.		
c	Add lines 4a and 4b			4c	603,749.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	11,354,990.

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	8,103,060.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	33,936.		
e	Add lines 2a through 2d			2e	33,936.
3	Subtract line 2e from line 1			3	8,069,124.
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	637,685.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	637,685.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	8,706,809.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:
THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF VARIOUS FUNDS AND INVESTMENTS OVERSEEN BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS WITH ASSISTANCE BY AN INDEPENDENT ADVISOR. ENDOWMENT FUNDS ARE USED TO SUPPORT THE COMMUNITY FOUNDATION, AND ITS PROGRAM SERVICES, AS WELL AS TO SUPPORT OTHER ORGANIZATIONS AND SCHOLARS WITHIN THE GREATER CAPITAL REGION.

PART X, LINE 2:
THE COMMUNITY FOUNDATION FILES FORM 990 ANNUALLY WITH THE INTERNAL REVENUE SERVICE. WHEN ANNUAL RETURNS ARE FILED, SOME TAX POSITIONS TAKEN ARE HIGHLY CERTAIN TO BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHER TAX POSITIONS ARE SUBJECT TO UNCERTAINTY ABOUT THE TECHNICAL MERITS OF THE POSITION OR AMOUNT OF THE POSITION'S TAX BENEFIT THAT WOULD ULTIMATELY BE SUSTAINED. MANAGEMENT EVALUATED THE COMMUNITY FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE COMMUNITY FOUNDATION HAS TAKEN NO TAX POSITIONS THAT REQUIRED ADJUSTMENT IN THEIR FINANCIAL STATEMENTS AS OF DECEMBER 31, 2024 OR 2023.

THE COMMUNITY FOUNDATION HAS TAXABLE UNRELATED BUSINESS INCOME RELATED TO INVESTMENT HOLDINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF SPLIT INTEREST FUNDS 55,975.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE	-33,936.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE	33,936.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number
14-1505623

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		9,246,917.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,745,010.
3 a Subtotal	0	0			10,991,927.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,991,927.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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

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

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

3 Enter total number of other organizations or entities .....

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

SCHEDULE G (Form 990)

(Rev. December 2024)

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, line 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

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number: 14-1505623

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 nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a 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? Yes	No	**(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
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.

		(a) Event #1 ANNUAL CELEBRATION (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	100,098.			100,098.
	2 Less: Contributions	82,498.			82,498.
	3 Gross income (line 1 minus line 2)	17,600.			17,600.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	13,001.			13,001.
	8 Entertainment				
	9 Other direct expenses	20,935.			20,935.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,936.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-16,336.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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 the 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 to be 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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number: 14-1505623

