

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

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

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

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>		<b>D</b> Employer identification number <b>14-1505623</b>
	Doing business as		<b>E</b> Telephone number <b>518-446-9638</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2 TOWER PLACE, EXECUTIVE PARK</b>		<b>G</b> Gross receipts \$ <b>18,392,911.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ALBANY, NY 12203</b>		
<b>F</b> Name and address of principal officer: <b>JOHN EBERLE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> 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		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-41,706.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>9,584,370.</b>	<b>5,168,387.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>137,601.</b>	<b>131,477.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,992,724.</b>	<b>3,678,448.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>25,759.</b>	<b>-18,031.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,740,454.</b>	<b>8,960,281.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,570,455.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,046,469.</b>	<b>1,119,831.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>181,260.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>907,306.</b>	<b>959,558.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,524,230.</b>	<b>10,411,637.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,216,224.</b>	<b>-1,451,356.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>100,799,889.</b>	<b>End of Year</b> <b>110,463,310.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,733,297.</b>	<b>4,605,129.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>97,066,592.</b>	<b>105,858,181.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer		Date		
	<b>JOHN EBERLE, PRESIDENT &amp; CEO</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JEREMY COLE</b>	<b>JEREMY COLE</b>	<b>10/21/24</b>	<input checked="" type="checkbox"/>	<b>P00436330</b>
Firm's information	Firm's name	Firm's EIN		Phone no.	
	<b>BST &amp; CO. CPAS, LLP</b> <b>10 BRITISH AMERICAN BLVD</b> <b>LATHAM, NY 12110</b>	<b>14-1442607</b>		<b>(518) 459-6700</b>	

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**Part III Statement of Program Service Accomplishments**

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 8,979,889. including grants of \$ 8,332,248.) (Revenue \$ 131,477.)  
**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 8,979,889.

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**THE COMMUNITY FOUNDATION FOR THE GREATER  
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**Part IV Checklist of Required Schedules**

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	22		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	22		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**TERRY D. MARIANO, CFO - 518-446-9638**  
**2 TOWER PLACE, EXECUTIVE PARK, ALBANY, NY 12203**

**THE COMMUNITY FOUNDATION FOR THE GREATER  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN G. EBERLE PRESIDENT & CEO	40.00			X			205,176.	0.	26,072.	
(2) TERRY D. MARIANO CFO	40.00			X			144,539.	0.	20,080.	
(3) ALICIA LASCH CHAIR	2.00	X		X			0.	0.	0.	
(4) ROBERT T. HENNES TREASURER	1.00	X		X			0.	0.	0.	
(5) BELINDA HILTON SECRETARY	1.00	X		X			0.	0.	0.	
(6) ROBERT S. REYNOLDS, ESQ. FIRST VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) HON. DORCEY APPLYS, DRPH, MPH DIRECTOR	1.00	X					0.	0.	0.	
(8) CHRISTOPHER L. CIMIJOTTI, CPA DIRECTOR	1.00	X					0.	0.	0.	
(9) JEAN BEDELL, CPA DIRECTOR	1.00	X					0.	0.	0.	
(10) M. CHRISTIAN BENDER DIRECTOR	1.00	X					0.	0.	0.	
(11) ELTON HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(12) EILEEN MCLOUGHLIN DIRECTOR	1.00	X					0.	0.	0.	
(13) MEAGHAN E. MURPHY, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(14) MURRAY CARL MASSRY DIRECTOR	1.00	X					0.	0.	0.	
(15) CHESTER OPALKA DIRECTOR	1.00	X					0.	0.	0.	
(16) AIMEE DAKE DIRECTOR	1.00	X					0.	0.	0.	
(17) HEIDI KNOBLAUCH, PH.D. DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN W. RODAT DIRECTOR	1.00	X					0.	0.	0.	
(19) ROBERT F. AUDI, CPA DIRECTOR	1.00	X					0.	0.	0.	
(20) ALEX ZHANG, CPA DIRECTOR	1.00	X					0.	0.	0.	
(21) WALTER THORNE DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID CRAFT, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(23) BRENDA BADDAM, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							349,715.	0.	46,152.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							349,715.	0.	46,152.	

**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 2

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	60,182.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	5,108,205.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....		5,168,387.				
Program Service Revenue	<b>2 a</b> FEES FOR SERVICE	<b>Business Code</b>					
		561000	131,477.	131,477.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		131,477.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,953,299.		-41,706.	1995005.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				11,125,508.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	9,400,359.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,725,149.				
	<b>d</b> Net gain or (loss) .....		1,725,149.			1725149.	
<b>8 a</b> Gross income from fundraising events (not including \$ 60,182. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		14,240.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	32,271.			
<b>c</b> Net income or (loss) from fundraising events .....			-18,031.		-18,031.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		8,960,281.	131,477.	-41,706.	3702123.		

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,651,203.	7,651,203.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	681,045.	681,045.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	395,867.	84,543.	253,512.	57,812.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	599,618.	346,902.	174,243.	78,473.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,826.	19,141.	7,992.	2,693.
<b>9</b> Other employee benefits .....	23,697.	17,905.	3,622.	2,170.
<b>10</b> Payroll taxes .....	70,823.	33,149.	29,587.	8,087.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,592.		1,592.	
<b>c</b> Accounting .....	33,860.		33,860.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	558,987.		558,987.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	20,854.	14,134.	5,979.	741.
<b>12</b> Advertising and promotion .....	37,626.		37,626.	
<b>13</b> Office expenses .....	19,908.	6,807.	11,440.	1,661.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	124,819.	58,422.	52,144.	14,253.
<b>17</b> Travel .....	2,674.	1,252.	1,117.	305.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	10,083.	7,332.	1,849.	902.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	19,863.	9,297.	8,298.	2,268.
<b>23</b> Insurance .....	25,596.	1,257.	24,032.	307.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT LEASES/MAINT</b>	63,162.	29,564.	26,386.	7,212.
<b>b</b> <b>PROF. DEVELOPMENT</b>	38,321.	17,936.	16,009.	4,376.
<b>c</b> <b>FILING FEES</b>	2,213.		2,213.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,411,637.	8,979,889.	1,250,488.	181,260.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	806,241.	<b>1</b>	702,326.
	<b>2</b> Savings and temporary cash investments .....	1,044,184.	<b>2</b>	935,368.
	<b>3</b> Pledges and grants receivable, net .....	617,500.	<b>3</b>	403,323.
	<b>4</b> Accounts receivable, net .....	13,000.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	34,634.	<b>9</b>	27,413.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 222,009.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 156,450.	<b>10c</b>	65,559.
	<b>11</b> Investments - publicly traded securities .....	57,551,531.	<b>11</b>	68,054,930.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	39,116,561.	<b>12</b>	38,825,572.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,568,684.	<b>15</b>	1,448,819.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	100,799,889.	<b>16</b>	110,463,310.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	61,623.	<b>17</b>	46,725.
	<b>18</b> Grants payable .....	141,126.	<b>18</b>	114,989.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,530,548.	<b>25</b>	4,443,415.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,733,297.	<b>26</b>	4,605,129.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	40,068,830.	<b>27</b>	41,009,823.
	<b>28</b> Net assets with donor restrictions .....	56,997,762.	<b>28</b>	64,848,358.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	97,066,592.	<b>32</b>	105,858,181.
<b>33</b> Total liabilities and net assets/fund balances .....	100,799,889.	<b>33</b>	110,463,310.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	8,960,281.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	10,411,637.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-1,451,356.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	97,066,592.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	10,291,576.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	-48,631.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	105,858,181.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