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
518 ELEVATED 1218 CENTRAL AVENUE SUITE 203 ALBANY, NY 12205	14-1823014	501(C)(3)	7,322.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
A DAPPLE A DAY EQUINE CENTER 16 FOX FARM ROAD QUEENSBURY, NY 12305	86-1293763	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12305	22-3084628	501(C)(3)	14,000.	0.			GRANTS DIRECTED BY CFGCR: FOR THE SYMPOSIUM AND TRAINING WEBINARS
ALBANY BLACK CHAMBER OF COMMERCE FOUNDATION, INC - 141 WASHTINGTON AVE - ALBANY, NY 12305	74-3186476	501(C)(3)	27,958.	0.			GRANTS DIRECTED BY CFGCR: FOR THE LONELY ENTREPRENEUR TECHNICAL SUPPORT FOR ABC MEMBERS
ALBANY COUNTY HISTORICAL ASSOCIATION I TEN BROECK MANSION - 9 TEN BROECK PLACE - ALBANY, NY 12305	14-6048668	501(C)(3)	54,140.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
ALBANY FUND FOR EDUCATION PO BOX 3110 ALBANY, NY 12305	14-1810885	501(C)(3)	10,976.	0.			GRANTS DIRECTED BY CFGCR: BUILDING SCHOOL-HOME CONNECTIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 248.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12305	14-1343061	501(C)(3)	22,906.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE ALBANY, NY 12305	14-6023119	501(C)(3)	9,605.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12305	14-1484756	501(C)(3)	5,589.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
BINDLESTIFF FAMILY VARIETY ARTS, INC. - 210 TANNERS LANE - HUDSON, NY 12305	14-6035512	501(C)(3)	5,000.	0.			GRANTS DIRECTED BY CFGCR: BFVA COARC CIRKUS PROGRAM
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12305	14-1338574	501(C)(3)	13,000.	0.			GRANTS DIRECTED BY CFGCR: FOR CONFLICT RESOLUTION
BRING ON THE SPECTRUM, INC. 71 FULLER ROAD #6 ALBANY, NY 12305	84-5002321	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: BRING ON THE SPECTRUM GENERAL OPERATING
BROADALBIN - PERTH CENTRAL SCHOOL DISTRICT - 10 BRIDGE STREET - BROADALBIN, NY 12305	46-0908223	501(C)(3)	5,198.	0.			GRANTS DIRECTED BY CFGCR: WALLEYE RESEARCH PROJECT-PHASE 5
CANCODE COMMUNITIES 75 TROY ROAD EAST GREENBUSH, NY 12305	81-2893882	501(C)(3)	16,000.	0.			GRANTS DIRECTED BY CFGCR: FOR THE IHEART TRAINING
CAPITAL AREA URBAN LEAGUE 45 COLVIN AVENUE ALBANY, NY 12305	27-0209459	501(C)(3)	10,036.	0.			GRANTS DIRECTED BY CFGCR: FOR TWO YEARS OF RENT SUPPORT AT 45 COLVIN AVE.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL CITY RESCUE MISSION PO BOX 1999 ALBANY, NY 12305	56-2663290	501(C)(3)	29,165.	0.			GRANTS DIRECTED BY CFGCR: FREE MEDICAL CLINIC
CAPITAL DISTRICT LATINOS, INC. 160 CENTRAL AVENUE ALBANY, NY 12305	45-3647494	501(C)(3)	40,850.	0.			GRANTS DIRECTED BY CFGCR: WELLBEING360: COMPREHENSIVE DISEASE PREVENTION PROGRAM
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD SUITE 101 - ALBANY, NY 12305	13-3841519	501(C)(3)	16,000.	0.			GRANTS DIRECTED BY CFGCR: FOR THE NYCON EXECUTIVE DIRECTOR LEADERSHIP TRAINING
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD ALBANY, NY 12305	14-1726531	501(C)(3)	17,550.	0.			GRANTS DIRECTED BY CFGCR: EMPOWERING THE REFUGEE & IMMIGRANT COMMUNITY
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12305	14-1733312	501(C)(3)	13,460.	0.			GRANTS DIRECTED BY CFGCR: FOR AED TRAINING
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12305	14-1596291	501(C)(3)	48,484.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12305	14-1637304	501(C)(3)	8,500.	0.			GRANTS DIRECTED BY CFGCR: STEHP (SOLUTIONS TO END HOMELESSNESS PROGRAM) EXTENSION
CEK RN CONSULTING, INC. 1 STEUBEN PLACE ALBANY, NY 12305	82-1265913	501(C)(3)	12,024.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
COLUMBIA COUNTY RECOVERY KITCHEN PO BOX 268 HUDSON, NY 12305	84-1376613	501(C)(3)	5,000.	0.			GRANTS DIRECTED BY CFGCR: HEALTHY MEALS FOR THE HOMELESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMFORT FOOD COMMUNITY PO BOX 86 GREENWICH, NY 12305	46-4583890	501(C)(3)	68,000.	0.			GRANTS DIRECTED BY CFGCR: COMFORT FOOD AS MEDICINE
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE ALBANY, NY 12305	14-1778951	501(C)(3)	19,096.	0.			GRANTS DIRECTED BY CFGCR: FOR HEALTHY ELDERS, HEALTHY COMMUNITIES AND SERVICES
CONNECT CENTER FOR YOUTH 49 JOHNSTON AVE COHOES, NY 12305	45-4737831	501(C)(3)	15,500.	0.			GRANTS DIRECTED BY CFGCR: CONNECT PANTRY
CROSSROADS CENTER FOR CHILDREN 395 BECKER DRIVE PRINCETOWN, NY 12305	14-1809027	501(C)(3)	15,760.	0.			GRANTS DIRECTED BY CFGCR: A BUILDING OF OUR OWN
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12305	14-1752888	501(C)(3)	5,000.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
EMPIRE STATE YOUTH ORCHESTRA 45 MACARTHUR DR. SCHENECTADY, NY 12305	22-2317557	501(C)(3)	5,803.	0.			GRANTS DIRECTED BY CFGCR: CHIME AMPLIFY OUR VOICE PROJECT
EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC. - 3 WASHINGTON SQUARE - ALBANY, NY 12305	11-6107128	501(C)(3)	14,000.	0.			GRANTS DIRECTED BY CFGCR: FOR THE AMERICAN EPILEPSY SOCIETY CONFERENCE IN LOS ANGELES, CA
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12305	14-1437421	501(C)(3)	15,202.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC. - 32 ESSEX STREET - ALBANY, NY 12305	32-0160439	501(C)(3)	45,000.	0.			GRANTS DIRECTED BY CFGCR: HEALTHY PANTRY INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FIVE RIVERS 56 GAME FARM ROAD DELMAR, NY 12305	87-3935246	501(C)(3)	5,410.	0.			GRANTS DIRECTED BY CFGCR: RECHARGE POND UPGRADE
GRASSLAND BIRD TRUST 12 SPRING STREET SCHUYLERVILLE, NY 12305	27-4846966	501(C)(3)	8,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
GRASSROOT GIVERS, INC. 522 WASHINGTON AVENUE ALBANY, NY 12305	80-0267317	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: GRASSROOT GIVERS CLOTHING PROGRAM
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12305	14-1708404	501(C)(3)	6,696.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
HOME EARTH ALLIANCE 98 SALISBURY ROAD DELMAR, NY 12305	87-2438182	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: IMAGINE NATIVE PLANT FARM
HOMELESS AND TRAVELERS AID SOCIETY (HATAS) - 138 CENTRAL AVENUE - ALBANY, NY 12305	22-2603255	501(C)(3)	5,317.	0.			GRANTS DIRECTED BY CFGCR: CAPITAL REGION FURNITURE BANK
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY ROAD QUEENSBURY, NY 12305	53-0204707	501(C)(3)	40,000.	0.			GRANTS DIRECTED BY CFGCR: FOOD AS MEDICINE
HUDSON TACONIC LANDS PO BOX 790 AVERILL PARK, NY 12305	14-6035043	501(C)(3)	13,500.	0.			GRANTS DIRECTED BY CFGCR: INCREASING THE PACE OF LAND CONSERVATION IN RENSSELAER COUNTY
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12305	22-2427015	501(C)(3)	100,000.	0.			GRANTS DIRECTED BY CFGCR: FOR THE APPLIED TECHNOLOGY EDUCATION CENTER (ATEC)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IPHNY, INC. 176 SHERIDAN AVENUE ALBANY, NY 12305	87-4475140	501(C)(3)	11,000.	0.			GRANTS DIRECTED BY CFGCR: IPH DANIELLE'S HOUSE
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12305	22-2515091	501(C)(3)	8,128.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12305	14-1636163	501(C)(3)	11,934.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
JUSTICE FOR ORPHANS INC. 38 FARES RD. RAVENA, NY 12305	47-5472441	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
KOINONIA PRIMARY CARE, INC. 553 CLINTON AVENUE ALBANY, NY 12305	20-1347748	501(C)(3)	5,000.	0.			GRANTS DIRECTED BY CFGCR: IN HONOR OF DR. BOB, OUR 2024 BEACON OF LIGHT AWARDEE
LITERACY VOLUNTEERS OF RENSSELAER COUNTY - 65 FIRST STREET - TROY, NY 12305	23-7330119	501(C)(3)	16,000.	0.			GRANTS DIRECTED BY CFGCR: FOR FUND DEVELOPMENT SUPPORT
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE STREET ALBANY, NY 12305	22-2318286	501(C)(3)	13,500.	0.			GRANTS DIRECTED BY CFGCR: FOR THE COMPREHENSIVE SEL TRAINING PROGRAM
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30 - MECHANICVILLE, NY 12305	14-1536118	501(C)(3)	45,933.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
MISSION ACCOMPLISHED TRANSITION SERVICES - 430 FRANKLIN STREET, 2ND FLOOR - SCHENECTADY, NY 12305	46-0861110	501(C)(3)	6,114.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEURAL STEM CELL INSTITUTE 150 NEW SCOTLAND AVE ALBANY, NY 12305	53-0242652	501(C)(3)	11,700.	0.			GRANTS DIRECTED BY CFGCR: COMPUTING RESOURCES FOR BIOINFORMATICS AND MICROSCOPIC IMAGING AND
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12305	14-1338302	501(C)(3)	10,483.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
NURSES MIDDLE COLLEGE-CAPITAL REGION - 99 WASHINGTON AVE - REAR - RENSSELAER, NY 12305	84-3473896	501(C)(3)	15,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12305	81-2724904	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM STREET - ALBANY, NY 12305	27-1216514	501(C)(3)	60,000.	0.			GRANTS DIRECTED BY CFGCR: HEALTHY SOUTH END INITIATIVE
REFUGEE WELCOME CORPORATION 488 ELK STREET ALBANY, NY 12305	81-2233661	501(C)(3)	15,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, INC. - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12305	22-2470885	501(C)(3)	9,543.	0.			GRANTS DIRECTED BY CFGCR: EQUITABLE ACCESS TO HEALTHY FOODS IN MONTGOMERY COUNTY
RUSSELL SAGE COLLEGE 65 1ST STREET TROY, NY 12305	14-1338488	501(C)(3)	16,000.	0.			GRANTS DIRECTED BY CFGCR: EVERY CAMPUS A REFUGE GATHERING
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12305	14-1664693	501(C)(3)	13,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHENECTADY COMMUNITY ACTION PROGRAM - 913 ALBANY STREET - SCHENECTADY, NY 12305	14-1459277	501(C)(3)	6,000.	0.			GRANTS DIRECTED BY CFGCR: COMMUNITY RESOURCE NETWORKS EMERGENCY FUND
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12305	14-1818532	501(C)(3)	6,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING SUPPORT
SENIOR CITIZENS CENTER OF SARATOGA SPRINGS, INC. - 290 WEST AVE. SUITE 1 - SARATOGA SPRINGS, NY 12305	14-1458762	501(C)(3)	25,000.	0.			GRANTS DIRECTED BY CFGCR: BUILDING A HEALTHIER SENIOR COMMUNITY
SENIOR HOPE COUNSELING, INC. 650 WARREN STREET ALBANY, NY 12305	02-0570419	501(C)(3)	11,580.	0.			GRANTS DIRECTED BY CFGCR: A SENIOR-SPECIFIC OUTPATIENT APPROACH TO OPIOID AND STIMULANT
SERVANTS OF THE WORD, DBA THE OPEN DOOR - 226 WARREN STREET - GLENS FALLS, NY 12305	22-2212538	501(C)(3)	5,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
SIDEWALK WARRIORS TROY, INC. 35 STATE STREET TROY, NY 12305	87-4729754	501(C)(3)	6,000.	0.			GRANTS DIRECTED BY CFGCR: 2024 SIDEWALK WARRIORS
SOUTH END CHILDREN'S CAFE, INC PO BOX 10581 ALBANY, NY 12305	82-3434643	501(C)(3)	9,600.	0.			GRANTS DIRECTED BY CFGCR: FOR TRAINING TO CREATE AN EQUITABLE COMMUNITY PROGRAM
SPECIAL OLYMPICS NEW YORK 94 KARNER ROAD ALBANY, NY 12305	23-7061382	501(C)(3)	15,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12305	14-1338455	501(C)(3)	6,250.	0.			GRANTS DIRECTED BY CFGCR: SENSORY EQUIPMENT FOR CHILDREN