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

**Open to Public Inspection**

<b>Name of the organization</b>	<b>Employer identification number</b>
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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6452428.	5742558.	18220903.	9584370.	5168387.	45168646.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6452428.	5742558.	18220903.	9584370.	5168387.	45168646.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4695243.
<b>6 Public support.</b> Subtract line 5 from line 4.						40473403.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	6452428.	5742558.	18220903.	9584370.	5168387.	45168646.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1477719.	1162813.	1406076.	1630989.	1995005.	7672602.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		1,990.	10,061.	128,196.	-41,706.	98,541.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	43,956.		51,270.	46,915.	14,240.	156,381.
<b>11 Total support.</b> Add lines 7 through 10						53096170.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	683,636.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	76.23 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	75.64 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

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

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 <b>Adjusted Net Income</b> (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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule A (Form 990) 2023

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

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

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

Schedule A (Form 990) 2023

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

PART II, SECTION B, LINE 8D

SCHEDULE A, PART II, SECTION B, LINE 8D AS SHOWN ON THE 2022 990 FILING WAS 1710019. THIS NUMBER WAS BASED ON AN ESTIMATE AND NOT CORRECTED BEFORE FILING TO ACCOUNT FOR THE ACTUAL UNRELATED BUSINESS INCOME INCLUDED IN THE AMOUNT SHOWN ON THE 2022 990, WE UPDATED THE AMOUNT BY (128,196). IT HAS BEEN CORRECTED HERE AND THE ORGIZATION WOULD HAVE STILL PASSED THE PUBLIC SUPPORT TEST FOR 2022.

PART II, SECTION B, LINE 9D

SCHEDULE A, PART II, SECTION B, LINE 9D AS SHOWN ON THE 2022 990 FILING WAS 49,166. THIS NUMBER WAS BASED ON AN ESTIMATE AND NOT CORRECTED BEFORE FILING TO MATCH THE ACTUAL UNRELATED BUSINESS INCOME AS FILED ON THE 2022 990-T, SCHEDULE A (128,196). IT HAS BEEN CORRECTED HERE AND THE ORGIZATION WOULD HAVE STILL PASSED THE PUBLIC SUPPORT TEST FOR 2022.

PART II, SECTION B, LINE 10

SCHEDULE A, PART II, SECTION B, LINE 10 OTHER INCOME HAS BEEN UPDATED WITH THE 2019 - 2022 INCOME FROM FUNDRAISING. THIS INFORMATION WAS INCLUDED ON FORM 990 PART VIII AND IN SCHEDULE G FOR THOSE YEARS, BUT HAD NOT BEEN INCLUDED IN SCHEDULE A. THE ORGANIZATION WOULD STILL HAVE PASSED THE SUPPORT TEST FOR EACH OF THOSE YEARS SO THE AMOUNTS HAVE BEEN CORRECTED HERE WITHOUT AMENDING THE PRIOR RETURNS.

**Schedule B**  
**(Form 990)**

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

OMB No. 1545-0047

**2023**

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

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
----------------------------------------------------------------------------------------------	-----------------------------------------------------

**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	<hr/> <hr/> <hr/>	\$ <u>407,453.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>507,135.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>506,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>480,646.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>382,274.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
----------------------------------------------------------------------------------------------	-----------------------------------------------------

**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	<hr/> <hr/> <hr/>	\$ <u>337,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>203,349.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>201,090.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
----------------------------------------------------------------------------------------------	-----------------------------------------------------

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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	<b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number	<b>14-1505623</b>
----------------------	----------------------------------------------------------------------	--------------------------------	-------------------

**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 employer identification number (EIN) 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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	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.		
If the amount on line 1e, column (a) or (b) is:	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		2,250.
<b>j</b> Total. Add lines 1c through 1i			2,250.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	2a
<b>b</b> Carryover from last year	2b
<b>c</b> Total	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
<b>4</b> 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
<b>5</b> 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

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	219	
2 Aggregate value of contributions to (during year)	3,915,825.	
3 Aggregate value of grants from (during year)	6,280,684.	
4 Aggregate value at end of year	29,452,686.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

Schedule D (Form 990) 2023



**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

Schedule D (Form 990) 2023

14-1505623 Page **3**

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) <b>COMMINGLED/OTHER</b>		
(B) <b>INVESTMENTS</b>	38,825,572.	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>38,825,572.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)	
<b>Total.</b> (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) <b>CHARITABLE REMAINDER TRUST</b>	
(3) <b>LIABILITY</b>	39,648.
(4) <b>CHARITABLE GIFT ANNUITY LIABILITY</b>	190,531.
(5) <b>AGENCY ENDOWMENTS</b>	4,151,074.
(6) <b>OPERATING LEASE LIABILITY</b>	62,162.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>4,443,415.</b>

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

Schedule D (Form 990) 2023

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,676,510.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,291,576.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-48,631.	
e	Add lines 2a through 2d	2e		10,242,945.
3	Subtract line 2e from line 1	3		8,433,565.
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	558,987.	
b	Other (Describe in Part XIII.)	4b	-32,271.	
c	Add lines 4a and 4b	4c		526,716.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,960,281.

**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	9,884,921.
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	32,271.	
e	Add lines 2a through 2d	2e		32,271.
3	Subtract line 2e from line 1	3		9,852,650.
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	558,987.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		558,987.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		10,411,637.

**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,



**Part XIII** Supplemental Information (continued)

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, 2023 OR 2022.

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 -48,631.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT -32,271.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 32,271.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**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		9,649,536.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,926,782.
<b>3 a</b> Subtotal .....	0	0			11,576,318.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			11,576,318.

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

Schedule F (Form 990) 2023

14-1505623

Page 2

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 .....

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule F (Form 990) 2023

14-1505623

Page 3

**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)

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

**Part IV Foreign Forms**

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

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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 non-government 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**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.

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL CELEBRATION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	74,422.		74,422.
	2	Less: Contributions	60,182.		60,182.
	3	Gross income (line 1 minus line 2)	14,240.		14,240.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	24,500.		24,500.
	8	Entertainment			
	9	Other direct expenses	7,771.		7,771.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			32,271.
11	Net income summary. Subtract line 10 from line 3, column (d)			-18,031.	

**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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_  
\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law 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)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**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?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
4TH FAMILY, INC. 279 CENTRAL AVENUE ALBANY, NY 12180	45-3211432	501(C)(3)	12,500.	0.			GRANT APPROVED BY CFGCR FOR GENERAL OPERATING SUPPORT
ADIRONDACK EXPERIENCE PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812	13-5635801	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ARTISTS &
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	16-1528554	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CORNERSTONE
AFP HUDSON MOHAWK CHAPTER PO BOX 38149 ALBANY, NY 12203	22-3315871	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
AFRICAN REFLECTIONS FOUNDATION, INC. - 87 CHANCELLOR DRIVE - GUILDERLAND, NY 12084	20-1621143	501(C)(3)	34,900.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WELLS AND GREEN
AGAPE APOSTOLIC CHURCH OF DELIVERANCE - 1010 MADISON AVE - TROY, NY 12180	80-0312279	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BREAD OF

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **287.**

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

**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
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EXTRA OPERATING
AIM SERVICES INC. 4227 ROUTE 50 SARATOGA SPRINGS, NY 12180	14-1609398	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR THE RESPITE PROGRAM
ALBANY CENTER GALLERIES, INC. 488 BROADWAY SUITE 107 ALBANY, NY 12207	14-1672333	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR #CAPITAL WALLS
ALBANY COUNTY HISTORICAL ASSOCIATION   TEN BROECK MANSION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	37,516.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
ALBANY COUNTY HISTORICAL ASSOCIATION   TEN BROECK MANSION - 9 TEN BROECK PLACE - ALBANY, NY 12202	14-6048668	501(C)(3)	17,391.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY HOUSING COALITION INC. 278 CLINTON AVENUE ALBANY, NY 12210	14-1633606	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12866	14-1343061	501(C)(3)	5,771.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	7,600.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY LAW SCHOOL 80 NEW SCOTLAND ALBANY, NY 12208	14-1338309	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WOMEN'S

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

**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 MEDICAL CENTER - CHILDREN'S HOSPITAL - 43 NEW SCOTLAND AVE - ALBANY, NY 12208	14-6023119	501(C)(3)	10,400.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-6023119	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR DR. SALMAN'S
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-6023119	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL FUND
ALBANY RURAL CEMETERY CEMETERY AVENUE MENANDS, NY 12204	14-0461448	501(C)(3)	5,100.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	119,940.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CONDUCTOR
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	7,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVENUE FLOOR 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	10,336.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	52,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	18,417.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MATCHING
AVERILL PARK EDUCATION FOUNDATION PO BOX 56 AVERILL PARK, NY 12018	31-1764167	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
BETHLEHEM CENTRAL SCHOOL DISTRICT 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	15,436.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR VARIOUS
BETTER COMMUNITY NEIGHBORHOODS, INC. - 670 FRANKLIN STREET SUITE 201 - SCHENECTADY, NY 12305	14-1504550	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF
BLUELIGHT DEVELOPMENT GROUP 135 SOUTH PEARL STREET FLOOR 2 ALBANY, NY 12202	81-3475487	501(C)(3)	94,100.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
BOB CARTER'S ACTOR'S WORKSHOP AND REPERTORY COMPANY, INC. - 1000 N DIXIE HWY - WEST PALM BEACH, FL 33401	65-1124489	501(C)(3)	12,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12208	14-1364595	501(C)(3)	25,000.	0.			GRANT APPROVED BY CFGCR FOR HEALTHY HABITS
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338574	501(C)(3)	5,727.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
BRING ON THE SPECTRUM, INC. 71 FULLER ROAD #6 ALBANY, NY 12205	84-5002321	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR GENERAL OPERATING SUPPORT

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BRING ON THE SPECTRUM, INC. 71 FULLER ROAD #6 ALBANY, NY 12203	84-5002321	501(C)(3)	7,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAFFE LENA 47 PHILA STREET, PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	16,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAFFE LENA 47 PHILA STREET, PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SCHOOL OF
CAFFE LENA 47 PHILA STREET, PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BENEFIT OF
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 1999 ALBANY, NY 12206	56-2663290	501(C)(3)	15,341.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 199 ALBANY, NY 12202	56-2663290	501(C)(3)	17,253.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR AN INDUSTRIAL
CAPITAL DISTRICT LATINOS, INC. 160 CENTRAL AVENUE ALBANY, NY 12208	45-3647494	501(C)(3)	45,000.	0.			GRANT APPROVED BY CFGCR TO ADDRESS THE CURRENT OPERATIONAL NEEDS
CAPITAL DISTRICT WOMEN'S EMPLOYMENT & RESOURCE CENTER, INC. - WERC - 155 WASHINGTON AVE - ALBANY, NY 12210	14-1818967	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR TECHNOLOGY
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD ALBANY, NY 12205	14-1726531	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD ALBANY, NY 12205	14-1726531	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CAMP
CAPITAL REGION CLASSICAL, INC. PO BOX 8716 ALBANY, NY 12208	83-1925523	501(C)(3)	12,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	31,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	103,272.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	12,000.	0.			GRANT APPROVED BY CFGCR FOR INCREASING HEALTHY FOOD ACCESS ACROSS THE CAPITAL REGION
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12210	14-1596291	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENNVILLE, NY 12866	14-1637304	501(C)(3)	5,206.	0.			GRANT APPROVED BY CFGCR FOR THE SOLUTIONS TO END HOMELESSNESS EXTENSION PROJECT
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENNVILLE, NY 12302	14-1637304	501(C)(3)	12,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CATHEDRAL OF ALL SAINTS 62 SOUTH SWAN STREET ALBANY, NY 12210	14-1338336	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
CATHOLIC CHARITIES TRI-COUNTY SERVICES - 50 HERRICK STREET, PO BOX 28 - RENSSELAER, NY 12144	14-1340033	501(C)(3)	5,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SUNNYSIDE
CENTER FOR LAW AND JUSTICE WASHINGTON AVE EXT, PINE WEST PLAZA ALBANY, NY 12205	22-3078866	501(C)(3)	40,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CITY MISSION OF SCHENECTADY P.O. BOX 760 SCHENECTADY, NY 12301	14-1403652	501(C)(3)	102,850.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CITY OF SCHENECTADY DBA MUSIC HAVEN - 1929 UNION STREET - SCHENECTADY, NY 12309	14-6002430	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CLINTON COUNTY COMMUNITY COLLEGE FOUNDATION, INC. - 136 CLINTON POINT DRIVE - PLATTSBURGH, NY 12901	14-6097944	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE
COLUMBIA COUNTY SANCTUARY MOVEMENT PO BOX 785 HUDSON, NY 12534	82-1804199	501(C)(3)	40,500.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
COLUMBIA COUNTY SANCTUARY MOVEMENT PO BOX 785 HUDSON, NY 12208	82-1804199	501(C)(3)	52,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
COLUMBIA MEMORIAL HEALTH FOUNDATION - 71 PROSPECT AVENUE - HUDSON, NY 12534	14-1761112	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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COLUMBIA MEMORIAL HOSPITAL 71 PROSPECT AVE HUDSON, NY 12534	14-1338373	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A CONSOLIDATION
COMFORT FOOD COMMUNITY PO BOX 86 GREENWICH, NY 12206	46-4583890	501(C)(3)	67,900.	0.			GRANT APPROVED BY CFGCR FOR THREE-PRONGED APPROACH TO TACKLING NUTRITIONAL INEQUITIES
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE, SUITE 104 ALBANY, NY 12205	14-1778951	501(C)(3)	18,540.	0.			GRANT APPROVED BY CFGCR FOR HEALTHY ELDERLY, HEALTHY COMMUNITIES AND SERVICES
COMMUNITY FOUNDATION OF OTSEGO COUNTY - PO BOX 55 - SPRINGFIELD CENTER, NY 13468	84-2243769	501(C)(3)	538,374.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR FAM FUNDS F/B/O
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	8,350.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CONNECT CENTER FOR YOUTH 49 JOHNSTON AVE COHOES, NY 12047	45-4737831	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CONNECT CENTER FOR YOUTH 49 JOHNSTON AVE COHOES, NY 12047	45-4737831	501(C)(3)	5,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A WASHER AND
CORE COMMUNITY ORGANIZED RELIEF EFFORT - 910 NORTH HILL STREET - LOS ANGELES, CA 90012	27-1703237	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR IMMEDIATE AND
CORNELL UNIVERSITY P.O. BOX 752 ITHACA, NY 14851	15-0532082	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CORNELL MEN'S