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ST. PAUL'S CENTER, INC. PO BOX 589 RENSSELAER, NY 12305	56-2499960	501(C)(3)	11,000.	0.			GRANTS DIRECTED BY CFGCR: HOUSING OPTIONS FOR SENIORS 55+
SUNHEE'S COMMUNITY PLACE, INC. 173 4TH ST TROY, NY 12305	82-5261516	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12305	14-1338579	501(C)(3)	9,860.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
THE CHILDREN'S MUSEUM AT SARATOGA 65 SOUTH BROADWAY SARATOGA SPRINGS, NY 12305	14-1739210	501(C)(3)	8,000.	0.			GRANTS DIRECTED BY CFGCR: COURTYARD PLAY SPACE
THE COMMUNITY BUILDERS 8 W 38TH STREET NEW YORK, NY 12305	14-1338371	501(C)(3)	40,000.	0.			GRANTS DIRECTED BY CFGCR: HEALTH-FULL HOMES
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12305	14-1343055	501(C)(3)	8,325.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE - ALBANY, NY 12305	14-1503972	501(C)(3)	16,787.	0.			GRANTS DIRECTED BY CFGCR: FOR SPONSORSHIP OF THE NYS WRITERS INSTITUTE EVENT
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12305	14-1340122	501(C)(3)	66,191.	0.			GRANTS DIRECTED BY CFGCR: FOR URBAN GRIEF
TRINITY LUTHERAN CHURCH 42 GUY PARK AVENUE AMSTERDAM, NY 12305	23-7179485	501(C)(3)	6,500.	0.			GRANTS DIRECTED BY CFGCR: COMFORT ZONE MISSION

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UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12305	23-2378930	501(C)(3)	12,175.	0.			GRANTS DIRECTED BY CFGCR: FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12305	14-6000805	501(C)(3)	13,287.	0.			GRANTS DIRECTED BY CFGCR: SOCIAL DETERMINANTS OF HEALTH AND MICRO SPEND PROGRAM
WALTER ELWOOD MUSEUM 100 CHURCH STREET AMSTERDAM, NY 12305	22-2380788	501(C)(3)	6,000.	0.			GRANTS DIRECTED BY CFGCR: 2024 EDUCATIONAL PROGRAMING FOR CHILDREN
WARRIORS ON WHEELS 32 MARWOOD STREET ALBANY, NY 12305	14-1759164	501(C)(3)	5,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
WATERVLIET CIVIC CHEST, INC. 14TH STREET & 1ST. AVENUE WATERVLIET, NY 12305	14-1387856	501(C)(3)	14,650.	0.			GRANTS DIRECTED BY CFGCR: FOOD IS FUEL
WESLEY FOUNDATION, INC. 131 LAWRENCE STREET SARATOGA SPRINGS, NY 12305	22-3642737	501(C)(3)	15,000.	0.			GRANTS DIRECTED BY CFGCR: NEW THERAPY ROOM
WHITNEY M. YOUNG, JR. HEALTH CENTER - 920 LARK DRIVE - ALBANY, NY 12305	53-0242992	501(C)(3)	15,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING - ALBANY HEALTH CENTER CAPACITY BUILDING
YOUNG PARENTS UNITED, INC. 34 JAY STREET SUITE 1A SCHENECTADY, NY 12305	13-3862213	501(C)(3)	10,000.	0.			GRANTS DIRECTED BY CFGCR: GENERAL OPERATING
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	10,250.	0.			GRANTS DIRECTED BY CFGCR: SAFE JOURNEYS TO NEW BEGINNINGS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFORDABLE HOUSING PARTNERSHIP OF THE CAPITAL REGION, INC. - 255 ORANGE STREET - ALBANY, NY 12210	14-1724900	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: SUPPORT THE SOUTH END COMMUNITY
AGAPE APOSTOLIC CHURCH OF DELIVERANCE - 1010 MADISON AVE - TROY, NY 12180	80-0312279	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE BREAD OF LIFE FOOD PANTRY FOR
ALBANY CENTER GALLERIES, INC. 488 BROADWAY SUITE 107 ALBANY, NY 12207	14-1672333	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: SUMMER ART FEST - AN INTERACTIVE, IMMERSIVE
ALBANY LAW SCHOOL 80 NEW SCOTLAND ALBANY, NY 12208	14-1338309	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE WOMEN'S LEADERSHIP INITIATIVE &
COMPASSION AND CHOICES PO BOX 485 ETNA, NH 03750	52-1326014	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR A CONTRIBUTION IN HONOR OF GEORGE C. STONEY
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD, NJ 07631	22-1487165	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ANNUAL SUPPORT
FLAUM EYE INSTITUTE 300 EAST RIVER RD, BOX 278996 ROCHESTER, NY 14627	23-7309978	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR COMMUNITY OUT REACH
FREEDOM FORUM, INC. 2300 WILSON BLVD., SUITE 100 ARLINGTON, VA 22201	54-1604427	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICED USE
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICED USE

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

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GOV NELSON A ROCKEFELLER EMPIRE STATE PLAZA PERFORMING ARTS CENTER - AGENCY BUILDING 1, S MALL ARTERIAL - ALBANY, NY 12203	16-0743209	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: THE EGG X SOUTH ASIAN ARTS SERIES
HISTORIC ST. AGNES CEMETERY 48 CEMETERY AVE. MENANDS, NY 12204	27-0246295	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
JOHN'S ISLAND COMMUNITY SERVICE LEAGUE - 4445 N. HIGHWAY A1A, SUITE 234 - VERO BEACH, FL 32963-1807	59-1978180	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT
KIDZFIRST YOUTH DEVELOPMENT 41 ASPEN CIRCLE ALBANY, NY 12208	16-6054295	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
KOINONIA PRIMARY CARE, INC. 553 CLINTON AVENUE ALBANY, NY 12206	20-1347748	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ELEVATOR UPGRADE
LASALLE INSTITUTE 174 WILLIAMS ROAD TROY, NY 12180	14-1338447	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
NATIONAL WOMEN'S HISTORY MUSEUM 800 CONNECTICUT AVE NW 3RD FLOOR WASHINGTON, DC 20006	54-1801426	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
OLD SONGS, INC. PO BOX 466 VOORHEESVILLE, NY 12186	22-2173973	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: THE OLD SONGS FESTIVAL OF TRADITIONAL MUSIC AND
ORGANIZATION OF ADIRONDACK ROWERS AND SCULLERS, INC. DBA ALBANY ROWING CENTER - P.O. BOX 857 (HUDSON AVENUE) - ALBANY, NY	14-1670428	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: SUPPORT FOR 2024 HEAD OF THE HUDSON REGATTA