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CURATIO MUNDI PO BOX 4101 LONGVIEW, TX 75606	47-3134881	501(C)(3)	20,160.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR TWO WELLS IN
DAKE FOUNDATION FOR CHILDREN PO BOX 3575 SARATOGA SPRINGS, NY 12866	14-1801175	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMMUNITY
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - PO BOX 14301 - CINCINNATI, OH 45250	52-1521276	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	54,350.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	95,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD, NJ 07631	22-1487165	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL FUND
EDEN'S ROSE FOUNDATION 498 1ST STREET ALBANY, NY 12010	26-3807697	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR THE URBAN FOREST CONSERVATION PROJECT

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ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	14,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ELSMERE FIRE COMPANY 15 WEST POPLAR DRIVE DELMAR, NY 12054	20-0326839	501(C)(3)	13,050.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
EMPIRE STATE COLLEGE 1 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-6013200	501(C)(3)	45,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNDERGRADUATE
EMPIRE STATE YOUTH ORCHESTRA 45 MACARTHUR DR. SCHENECTADY, NY 12302	22-2317557	501(C)(3)	5,000.	0.			GRANT APPROVED BY CFGCR FOR CHIME
EMPIRE STATE YOUTH ORCHESTRA 45 MACARTHUR DR. SCHENECTADY, NY 12305	22-2317557	501(C)(3)	5,052.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR YEAR-END
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR YOUTH SERVICES
FAITHWALKING PO BOX 1209 TOMBALL, TX 77377	76-0588762	501(C)(3)	13,300.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FAMILY PROMISE OF THE CAPITAL REGION - 738 NEW SCOTLAND AVENUE - ALBANY, NY 12208	46-2683239	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FAMILY PROMISE OF THE CAPITAL REGION - 738 NEW SCOTLAND AVENUE - ALBANY, NY 12208	46-2683239	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PROGRAM

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FISHER HOUSE ALBANY STRATTON VA 113 HOLLAND AVENUE ALBANY, NY 12208	11-3158401	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FIVE RIVERS LIMITED 56 GAME FARM ROAD DELMAR, NY 12305	23-7309978	501(C)(3)	6,000.	0.			GRANT APPROVED BY CFGCR FOR STREAM LIFE
FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC. - 32 ESSEX STREET - ALBANY, NY 12206	32-0160439	501(C)(3)	11,800.	0.			GRANT APPROVED BY CFGCR FOR FOOD AS MEDICINE
FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC. - 32 ESSEX STREET - ALBANY, NY 12210	32-0160439	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC. - 32 ESSEX STREET - ALBANY, NY 12206	32-0160439	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE FOOD ACCESS
FOOTHILLS ART SOCIETY INC PO BOX 701 MALONE, NY 12953	14-1829415	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PURCHASE OF
FRANKLIN COMMUNITY CENTER 95 WASHINGTON STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	13,750.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FREEDOM FORUM, INC. 610 WATER STREET SW WASHINGTON, DC 20024	54-1604427	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(C)(3)	11,800.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WAR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE EASTMAN HOUSE 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL
GLENCLIFF ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC. - 961 RIVERVIEW ROAD - REXFORD, NY 12148	82-2457987	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PURCHASE
GLENS FALLS HOSPITAL FOUNDATION 126 SOUTH STREET GLENS FALLS, NY 14607-2298	14-1790805	501(C)(3)	5,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
GLIMMERGLASS OPERA, INC. PO BOX 191 COOPERSTOWN, NY 12148	16-1053970	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
GRAND STREET COMMUNITY ARTS, INC. 148 CENTRAL AVENUE FLOOR 2 ALBANY, NY 12834	30-0195212	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR THE COMMUNITY SPACE
GRASSROOT GIVERS, INC. 522 WASHINGTON AVENUE ALBANY, NY 12203	80-0267317	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE NEW
GREENVILLE CENTRAL SCHOOL PO BOX 129 GREENVILLE, NY 12083	57-6000234	501(C)(3)	5,212.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE APPROVED
GUILDERLAND FOOD PANTRY 4 CHARLES BOULEVARD GUILDERLAND, NY 12084	81-1112737	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12018	14-1708404	501(C)(3)	6,292.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE

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HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE VAN
HISTORIC ST. AGNES CEMETERY 48 CEMETERY AVE. MENANDS, NY 12204	27-0246295	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
HOME MADE THEATER PO BOX 1182 SARATOGA SPRINGS, NY 12866	87-2438182	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL SUPPORT
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR THE CAPITAL REGION FURNITURE BANK
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
HYDE COLLECTION 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	25,250.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EDUCATIONAL
IBI SEMPER TRAINING, INC. 25 DUBLIN DRIVE NISKAYUNA, NY 12309	84-4282620	501(C)(3)	21,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
INDEPENDENT LIVING CENTER OF HUDSON VALLEY, INC. - 15-17 THIRD STREET - TROY, NY 12033	22-2875911	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR GENERAL OPERATING SUPPORT
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	35,200.	0.			GRANT APPROVED BY CFGCR FOR AMSTERDAM'S RAPID REHOUSING PROJECT

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INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12208	14-1666321	501(C)(3)	7,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SISTER
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD, SUITE 1500 LOS ANGELES, CA 90025	95-3949646	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	30,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ISRAEL AME CHURCH 381 HAMILTON STREET ALBANY, NY 12210	31-1624692	501(C)(3)	17,950.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
JDRF 1480 US HIGHWAY 9 NORTH WOODBIDGE, NJ 07095	23-1907729	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MARY TYLER
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12308	22-2515091	501(C)(3)	7,948.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
JEWISH FAMILY SERVICES OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVE EXT - ALBANY, NY 12302	14-1338308	501(C)(3)	12,801.	0.			GRANT APPROVED BY CFGCR FOR IMPLEMENTATION OF A CRM

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JEWISH FEDERATION OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVENUE EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023 ISRAEL
JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE JNF-USA
JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
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.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT
JOHN'S ISLAND FOUNDATION 6001 HIGHWAY A1A INDIAN RIVER SHORES, FL 32963	65-0916419	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR ANNUAL SUPPORT
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	5,000.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	6,877.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR 125 SPRINKLER

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JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12308	14-1636163	501(C)(3)	8,501.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR MEDICAL AND
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CLOUD-BASED
JUNIOR ACHIEVEMENT OF NORTHEASTERN NEW YORK, INC. - 45 HUDSON AVE - ALBANY, NY 12201	14-1429763	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
JUNIOR LEAGUE OF ALBANY, INC. P.O. BOX 5533 ALBANY, NY 12205	14-1431718	501(C)(3)	5,188.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
KIPP TECH VALLEY CHARTER SCHOOL 321 NORTHERN BOULEVARD ALBANY, NY 12203	20-1347748	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
KUPONA FOUNDATION 4801 QUEENS CHAPEL TERRACE NE WASHINGTON, DC 20017	26-4371825	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR FISTULA
LAKE GEORGE CLUB HISTORIC PRESERVATION FOUNDATION, INC. - THE LAKE GEORGE CLUB - DIAMOND POINT, NY 12824	82-2620932	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
LAKE GEORGE OPERA FESTIVAL, INC. OPERA SARATOGA - 19 ROOSEVELT DRIVE, SUITE 215 - SARATOGA SPRINGS, NY 12866	13-2505803	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE
LASALLE INSTITUTE 174 WILLIAMS ROAD TROY, NY 12180	14-1338447	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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LEWIS AND CLARK COLLEGE 615 S PALATINE HILL RD. PORTLAND, OR 97219	93-0386858	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PART OF THE
LIBERTY ARC 43 LIBERTY DRIVE AMSTERDAM, NY 12054	14-1506257	501(C)(3)	12,740.	0.			GRANT APPROVED BY CFGCR FOR ENHANCING LIFE-SAVING MEASURES IN CARDIAC EMERGENCIES
LIBERTY FOUNDATION INC 43 LIBERTY DR AMSTERDAM, NY 12010	14-1759246	501(C)(3)	8,106.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
LIVING RESOURCES CORPORATION 300 WASHINGTON AVENUE EXT. ALBANY, NY 12203	14-1564208	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
LUZERNE MUSIC CENTER, INC. 203 LAKE TOUR ROAD LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT
MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - 92 CONGRESS ST. - SARATOGA SPRINGS, NY 12866	14-1703503	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WORKSHOP OF
MARIA COLLEGE 700 NEW SCOTLAND AVENUE. ALBANY, NY 12210	14-1463151	501(C)(3)	11,904.	0.			GRANT APPROVED BY CFGCR FOR THE EQUIPMENT PURCHASES FOR MOLECULAR BIOLOGY EXPERIMENTS
MARIA COLLEGE 700 NEW SCOTLAND AVENUE. ALBANY, NY 12208	14-1463151	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO ADDRESS THE
MCKOWNVILLE UNITED METHODIST CHURCH - 1565 WESTERN AVENUE - ALBANY, NY 12203	14-1466462	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA TROY, NY 12181	11-2538804	501(C)(3)	10,250.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
MERCY CORPS NATIONAL PROCESSING CENTER BOONE, IA 50037	91-1148123	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459	501(C)(3)	6,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
MOHAWK HUDSON LAND CONSERVANCY 195 NEW KARNER ROAD ALBANY, NY 12180	14-1754157	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR THE BOND ROAD ACQUISITION
MOHAWK OPPORTUNITIES, INC. 201 NOTT TERRACE SCHENECTADY, NY 12180	14-1672130	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR COMMUNITY BASED HOUSING SUPPORT SERVICES
MOHAWK VALLEY HEALTH SYSTEM FOUNDATION - 1676 SUNSET AVE - UTICA, NY 13502	22-3078768	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF
MORGAN STATE UNIVERSITY FOUNDATION, INC. - 1700 E. COLD SPRING LANE - BALTIMORE, MD 21251	23-7089143	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE GENERAL
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 MUSEUM DR. - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	310,100.	0.			GRANT APPROVED BY CFGCR FOR MISCI PLANETARIUM UPGRADE PROJECT
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 MUSEUM DR. - SCHENECTADY, NY 12054	14-1275432	501(C)(3)	12,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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NATIONAL WOMEN'S HISTORY MUSEUM 800 CONNECTICUT AVE NW 3RD FLOOR WASHINGTON, DC 20006	54-1801426	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309-5317	14-6009381	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023 MURRAY
NISKAYUNA REFORMED CHURCH 3041 TROY ROAD NISKAYUNA, NY 12309	14-1416685	501(C)(3)	12,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
NORTHEAST KIDNEY FOUNDATION PO BOX 38072 ALBANY, NY 12202	14-1833103	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR EMERGENCY GRANTS
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12208	14-1338302	501(C)(3)	6,619.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
OAKWOOD COMMUNITY CENTER, INC. 313 10TH STREET TROY, NY 12180	45-3980699	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
OXFAM AMERICA 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114-2206	23-7069110	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
PALACE THEATRE 19 CLINTON AVENUE ALBANY, NY 12207	14-1708151	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMMUNITY
PARK PLAYHOUSE 58 REMSEN STREET COHOES, NY 12047	14-1717464	501(C)(3)	9,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PLAYHOUSE