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OUR LADY OF MT. CARMEL CHURCH 39 SAINT JOHN STREET AMSTERDAM, NY 12010	14-1338357	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ST. MICHAELS CEMETERY ROAD REPAIR
PAULIST FATHERS 415 WEST 59TH STREET NEW YORK, NY 10019	04-3567502	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ST. MARY'S ON THE LAKE, LAKE GEORGE, NY
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR BENEFACTOR MEMBERSHIP LEVEL
ROOTS AND ACTION PO BOX 366252 SAN JUAN, PR 00936-6252	66-0931439	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SENIOR CITIZENS CENTER OF SARATOGA SPRINGS, INC. - 290 WEST AVE. SUITE 1 - SARATOGA SPRINGS, NY 12020	14-1458762	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ADDING ACCESS-ABILITY DOOR OPENERS TO THE NEW
ST. ANNE INSTITUTE 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CAPITAL CAMPAIGN
ST. JOHN'S UNIVERSITY SCHOOL OF LAW - 8000 UTOPIA PARKWAY - QUEENS, NY 11439	11-1630830	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE HUGH CAREY DISPUTE MEDIATION PROGRAM
ST. PIUS X SCHOOL 63 CRUMITIE ROAD LOUDONVILLE, NY 12211	16-0806894	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: UNRESTRICTED USE
STEAMER NO. 10 THEATRE, INC. 500 WESTERN AVENUE ALBANY, NY 12203	14-1718518	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: THEATRICAL LIGHTING SYSTEM REPLACEMENT

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THE HUMANE FARMING ASSOCATION PO BOX 3577 SAN RAFAEL, CA 94912	68-0087989	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT AS A GOLD SOCIETY DIRECTOR
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1557371	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
WOMEN'S CENTER 8230 OLD COURTHOUSE RD, STE. 500 VIENNA, VA 22182	23-7423496	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
WOODLAND HILL MONTESSORI SCHOOL 100 MONTESSORI PLACE RENSSELAER, NY 12144	14-1495852	501(C)(3)	5,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
ALBANY COUNTY HISTORICAL ASSOCIATION | TEN BROECK MANSION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	5,068.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
FRIENDS OF ALBANY RURAL CEMETERY CEMETERY AVENUE ALBANY, NY 12204	83-3544482	501(C)(3)	5,100.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ALBANY RURAL CEMETARY
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	27-3521132	501(C)(3)	5,100.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
FORDHAM UNIVERSITY 441 E FORDHAM ROAD BRONX, NY 10458-9993	14-1829415	501(C)(3)	5,250.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE FEERICK CENTER FOR SOCIAL JUSTICE

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HISTORIC CHERRY HILL 523 1/2 SOUTH PEARL STREET ALBANY, NY 12202-1111	14-1482741	501(C)(3)	5,250.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR RUNRESTRICTED
SAFE, INC. OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075	501(C)(3)	5,300.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
JUNIOR LEAGUE OF ALBANY, INC. P.O. BOX 5533 ALBANY, NY 12205	14-1431718	501(C)(3)	5,370.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	14-1514566	501(C)(3)	5,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE 1884 FUND
ALBANY FUND FOR EDUCATION PO BOX 3110 ALBANY, NY 12203	14-1810885	501(C)(3)	5,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: "HUNGER DOESN'T TAKE A SUMMER VACATION"
TERESIAN HOUSE FOUNDATION, INC. 200 WASHINGTON AVENUE EXT. ALBANY, NY 12203	14-1539594	501(C)(3)	5,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	5,600.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,700.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
ALBANY BARN INC 56 SECOND STREET ALBANY, NY 12210	14-1609398	501(C)(3)	5,850.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: ALBANY BARN, INC. X NISKAYUNA PROGRAMMING

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SARATOGA SPRINGS RECREATION DEPARTMENT - 15 VANDERBILT AVENUE - SARATOGA SPRINGS, NY 12866	82-5330036	501(C)(3)	5,939.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR NEW EQUIPMENT FOR THE TENNIS PROGRAM
FARM SANCTUARY PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	6,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: CUELTY & VIOLENCE BIRDS AND OTHER ANIMALS
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309-5317	14-6009381	501(C)(3)	6,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE 2024 MURRAY AWARD
ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	6,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	6,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
CENTER FOR LAW AND JUSTICE WASHINGTON AVE EXT. ALBANY, NY 12205	22-3078866	501(C)(3)	6,090.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ALICE B. MOORE CULTURAL BLACK ARTS
CAPITAL REGION VETERANS MEMORIAL PROJECT - 9 GLENDALE RD - GLENVILLE, NY 12302	83-1925523	501(C)(3)	6,147.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: REMAINDER OF PLEDGE FOR 3 PARK BENCHES
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 240 W LAWRENCE STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	6,200.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
518 ELEVATED 1218 CENTRAL AVENUE SUITE 203 ALBANY, NY 12205	14-1823014	501(C)(3)	6,300.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: GO SUPPORT THE SCHENECTADY HIGH SCHOOL

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EAST SIDE NEIGHBORHOOD RECREATION CENTER, INC - 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	6,363.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUND - 1270 BELMONT AVENUE - SCHENECTADY, NY	14-1338386	501(C)(3)	6,450.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
COMMUNITY FOUNDATION OF OTSEGO COUNTY - PO BOX 55 - SPRINGFIELD CENTER, NY 13468	84-2243769	501(C)(3)	6,665.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR FAM FUNDS F/B/O COMMUNITY FOUNDATION OF
ISRAEL AME CHURCH 381 HAMILTON STREET ALBANY, NY 12210	31-1624692	501(C)(3)	6,851.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
FAMILIES IN NEED OF ASSISTANCE 69 BROOKLINE AVE ALBANY, NY 12203	76-0588762	501(C)(3)	7,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY - 405 WASHINGTON AVE. - ALBANY, NY 12206	14-1509821	501(C)(3)	7,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	7,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: RESCUE COLLECTIVE LEADER
NISKAYUNA HIGH SCHOOL 1626 BALLTOWN ROAD SCHENECTADY, NY 12309	14-6009381	501(C)(3)	7,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNIFIED BOCCE COURTS
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	7,150.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CHILDREN'S HOLIDAY PROGRAM

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THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE - ALBANY, NY 12222	14-1503972	501(C)(3)	7,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
TOWN OF NISKAYUNA ONE NISKAYUNA CIRCLE NISKAYUNA, NY 12309-4381	14-1808431	501(C)(3)	7,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR NISKAYUNA NATIONAL NIGHT OUT
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVE. EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	7,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE. THANKS TO AMY DRUCKER!
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	7,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
RED BOOKSHELF, INC. 1 STEUBEN PLACE ALBANY, NY 12207	81-1450799	501(C)(3)	7,600.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE IN MEMORY OF JONATHAN
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	7,700.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE AWG CLUBHOUSE
MOHAWK HUDSON LAND CONSERVANCY 195 NEW KARNER ROAD ALBANY, NY 12205	14-1754157	501(C)(3)	7,800.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	8,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
BREAD FOR THE WORLD INSTITUTE 425 3RD STREET SW, SUITE 1200 WASHINGTON, DC 20024	51-0175510	501(C)(3)	8,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE

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EAST GREENBUSH EDUCATION FOUNDATION - 29 ENGLEWOOD AVENUE - EAST GREENBUSH, NY 12061	41-1518616	501(C)(3)	8,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CHRISTOPHER BASCOM MEMORIAL
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	501(C)(3)	8,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	8,005.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SOUTH END NEIGHBORHOOD TUTORS, INC. - 20 RENSSELAER STREET - ALBANY, NY 12202	47-5260073	501(C)(3)	8,056.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	8,300.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	8,300.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
LIBERTY FOUNDATION INC 43 LIBERTY DR AMSTERDAM, NY 12010	14-1759246	501(C)(3)	8,346.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR GIVING TUESDAY
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38101	62-0646012	501(C)(3)	8,400.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
PARK PLAYHOUSE 58 REMSEN STREET COHOES, NY 12047	14-1717464	501(C)(3)	8,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE