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PARK PLAYHOUSE 58 REMSEN STREET COHOES, NY 12047	14-1717464	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMMUNITY
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE
PRIDE CENTER OF THE CAPITAL REGION 332 HUDSON AVENUE ALBANY, NY 12210	14-1605106	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR ADVOCACY IN
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	8,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
QUESTAR III EDUCATION FOUNDATION 10 EMPIRE STATE BLVD. CASTLETON, NY 12208	16-1597148	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR STEM RESEARCH INSTITUTE
RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM STREET - ALBANY, NY 12866	27-1216514	501(C)(3)	60,000.	0.			GRANT APPROVED BY CFGCR FOR HEALTHY SOUTH END INITIATIVE
RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM STREET - ALBANY, NY 12202	27-1216514	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR KITCHEN
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 15 MOUNTAIN ROAD, PO BOX 100 - RAVENA, NY 12067	14-6011275	501(C)(3)	11,500.	0.			GRANT APPROVED BY CFGCR FOR STEM THE TIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	25,000.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	24,180.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	35,880.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
RENSSELAER HISTORICAL SOCIETY (HART CLUETT MUSEUM) - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	16,452.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
RENSSELAER PLATEAU ALLIANCE PO BOX 790 AVERILL PARK, NY 12206	94-3444825	501(C)(3)	13,000.	0.			GRANT APPROVED BY CFGCR FOR INCREASING THE PACE OF LAND CONSERVATION IN RENSSELAER COUNTY
RISE HOUSING AND SUPPORTIVE SERVICES - 127 UNION STREET - SARATOGA SPRINGS, NY 12866	14-1581052	501(C)(3)	150,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE HOMEBASE
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR BENEFACTOR
RUSSELL SAGE COLLEGE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	40,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023-2024
RUSSELL SAGE COLLEGE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	12,600.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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SAINT KATERI TEKAKWITHA PARISH 2216 ROSA ROAD SCHENECTADY, NY 12309	45-5008333	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SALVATION ARMY SCHENECTADY 168 LAFAYETTE STREET SCHENECTADY, NY 12180	13-5562351	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR THE BOOTH MIRACLE HOME
SARATOGA BRIDGES - NYSARC, INC., SARATOGA COUNTY CHAPTER - 16 SARATOGA BRIDGES BOULEVARD - BALLSTON SPA, NY 12180	14-1465932	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR COORDINATING HEALTHCARE
SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12206	14-1775218	501(C)(3)	12,500.	0.			GRANT APPROVED BY CFGCR FOR POINT OF CARE ULTRASOUNDS FOR SARATOGA HOSPITAL RESIDENCY
SARATOGA INSTITUTE, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	35,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR OPERATING
SARATOGA INSTITUTE, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	35,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR FUNDING FOR
SARATOGA INSTITUTE, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ASSOCIATION
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12302	14-1664693	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR LAND PROTECTION IN THE TOWN OF WILTON
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	17,800.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SPAC/CAFFE
SARATOGA SENIOR CENTER 290 WEST AVENUE SARATOGA SPRINGS, NY 12302	14-1458762	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR THE NEW SARATOGA SENIOR CENTER
SARATOGA SENIOR CENTER 290 WEST AVENUE SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PALLIATIVE
SARATOGA SHAKESPEARE COMPANY PO BOX 5059 SARATOGA SPRINGS, NY 12866	14-1820889	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF
SARATOGA SPRINGS HIGH SCHOOL 1 BLUE STREAK BLVD. SARATOGA SPRINGS, NY 12866	14-6004187	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL
SARATOGA SPRINGS PRESERVATION FOUNDATION - 112 SPRING STREET SUITE 203 - SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	10,700.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SARATOGA SPRINGS RECREATION DEPARTMENT - 15 VANDERBILT AVENUE - SARATOGA SPRINGS, NY 12866	82-5330036	501(C)(3)	14,643.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A NEW
SCHENECTADY ARC, NYSARC, INC. SCHENECTADY COUNTY CHAPTER - 214 STATE STREET - SCHENECTADY, NY 12203	14-1459277	501(C)(3)	14,993.	0.			GRANT APPROVED BY CFGCR FOR ACQUIRING NEW TECHNOLOGIES
SCHENECTADY COMMUNITY MINISTRIES PO BOX 1049 SCHENECTADY, NY 12210	14-1548263	501(C)(3)	50,000.	0.			GRANT APPROVED BY CFGCR FOR BUILDING HEALTHY NUTRITION TOGETHER

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SCHENECTADY GREENMARKET PO BOX 954 SCHENECTADY, NY 12301	26-3407590	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO ADDRESS FOOD
SCHOHARIE COUNTY COUNCIL OF SENIOR CITIZENS, INC. - 127 KENYON ROAD - COBLESKILL, NY 12043	14-1563740	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12206	14-1818532	501(C)(3)	12,500.	0.			GRANT APPROVED BY CFGCR FOR ENVIRONMENTAL STUDY TEAM URBAN ECOLOGY PROGRAM EQUIP & SUPPLIES
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12020	14-1818532	501(C)(3)	6,000.	0.			GRANT APPROVED BY CFGCR FOR THE SCHOHARIE RIVER ENVIRON STUDY TEAM YOUTH DEVELOPMENT PROGRAM
SERVING CHRIST MINISTRIES, INC. PO BOX 1195 TUTTLE, OK 73089	45-3792761	501(C)(3)	40,800.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR 6 WELLS IN
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	13,355.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	37,500.	0.			GRANT APPROVED BY CFGCR FOR UNDERSTANDING OF HOW EXERCISE & DIET CAN PREVENT CHRONIC STRESS
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	12,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE GUY AND
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL FUND

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SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12206	14-1338498	501(C)(3)	12,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BASKETBALL
SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	70,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO SUPPORT THE
SOUTH END CHILDREN'S CAFE, INC PO BOX 10581 ALBANY, NY 12201	82-3434643	501(C)(3)	29,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ST. ANNE INSTITUTE 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE
ST. ANNE INSTITUTE 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ENDOWMENT
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PATHWAYS
ST. JOHN'S UNIVERSITY SCHOOL OF LAW - 8000 UTOPIA PARKWAY - QUEENS, NY 11439	14-1338455	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE HUGH CAREY
ST. LAWRENCE COUNTY ARTS COUNCIL PO BOX 252 POTSDAM, NY 13676	14-1338455	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE

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ST. LAWRENCE HEALTH FOUNDATION 50 LEROY ST POTSDAM, NY 13676	14-1338455	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	14-1338455	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ST. PAUL'S CENTER, INC. PO BOX 589 RENSSELAER, NY 12144	14-1338455	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR HOMELESS
ST. PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1338455	501(C)(3)	18,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUND - 1270 BELMONT AVENUE - SCHENECTADY, NY	14-1338455	501(C)(3)	6,200.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	14-1338455	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR BECKY'S HOUSE
ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1338455	501(C)(3)	6,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
STILLWATER PUBLIC LIBRARY 662 HUDSON AVENUE STILLWATER, NY 12170	14-1387288	501(C)(3)	75,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE NEW LIBRARY
SUNHEES COMMUNITY PLACE INC 173 4TH ST TROY, NY 12180	82-5261516	501(C)(3)	13,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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SUNY COBLESKILL FOUNDATION 106 SUFFOLK CIRCLE COBLESKILL, NY 12043	23-7106325	501(C)(3)	16,573.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PURPOSE OF
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE BUTLER FOUNDATION 5 ROLLINS PLACE BOSTON, MA 02114	88-4302991	501(C)(3)	24,092.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE BUTTONWOOD FOUNDATION, INC. 11 WALL ST FL 21 NEW YORK CITY, NY 10005	13-6163559	501(C)(3)	200,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SCHOLARSHIPS
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12307	14-1425851	501(C)(3)	8,740.	0.			GRANT APPROVED BY CFGCR FOR THE PRIMARY CARE UPGRADE PROJECT
THE CHARLTON SCHOOL PO BOX 47 BURNT HILLS, NY 12205	14-1416732	501(C)(3)	9,000.	0.			GRANT APPROVED BY CFGCR FOR YOUNG WOMEN IN BIOTECHNOLOGY
THE CHILDREN'S MUSEUM AT SARATOGA 65 SOUTH BROADWAY SARATOGA SPRINGS, NY 12210	14-1739210	501(C)(3)	12,500.	0.			GRANT APPROVED BY CFGCR FOR CLIMATE CHANGE EDUCATION AND DATA LITERACY BACKPACK
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	14-1608921	501(C)(3)	15,300.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	14-1608921	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR HOSPICE PARTNER
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	14-1608921	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SOUTH COAST
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12208	14-1343055	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR YADDO BATS ARE I NTHE ZEITGEIST
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	16,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	19,637.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MARTHA
THE DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12143	14-1623827	501(C)(3)	7,166.	0.			GRANT APPROVED BY CFGCR FOR DOANE STUART STEM PROGRAMS
THE DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE ELLEN SINOPOLI DANCE COMPANY, INC. - PO BOX 775 - TROY, NY 12181	14-1744836	501(C)(3)	17,850.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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THE FIRST REFORMED CHURCH OF SCENECTADY - 8 NORTH CHURCH STREET - SCENECTADY, NY 12305	14-1364528	501(C)(3)	8,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	68-0087989	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE NEW YORK FOLKLORE SOCIETY 129 JAY STREET SCENECTADY, NY 12305	22-2172604	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MOHAWK
THE PINE HOLLOW ARBORETUM 34 PINE HOLLOW RD. SLINGERLANDS, NY 12159	26-1815321	501(C)(3)	5,200.	0.			GRANT APPROVED BY CFGCR FOR THE WILDLIFE PRESERVATION ENHANCEMENTS
THE PINE HOLLOW ARBORETUM 34 PINE HOLLOW RD. SLINGERLANDS, NY 12866	26-1815321	501(C)(3)	5,220.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE - ALBANY, NY 12222	14-1503972	501(C)(3)	12,000.	0.			GRANT APPROVED BY CFGCR FOR ENLA
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE - ALBANY, NY 12301	14-1503972	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ALBANY BOOK
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	21,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL SUPPORT
THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCENECTADY, NY 12305	90-0370316	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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Schedule I (Form 990)

14-1505623

Page 1

**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
TIGER WOODS FOUNDATION 15440 LAGUNA CANYON RD. IRVINE, CA 92618	20-0677815	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TO LIFE! INC. 410 KENWOOD AVENUE DELMAR, NY 12054	14-1808431	501(C)(3)	16,680.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TRADITIONAL ARTS IN UPSTATE NY 53 MAIN STREET CANTON, NY 13617	22-3090439	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12301	14-1340122	501(C)(3)	19,705.	0.			GRANT APPROVED BY CFGCR FOR WELLNESS ADVOCATES LINKING COMMUNITIES
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	26,000.	0.			GRANT APPROVED BY CFGCR FOR URBAN GRIEF
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO SUPPORT THE RACE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12210	14-1340122	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
TRINITY LUTHERAN CHURCH 42 GUY PARK AVENUE AMSTERDAM, NY 12301	23-7179485	501(C)(3)	5,000.	0.			GRANT APPROVED BY CFGCR FOR COMFORT ZONE MINISTRY

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UNITED WAY OF THE GREATER CAPITAL REGION, INC. - 1 STEUBEN PL. - ALBANY, NY 12207	14-1364505	501(C)(3)	17,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12208	23-2378930	501(C)(3)	6,991.	0.			GRANT APPROVED BY CFGCR FOR UNRESTRICTED USE
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CAPITAL
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	6,588.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WASHERS AND
UNIVERSITY AT ALBANY FOUNDATION PO BOX 761 ALBANY, NY 12206	14-1503972	501(C)(3)	12,500.	0.			GRANT APPROVED BY CFGCR FOR THE WEATHER, CLIMATE AND CHEMISTRY CAMP
WALTER ELWOOD MUSEUM 100 CHURCH STREET AMSTERDAM, NY 12866	22-2380788	501(C)(3)	6,000.	0.			GRANT APPROVED BY CFGCR FOR 2023 SUMMER CAMP FOR CHILDREN
WARRIORS ON WHEELS 32 MARWOOD STREET ALBANY, NY 12066	14-1759164	501(C)(3)	5,000.	0.			GRANT APPROVED BY CFGCR FOR GENERAL OPERATING SUPPORT
WATERVLIET CIVIC CHEST, INC. 14TH STREET & 1ST. AVENUE WATERVLIET, NY 12066	14-1387856	501(C)(3)	5,000.	0.			GRANT APPROVED BY CFGCR FOR HOMELESS SERVICES
WILDWOOD FOUNDATION 1190 TROY SCHENECTADY ROAD LATHAM, NY 12534	22-2132752	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR MERGER TECHNOLOGY NEEDS

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TROY PUBLIC LIBRARY 258 HOOSICK ST., SUITE 201 TROY, NY 12180	14-1338576	501(C)(3)	24,368.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TROY PUBLIC LIBRARY FOUNDATION 258 HOOSICK ST., SUITE 201 TROY, NY 12180	22-3118742	501(C)(3)	7,250.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TROY PUBLIC LIBRARY
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12203	22-2270512	501(C)(3)	10,647.	0.			GRANT APPROVED BY CFGCR FOR ACCESSIBILITY UPGRADES FOR TROY MUSIC HUB
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	25,326.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR ZINC QUANTUM DOT SENSORS TO DETECT HEAVY METAL POLLUTANTS IN WATER
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12210	14-1338580	501(C)(3)	12,379.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ROY M.
UNITARIAN UNIVERSALIST ROWE CAMP & CONFERENCE CENTER - PO BOX 273 - ROWE, MA 01367	04-2162408	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SPIRIT OF
UNITED AGAINST POVERTY 1400 27TH ST. VERO BEACH, FL 32960	11-3697936	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL SUPPORT
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVE. EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	14,300.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE EMERGENCY

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WMHT EDUCATIONAL TELECOMMUNICATIONS, INC. - 4 GLOBAL VIEW - TROY, NY 12203	14-1400177	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR RISE OPERATING SUPPORT
ROOTS AND ACTION PO BOX 366252 SAN JUAN, PR 00936-6252	66-0931439	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

**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	184	681,045.	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.