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OUTWARD BOUND CALIFORNIA 548 MARKET STREET SAN FRANCISCO, CA 94104-5401	26-4206241	501(C)(3)	8,800.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR JOSHUA TREE BACKPACKING AND ROCK
NISKAYUNA REFORMED CHURCH 3041 TROY ROAD NISKAYUNA, NY 12309	14-1416685	501(C)(3)	9,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: GENERAL FUND AND HERITAGE FUND
SALVATION ARMY SCHENECTADY - EVANGELINE BOOTH MIRACLE HOME - 168 LAFAYETTE STREET - SCHENECTADY, NY 12305	13-5562351	501(C)(3)	9,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	9,280.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FROM STEVE AND DENISE GONICK FOR FINAL
MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION - 415 CROSSWAYS PARK DRIVE SOUTH SUITE D - WOODBURY, NY 11797	31-1611837	501(C)(3)	9,660.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
AVERILL PARK EDUCATION FOUNDATION PO BOX 56 AVERILL PARK, NY 12018	31-1764167	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
BALLSTON SPA JUNIOR BASEBALL LEAGUE - PO BOX 172 - BALLSTON SPA, NY 12020	30-0631023	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR CAPITAL IMPROVEMENTS
BRING ON THE SPECTRUM, INC. 71 FULLER ROAD #6 ALBANY, NY 12205	84-5002321	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR FOR NEW/UPDATED SENSORY GYM EQUIPMENT
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD. 2ND FLOOR ALBANY, NY 12205	14-1726531	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR CAMP CHINGACHGOOK

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

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CATHEDRAL OF ALL SAINTS 62 SOUTH SWAN STREET ALBANY, NY 12210	14-1338336	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
JEWISH FEDERATION OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVENUE EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
JUSTICE FOR ORPHANS INC. 38 FARES RD. RAVENA, NY 12143	47-5472441	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
KUPONA FOUNDATION 26 F CONGRESS ST. #352 SARATOGA SPRINGS, NY 12866	26-4371825	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: $7000 FOR FISTULA OPERATIONS AND $3000 FOR
LUKEN DAILY BREAD FOOD PANTRY INC 1247 STATE ST REAR SCHENECTADY, NY 12304	93-2661674	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: LUDEN FOOD PANTRY
MASSENA HOSPITAL FOUNDATION 1 HOSPITAL DRIVE MASSENA, NY 13662	04-2104702	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE EMERGENCY DEPARTMENT
MISSION ACCOMPLISHED TRANSITION SERVICES - 430 FRANKLIN STREET, 2ND FLOOR - SCHENECTADY, NY 12305	46-0861110	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR YOUTH SCHOLARSHIPS
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION - PO BOX 89 - SARANAC LAKE, NY 12983	22-7316021	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR OPPORTUNITY SCHOLARSHIPS
OXFAM AMERICA 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114-2206	23-7069110	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE

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SARATOGA CHILDREN'S THEATRE PO BOX 3487 SARATOGA SPRINGS, NY 12866	14-1465932	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE NEW AC EQUIPMENT
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY E SUITE 400 FAIRFIELD, CT 06825	16-1518884	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SOCIAL AND ENVIRONMENTAL ENTREPENEURS - 23564 CALABASAS ROAD SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SCHOLARSHIPS TO THE OPPORTUNITIES EXCHANGE
THE LOOMIS CHAFFEE SCHOOL 4 BATCHELDER ROAD WINDSOR, CT 06095	26-2199680	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	10,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	10,100.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE DECEMBER TOY PROGRAM
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	10,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
THE CHILDREN'S MUSEUM AT SARATOGA 65 SOUTH BROADWAY SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	10,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FUNDING FOR ROCK WALL PLAY ELEMENT OF THE NEW
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	10,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE REVITALIZATION OF THE

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ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	11,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR BECKY'S HOUSE
TIGER WOODS FOUNDATION 15440 LAGUNA CANYON RD. IRVINE, CA 92618	20-0677815	501(C)(3)	11,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
BETHESDA HOUSE OF SCHENECTADY, INC. - 834 STATE STREET - SCHENECTADY, NY 12307	31-1645415	501(C)(3)	11,354.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
CORNELL UNIVERSITY BOX 37334 BOONE, IA 50037-0334	15-0532082	501(C)(3)	11,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR MEN'S ICE HOCKEY
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	11,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: IN SUPPORT OF THE RENAISSANCE 150 CAMPAIGN
TRU HEART, INC. 201 PARK AVENUE ALBANY, NY 12202	47-1454179	501(C)(3)	11,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE MAKINGS OF A MAN AWARD
ALBANY WATERWAY INC. PO BOX 2142 ALBANY, NY 12220	88-2772114	501(C)(3)	12,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459	501(C)(3)	12,300.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	12,393.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ROY M. HERSHEY '68 ENDOWED LEGACY

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ALZHEIMER'S ASSOCIATION OF NORTHEASTERN NEW YORK - 1003 NEW LOUDON RD. - COHOES, NY 12047	13-3039601	501(C)(3)	12,451.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: IN MEMORY OF JOHN ZONGRONE
MONSIGNOR SCANLAN HIGH SCHOOL 915 HUTCHINSON RIVER PKWY BRONX, NY 10465	81-1682516	501(C)(3)	12,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE IN MEMORY OF ELIZABETH
LAKE GEORGE OPERA FESTIVAL, INC. OPERA SARATOGA - 19 ROOSEVELT DRIVE, SUITE 215 - SARATOGA SPRINGS, NY 12866	13-2505803	501(C)(3)	12,700.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE OPERA SARATOGA EDUCATIONAL PROGRAM
EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	13,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE NAMING OF TWO SEATS IN NEW WALLACE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY, INC. - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728	501(C)(3)	13,160.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	13,657.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
WELLSPRING 2816 STATE HIGHWAY 9 MALTA, NY 12020	14-1644567	501(C)(3)	13,850.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
RUMI CENTER INC 10712 EAST HOPE DR SCOTTSDALE, AZ 85259	11-3555297	501(C)(3)	14,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: THE READING BEE 10K AND HEALTH AND WELLNESS
BETHLEHEM CENTRAL SCHOOL DISTRICT 700 DELEWARE AVENUE, BCSD BUSINESS DELMAR, NY 12054	14-6001259	501(C)(3)	14,062.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SENIOR SCHOLARSHIPS

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HOMELESS AND TRAVELERS AID SOCIETY (HATAS) - 138 CENTRAL AVENUE - ALBANY, NY 12206	22-2603255	501(C)(3)	14,183.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE FURNITURE BANK
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	14,950.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE PURCHASE OF A STORAGE SHED
NORTH COUNTRY CHILDREN'S MUSEUM 10 RAYMOND STREET POTSDAM, NY 13676	90-0905305	501(C)(3)	15,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE KIDS' STAGE THEATER EXHIBIT
VILLAGE OF FORT EDWARD CANAL STREET MARKET PLACE INC - PO BOX 86 - FORT EDWARD, NY 12828	11-2646839	501(C)(3)	15,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE RENOVATION OF THE BAND SITE AND COMMUNITY
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION - 194 LIVINGSTON AVENUE - ALBANY, NY 12210	56-2389806	501(C)(3)	16,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE 20TH ANNIVERSARY CELEBRATION: ARIAS IN THE
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	16,440.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE INSTALLATION OF WATER FOUNTAINS
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338574	501(C)(3)	16,648.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SOUTH END CHILDREN'S CAFE, INC PO BOX 10581 ALBANY, NY 12201	82-3434643	501(C)(3)	17,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUMMER PROGRAMMING
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	17,800.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE

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THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	17,800.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE MARTHA WALSH PULVER POET IN RESIDENCE
ST. PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	13-1656685	501(C)(3)	18,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
WMHT EDUCATIONAL TELECOMMUNICATIONS, INC. - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	18,350.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR AN ANNUAL CONTRIBUTION
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	19,050.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
FRANKLIN COMMUNITY CENTER 95 WASHINGTON STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	19,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR PROJECT LIFT SUMMER PROGRAMS
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	20,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
HOWARD & BUSH FOUNDATION 2 BELLE AVENUE TROY, NY 12180	14-6050436	501(C)(3)	20,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CAMPAIGN FOR COMMUNITY SUPPORT
JUSTICE FOR MIGRANT FAMILIES 371 DELAWARE AVE BUFFALO, NY 14202	84-1966379	501(C)(3)	20,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
METROLAND INC. 1 STEUBEN PLACE ALBANY, NY 12207	26-2414132	501(C)(3)	20,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR START UP FUNDS

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SARATOGA SPRINGS HIGH SCHOOL 1 BLUE STREAK BLVD. SARATOGA SPRINGS, NY 12866	14-6004187	501(C)(3)	20,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ANNUAL PULVER SCHOLARSHIP AWARD
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	20,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	20,835.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ANNUAL CONTRIBUTION PLUS
SCHOLASTIC TALENT SHOWCASE INC 23A WALKER WAY COLONIE, NY 12205	84-3910903	501(C)(3)	21,380.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SPORTS TURF
SARATOGA SPRINGS PRESERVATION FOUNDATION - 112 SPRING STREET SUITE 203 - SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	21,600.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE 128-130 CLINTON STREET PROJECT
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	22,250.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CLASSICAL KIDS PROGRAM
GREENVILLE CENTRAL SCHOOL PO BOX 129 GREENVILLE, NY 12083	57-6000234	501(C)(3)	23,853.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FIELD TRIP TO THE CLOISTERS
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	16-1528554	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: HEALTHCARE IN THE ADIRONDACKS
ARTS LETTERS AND NUMBERS INC. 20 BEEKMAN PLACE APT PHB NEW YORK CITY, NY 10022	46-3277754	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR A PLEDGE TOWARD A MATCH FOR THE BUILDOUT OF

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CAMPAIGN FOR SARATOGA 250, INC 125 HIGH ROCK AVENUE SARATOGA SPRINGS, NY 12866	20-4927897	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT AT THE VICTORY CIRCLE LEVEL
CHAZY YOUTH HOCKEY INC PO BOX 462 CHY CHAZY, NY 12921	22-3053747	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE RINK RENOVATIONS
COLUMBIA MEMORIAL HOSPITAL 71 PROSPECT AVE HUDSON, NY 12534	14-1338373	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE WOMEN'S HEALTH CENTER AT
EMPIRE STATE YOUTH ORCHESTRA 45 MACARTHUR DR. SCHENECTADY, NY 12302	22-2317557	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
LUZERNE MUSIC CENTER, INC. PO BOX 39 LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ANNUAL SUPPORT
MORGAN STATE UNIVERSITY FOUNDATION, INC. - 1700 E. COLD SPRING LANE - BALTIMORE, MD 21251	23-7089143	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE SCHOOL OF GLOBAL JOURNALISM GENERAL FUND
POTSDAM COLLEGE FOUNDATION 44 PIERREPONT AVENUE POTSDAM, NY 13676	23-1352509	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF RECRUITMENT AND RETENTION
SCHENECTADY HINDU TEMPLE AND COMMUNITY SERVICES - PO BOX 4555 - SCHENECTADY, NY 12304	26-3407590	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ADDITIONAL RENOVATION COSTS
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CHANCELLOR'S CIRCLE AND THE LEADERSHIP

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TI-ALLIANCE 174 LAKE GEORGE AVENUE TICONDEROGA, NY 12883	27-0599147	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE CHILDCARE PROGRAM
UNITED AGAINST POVERTY 1400 27TH ST. VERO BEACH, FL 32960	11-3697936	501(C)(3)	25,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	26,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ANNUAL FUND
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	30,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
STOMPING GROUND CAMP INC. 3430 BOYHAVEN RD MIDDLE GROVE, NY 12850	81-4475489	501(C)(3)	30,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: CAMP FOR CHILDREN ON THE BOY HAVEN PROPERTY
CAFFE LENA 47 PHILA STREET SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	31,820.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE SCHOOL OF MUSIC
MUSICIANS OF MA'ALWYCK, INC. 511 MOHAWK AVENUE SCOTIA, NY 12302	05-0532851	501(C)(3)	32,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	33,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - 1 STEUBEN PL. - ALBANY, NY 12207	14-1364505	501(C)(3)	34,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE IMAGINATION LIBRARY IN ALBANY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN REFLECTIONS FOUNDATION, INC. - 87 CHANCELLOR DRIVE - GUILDERLAND, NY 12084	20-1621143	501(C)(3)	34,100.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR WELLS, GREENHOUSE, AND SOCCER UNIFORMS
TROY PUBLIC LIBRARY FOUNDATION 258 HOOSICK ST., SUITE 201 TROY, NY 12180	22-3118742	501(C)(3)	36,549.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR OPERATING EXPENSES
JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	36,580.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE JEWISH NATIONAL FUND-USAJNF BREAKFAST
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	37,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE TRANSITION FUNDS
CONSERVATION ALLIES 1630 CONNECTICUT AVE, NW, SUITE 300 WASHINGTON, DC 20009	84-3985727	501(C)(3)	42,200.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR DESKS IN NORTHERN MADAGASCAR
SERVING CHRIST MINISTRIES, INC. PO BOX 1195 TUTTLE, OK 73089	45-3792761	501(C)(3)	42,625.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ANIMALS, ETC. IN BOLGATANGA
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, INC. - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	43,845.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
RUSSELL SAGE COLLEGE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	45,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	49,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUXTON SCHOOL 291 SOUTH STREET WILLIAMSTOWN, MA 01267	20-1602122	501(C)(3)	50,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
FENIMORE ART MUSEUM 5798 STATE HIGHWAY 80 COOPERSTOWN, NY 13326	36-3673599	501(C)(3)	50,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: ART MUSEUM AND RESEARCH LIBRARY
FRIENDS OF THE BALLSTON SPA PUBLIC LIBRARY, INC. - PO BOX 89 - BALLSTON SPA, NY 12020	04-2103550	501(C)(3)	50,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE CAPITAL CAMPAIGN
SAINT KATERI TEKAKWITHA PARISH 2216 ROSA ROAD SCHENECTADY, NY 12309	45-5008333	501(C)(3)	50,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR EDUCATIONAL PURPOSES INCLUDING THE SCHOOL.
ST. LAWRENCE HEALTH FOUNDATION 50 LEROY ST POTSDAM, NY 13676	16-1279472	501(C)(3)	50,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE BIRTHPLACE EXPANSION
THE STRAND CENTER FOR THE ARTS 23 BRINKERHOFF ST PLATTSBURG, NY 12901	63-0598743	501(C)(3)	50,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE ELEVATOR REPAIR PROJECT
EMPIRE STATE UNIVERSITY FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-6013200	501(C)(3)	51,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR IMMEDIATE USE SCHOLARSHIPS
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	55,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE UNRESTRICTED ENDOWEMENT PLEDGED
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	55,500.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE EMERGENCY CONTRACEPTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	14-1608921	501(C)(3)	61,400.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
PARKS & TRAILS NEW YORK 33 ELK STREET ALBANY, NY 12207	14-1753475	501(C)(3)	64,258.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
IPHNY, INC. 176 SHERIDAN AVENUE ALBANY, NY 12210	87-4475140	501(C)(3)	77,700.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT
HUDSON TACONIC LANDS PO BOX 790 AVERILL PARK, NY 12018	14-6035043	501(C)(3)	81,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	92,800.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF CAMPERSHIPS IN HONOR OF
IMMIGRANT ADVOCATES RESPONSE COLLABORATIVE, INC. - 157 13TH ST. - BROOKLYN, NY 11215	13-6171197	501(C)(3)	100,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: PER AGREEMENT, ATTACHED.
PENDRAGON THEATRE 15 BRANDY BROOK AVE SARANAC LAKE, NY 12983	46-5113396	501(C)(3)	100,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE CAPITAL CAMPAIGN
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	127,700.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC119 ALBANY, NY 12208	14-6023119	501(C)(3)	138,250.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE DR. MYRON & KAROL GORDON OB/GYN RESIDENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 MUSEUM DR. - SCHENECTADY, NY 12308	56-2532348	501(C)(3)	180,000.	0.			GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	169	695,882.	0.	APPLIED TUITION	

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

PART I, LINE 2:
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION (CFGCR) AWARDS GRANTS FROM ITS DISCRETIONARY COMMUNITY IMPACT FUNDS BASED ON LOCALLY IDENTIFIED NEEDS AND A COMPETITIVE REVIEW PROCESS. GRANTS FROM DONOR ADVISED AND DESIGNATED FUNDS ARE RECOMMENDED BY FUND ADVISORS OR THROUGH GIFT INSTRUMENTS, AND THEN ARE APPROVED BY THE CFGCR BOARD OF DIRECTORS. SUCH RECOMMENDATIONS MAY BE ACCEPTED OR REJECTED, IN WHOLE OR IN PART, BY THE FOUNDATION'S BOARD OF DIRECTORS IN ITS SOLE AND ABSOLUTE DISCRETION.

ALL GRANT RECIPIENTS MUST QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A NON-PROFIT ORGANIZATION OR OPERATE UNDER THE FISCAL SPONSORSHIP OF AN ORGANIZATION THAT DOES.

ALL GRANT FUNDS MUST BE USED FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY, CULTURAL, OR OTHER PURPOSES PERMITTED OF A PUBLIC CHARITY (INCLUDING ANY COMBINATION OF SUCH PURPOSES AND ADMINISTRATIVE SUPPORT).

CFGCR REQUIRES ALL GRANT RECIPIENTS TO ACKNOWLEDGE RECEIPT OF THE GRANT

Part IV Supplemental Information

PAYMENT.

FOR GRANTS MADE FROM CFGCR'S COMMUNITY IMPACT FUNDS, ALL GRANT RECIPIENTS MUST SERVE RESIDENTS OF AND BE LOCATED WITHIN THE 11 COUNTY CAPITAL REGION OF NEW YORK STATE. FOR THESE GRANTS, CFGCR REQUESTS A FINAL REPORT FROM EACH GRANT RECIPIENT. THIS REPORT INCLUDES A FINANCIAL ACCOUNTING OF ALL FUNDS RECEIVED AND EXPENDED FOR THE PROGRAMS COVERED BY THE GRANT, AND A NARRATIVE REPORT ON THE PROJECT AND ITS SIGNIFICANCE AND SUCCESS. IN ADDITION, A SITE VISIT MAY BE REQUESTED BY CFGCR DURING THE GRANT PERIOD. THE GRANTEES ARE GIVEN ADVANCE NOTICE OF SUCH A REQUEST.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: NEURAL STEM CELL INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS DIRECTED BY CFGCR: COMPUTING RESOURCES FOR BIOINFORMATICS AND MICROSCOPIC IMAGING AND ANALYSIS

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR HOPE COUNSELING, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS DIRECTED BY CFGCR: A SENIOR-SPECIFIC OUTPATIENT APPROACH TO OPIOID AND STIMULANT MISUSE

NAME OF ORGANIZATION OR GOVERNMENT: AGAPE APOSTOLIC CHURCH OF DELIVERANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE BREAD OF LIFE FOOD PANTRY FOR THANKSGIVING

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY CENTER GALLERIES, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: SUMMER ART FEST - AN INTERACTIVE, IMMERSIVE ALL AGES ARTS FESTIVAL IN DOWNTOWN ALBANY!

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY LAW SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE WOMEN'S LEADERSHIP INITIATIVE & THE WOMEN'S LEADERSHIP OPERATING FUND

NAME OF ORGANIZATION OR GOVERNMENT: OLD SONGS, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: THE OLD SONGS FESTIVAL OF TRADITIONAL MUSIC AND DANCE

NAME OF ORGANIZATION OR GOVERNMENT:
SENIOR CITIZENS CENTER OF SARATOGA SPRINGS, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR ADDING ACCESS-ABILITY DOOR OPENERS TO THE NEW SENIOR CENTER

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY BARN INC
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: ALBANY BARN, INC. X NISKAYUNA PROGRAMMING OFFERINGS

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LAW AND JUSTICE
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ALICE B. MOORE CULTURAL BLACK ARTS CENTER

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF OTSEGO COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR FAM FUNDS F/B/O COMMUNITY FOUNDATION OF OTSEGO COUNTY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EAST GREENBUSH EDUCATION FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CHRISTOPHER BASCOM MEMORIAL SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: OUTWARD BOUND CALIFORNIA
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR JOSHUA TREE BACKPACKING AND ROCK CLIMBING COURSE

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL REPERTORY COMPANY, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FROM STEVE AND DENISE GONICK FOR FINAL FULFILLMENT OF LIVINGSTON SQUARE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: KUPONA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: $7000 FOR FISTULA OPERATIONS AND $3000 FOR MABINTI CENTER

NAME OF ORGANIZATION OR GOVERNMENT: MASSENA HOSPITAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE EMERGENCY DEPARTMENT REFRESH

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL AND ENVIRONMENTAL ENTREPENEURS
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SCHOLARSHIPS TO THE OPPORTUNITIES EXCHANGE NATIONAL CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S MUSEUM AT SARATOGA
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FUNDING FOR ROCK WALL PLAY ELEMENT OF THE NEW MUSEUM PLAYGROUND

NAME OF ORGANIZATION OR GOVERNMENT: YWCA NORTHEASTERN NY
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE REVITALIZATION OF THE SHELTER PLAYGROUND

NAME OF ORGANIZATION OR GOVERNMENT: UNION COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ROY M. HERSHEY '68 ENDOWED LEGACY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MONSIGNOR SCANLAN HIGH SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR UNRESTRICTED USE IN MEMORY OF ELIZABETH (BETTY) MURRAYCLASS OF 1962

NAME OF ORGANIZATION OR GOVERNMENT: EMMA WILLARD SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE NAMING OF TWO SEATS IN NEW WALLACE CENTER - KLINGENSTEIN CONCERT HALL.

NAME OF ORGANIZATION OR GOVERNMENT: RUMI CENTER INC
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: THE READING BEE 10K AND HEALTH AND WELLNESS SERIES FOR IMMIGRANT FAMILIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
VILLAGE OF FORT EDWARD CANAL STREET MARKET PLACE INC
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE RENOVATION OF THE BAND SITE AND COMMUNITY GATHERINGS

NAME OF ORGANIZATION OR GOVERNMENT:
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE 20TH ANNIVERSARY CELEBRATION: ARIAS IN THE AFTERNOON

NAME OF ORGANIZATION OR GOVERNMENT: HOWARD & BUSH FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CAMPAIGN FOR COMMUNITY SUPPORT ENDOWMENT FUND

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH EMETH
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE ANNUAL CONTRIBUTION PLUS SECURITY

NAME OF ORGANIZATION OR GOVERNMENT: ARTS LETTERS AND NUMBERS INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR A PLEDGE TOWARD A MATCH FOR THE BUILDOUT OF THE LEARNING SHOP

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA MEMORIAL HOSPITAL
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF THE WOMEN'S HEALTH CENTER AT COLUMBIA MEMORIAL HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: POTSDAM COLLEGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF RECRUITMENT AND RETENTION OF STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS WOMEN'S UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE CHANCELLOR'S CIRCLE AND THE LEADERSHIP INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT: DOUBLE "H" HOLE IN THE WOODS RANCH
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR SUPPORT OF CAMPERSHIPS IN HONOR OF LISA MOSER

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS REQUESTED BY DONOR AND APPROVED BY CFGCR: FOR THE DR. MYRON & KAROL GORDON OB/GYN RESIDENT EDUCA.

SCHEDULE I, PART III:
SCHOLARSHIP PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL AND REQUIRE DUAL ENDORSEMENT BY THE SCHOOL AND THE ENROLLED STUDENT.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number: 14-1505623

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? 4b		X
c	Participate in or receive payment from an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN G. EBERLE	(i)	203,117.	9,939.	0.	12,631.	15,194.	240,881.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY D. MARIANO	(i)	137,396.	12,302.	0.	8,593.	12,915.	171,206.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COMMUNITY FOUNDATION'S MISSION IS TO STRENGTHEN THE COMMUNITY THROUGH PHILANTHROPY. THE FOUNDATION DOES THIS IN COLLABORATION WITH DONORS AND COMMUNITY PARTNERS WHO SHARE ITS VISION FOR COMMUNITY TRANSFORMATION THROUGH STEWARDSHIP OF CHARITABLE ENDOWMENTS, SUPERIOR DONOR SERVICES, EFFECTIVE GRANT MAKING, AND LEADERSHIP TO ADDRESS COMMUNITY NEEDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COMMUNITY FOUNDATION'S MISSION IS TO STRENGTHEN THE COMMUNITY THROUGH PHILANTHROPY. THE FOUNDATION DOES THIS IN COLLABORATION WITH DONORS AND COMMUNITY PARTNERS WHO SHARE ITS VISION FOR COMMUNITY TRANSFORMATION THROUGH STEWARDSHIP OF CHARITABLE ENDOWMENTS, SUPERIOR DONOR SERVICES, EFFECTIVE GRANT MAKING, AND LEADERSHIP TO ADDRESS COMMUNITY NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE FOUNDATION ADMINISTERS MORE THAN 472 CHARITABLE FUNDS, AND IN PARTNERSHIP WITH OUR DONORS, PROVIDES LEADERSHIP AND SUPPORT FOR SOME OF THE CAPITAL REGION'S MOST IMPORTANT HUMAN SERVICE, EDUCATION, ARTS/CULTURE, COMMUNITY IMPROVEMENT AND HOUSING/SHELTER INITIATIVES.

SINCE OUR FOUNDING IN 1968, THE FOUNDATION HAS AWARDED MORE THAN $132.5 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2024, THE FOUNDATION GRANTED AND FACILITATED OVER $6.2 MILLION IN 1,700 GRANTS. OF THESE GRANTS, 235 NONPROFIT PROGRAMS RECEIVED UP TO $5,000 EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2024 WERE HUMAN SERVICES, EDUCATION, ARTS/CULTURE/HUMANITIES, HOUSING AND SHELTER, AND COMMUNITY IMPROVEMENT/CAPACITY BUILDING.

THE FOUNDATION MAINTAINS A FOCUS ON INVESTING IN THE CAPACITY OF LOCAL NONPROFITS, IN ORDER TO HELP THEM OPERATE AND SERVE THEIR POPULATIONS MORE EFFECTIVELY. WE ACCOMPLISH THIS THROUGH MODEST GRANT AWARDS TO SUPPORT INFRASTRUCTURE, HUMAN RESOURCES, AND MANAGEMENT/BOARD TRAINING UPGRADES, AS WELL AS OUR SUPPORT FOR, AND COORDINATION OF, THE CAPACITY BUILDING MINI-GRANT PROGRAM. THIS PROGRAM, OFFERED FREE EACH YEAR, CONSISTS OF A SERIES OF HALF-DAY WORKSHOPS FOR NONPROFIT LEADERS AND THEIR BOARD MEMBERS ON A WIDE RANGE OF TOPICS, SUCH AS PERSONNEL RISK MANAGEMENT, REGULATORY CHANGES AFFECTING THE NONPROFIT FIELD, DEVELOPMENT AND COMMUNICATIONS, AND TECHNOLOGY SOLUTIONS.

THE FOUNDATION AWARDS GRADE SCHOOL, COLLEGE, AND CONTINUING EDUCATION SCHOLARSHIPS TO HUNDREDS OF LOCAL SCHOLARS EACH YEAR. THE FOUNDATION'S LARGEST SCHOLARSHIP FUND IS THE PHYLLIS E. DAKE "MAKE YOUR OWN" SCHOLARSHIP FUND (PED), WHICH PROVIDES COLLEGE FUNDING FOR CHILDREN OF STEWART'S SHOPS EMPLOYEES. IN 2024, THE PED SCHOLARSHIP GRANTED MORE THAN $443,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN $715,000 GRANTED THROUGH 173 SCHOLARSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE REVIEWED THE DRAFT FORM 990 AND SUGGESTED CHANGES WERE

Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number 14-1505623

MADE. THE FORM 990 WAS PRESENTED TO ALL BOARD MEMBERS ELECTRONICALLY BEFORE FILING. THE IRS FORM 990 IS PREPARED BY CFGCR'S AUDITING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD, COMMITTEE VOLUNTEERS AND STAFF ARE REQUIRED TO COMPLETE THE CODE OF ETHICAL CONDUCT & ANNUAL POTENTIAL CONFLICTS DISCLOSURE STATEMENT ANNUALLY. THE DOCUMENTS ARE DISTRIBUTED PRIOR TO THE FIRST MEETING OF THE BOARD TERM AND ARE KEPT ON FILE AT THE CFGCR OFFICES. CFGCR STAFF MONITOR COMPLIANCE WITH THIS REQUIREMENT.

FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATION'S CEO IS EVALUATED ANNUALLY BY THE CFGCR EXECUTIVE COMMITTEE. THE CEO COMPLETES A SELF-EVALUATION AND PROVIDES THE COMMITTEE WITH THE CEO JOB DESCRIPTION AND A CHART OF PROGRESS ON STATED GOALS. THE COMMITTEE ALSO RECEIVES COMPARATIVE INFORMATION ON SALARIES OF COMMUNITY FOUNDATION CEOS FROM THE COUNCIL ON FOUNDATION'S COMPENSATION SUMMARY. THE COMMITTEE REVIEWS THE INFORMATION PROVIDED AND COMPLETES A REVIEW OF THE CEO, INCLUDING ANY CHANGES TO SALARY AND BENEFITS BASED ON THE EVALUATION AND BUDGET CONSIDERATIONS. THE EVALUATION IS SHARED WITH THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:
CFGCR MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT INTEREST FUNDS 55,975.

FORM 990, PART XII, LINE 2C:
THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number: 14-1505623

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
CFCR REAL PROPERTY TRANSACTIONS, LLC - 14-1505623, 2 TOWER PLACE/EXECUTIVE PARK DRIVE, ALBANY, NY 12203	TO MANAGE REAL PROPERTY INTENDED TO BE DONATED TO COMMUNITY FOUNDATION.	NEW YORK			COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

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

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

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

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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