**Part IV** Supplemental Information

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 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: ADIRONDACK EXPERIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ARTISTS & INSPIRATION IN THE WILD EXHIBIT

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CORNERSTONE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: AFP HUDSON MOHAWK CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN REFLECTIONS FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WELLS AND GREEN HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: AGAPE APOSTOLIC CHURCH OF DELIVERANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BREAD OF LIFE FOOD  
PANTRY FOR THANKSGIVING

NAME OF ORGANIZATION OR GOVERNMENT: AGRICULTURAL STEWARDSHIP ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EXTRA OPERATING SUPPORT IN  
HONOR OF NEW DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY CENTER GALLERIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR #CAPITAL WALLS MURAL BIKE  
AND WALKING TOURS

NAME OF ORGANIZATION OR GOVERNMENT:

ALBANY COUNTY HISTORICAL ASSOCIATION | TEN BROECK MANSION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY HOUSING COALITION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY INSTITUTE OF HISTORY & ART

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY LAW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WOMEN'S LEADERSHIP  
INITIATIVE ENDOWED FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ALBANY MEDICAL CENTER - CHILDREN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR DR. SALMAN'S RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY RURAL CEMETERY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CONDUCTOR CIRCLE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: ALZHEIMER'S ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS SERVICE COMMITTEE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ARTS CENTER OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MATCHING SUPPORT OFFERED  
AT THE GALA

NAME OF ORGANIZATION OR GOVERNMENT: AVERILL PARK EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BETHLEHEM CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR VARIOUS CLASSROOM INNOVATION  
GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: BETTER COMMUNITY NEIGHBORHOODS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF HOUSING  
DEVELOPMENT AND COUNSELING

NAME OF ORGANIZATION OR GOVERNMENT: BLUELIGHT DEVELOPMENT GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

BOB CARTER'S ACTOR'S WORKSHOP AND REPERTORY COMPANY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF THE CAPITAL AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: BRING ON THE SPECTRUM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CAFFE LENA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CAFFE LENA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SCHOOL OF MUSIC

NAME OF ORGANIZATION OR GOVERNMENT: CAFFE LENA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BENEFIT OF THE NORDLY'S  
GLOBAL VOICES INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL CITY RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR AN INDUSTRIAL WASHER AND  
DRYER

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL DISTRICT WOMEN'S EMPLOYMENT & RESOURCE CENTER, INC. - WERC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR TECHNOLOGY SUPPORT AND  
SPONSORSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL DISTRICT YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL DISTRICT YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CAMP CHINGACHGOOK

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL REGION CLASSICAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL REGION YOUTH TENNIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL REPERTORY COMPANY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL ROOTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CAPTAIN COMMUNITY HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CATHEDRAL OF ALL SAINTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES TRI-COUNTY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SUNNYSIDE CHILD  
DEVELOPMENT CENTER

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LAW AND JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CITY MISSION OF SCHENECTADY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF SCHENECTADY DBA MUSIC HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

CLINTON COUNTY COMMUNITY COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE COLLEGE  
ADVANCEMENT FOR CLINTON COUNTY HS STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA COUNTY SANCTUARY MOVEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA MEMORIAL HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA MEMORIAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A CONSOLIDATION OF  
GYNECOLOGY AND UROGYNECOLOGY SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF OTSEGO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR FAM FUNDS F/B/O COMMUNITY  
FOUNDATION OF OTSEGO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH EMETH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: CONNECT CENTER FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CONNECT CENTER FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A WASHER AND DRYER

NAME OF ORGANIZATION OR GOVERNMENT:

CORE COMMUNITY ORGANIZED RELIEF EFFORT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR IMMEDIATE AND UNRESTRICTED  
USE

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CORNELL MEN'S LACROSSE

NAME OF ORGANIZATION OR GOVERNMENT: CURATIO MUNDI

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR TWO WELLS IN KENYA

NAME OF ORGANIZATION OR GOVERNMENT: DAKE FOUNDATION FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMMUNITY GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: DOUBLE "H" HOLE IN THE WOODS RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL CAMPAIGN IN  
HONOR OF MAX AND THE ANNUAL GALA

NAME OF ORGANIZATION OR GOVERNMENT: DOUBLE "H" HOLE IN THE WOODS RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: DOUBLE "H" HOLE IN THE WOODS RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF CAMPERSHIPS IN  
HONOR OF LISA MOSER

NAME OF ORGANIZATION OR GOVERNMENT: ELLIS HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE FROM CINDY  
AND DUANE BALL

NAME OF ORGANIZATION OR GOVERNMENT: ELSMERE FIRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: EMPIRE STATE COLLEGE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNDERGRADUATE AND GRADUATE SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: EMPIRE STATE YOUTH ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR YEAR-END FUNDRAISING EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: FAITHWALKING

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PROGRAM SERVICES PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: FISHER HOUSE ALBANY STRATTON VA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FOOD PANTRIES FOR THE CAPITAL DISTRICT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE FOOD ACCESS REFERRAL  
LINE

NAME OF ORGANIZATION OR GOVERNMENT: FOOTHILLS ART SOCIETY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PURCHASE OF A BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: FRANKLIN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM FORUM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE ISRAEL DEFENSE FORCES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WAR EMERGENCY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: GEORGE EASTMAN HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

GLENCLIFF ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PURCHASE AND  
INSTALLATION OF A 12'X24' PAVILION STRUCTURE

NAME OF ORGANIZATION OR GOVERNMENT: GLENS FALLS HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: GLIMMERGLASS OPERA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: GRASSROOT GIVERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE NEW DONATION SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: GREENVILLE CENTRAL SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE APPROVED MINI GRANT  
REQUEST AS AGREED UPON BY THE TRUSTEES

NAME OF ORGANIZATION OR GOVERNMENT: GUILDERLAND FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC ALBANY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE VAN OSTRANDE-RADLIFF  
HOUSE RESTORATION

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC ST. AGNES CEMETERY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS AND TRAVELERS AID SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: HYDE COLLECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EDUCATIONAL PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: IBI SEMPER TRAINING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH PARTNERSHIP FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF COMMUNITY  
CONNECTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH PARTNERSHIP FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATIONS OF NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023 ISRAEL CRISIS

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE JNF-USA ISRAEL  
RESILIENCE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH'S HOUSE & SHELTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH'S HOUSE & SHELTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR 125 SPRINKLER HEADS AT  
KENDALL HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH'S HOUSE & SHELTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

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OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR MEDICAL AND WELLNESS  
SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH'S HOUSE & SHELTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CLOUD-BASED PHONE SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

JUNIOR ACHIEVEMENT OF NORTHEASTERN NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR LEAGUE OF ALBANY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: KIPP TECH VALLEY CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: KUPONA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR FISTULA OPERATIONS IN DAR ES  
SALAAM

NAME OF ORGANIZATION OR GOVERNMENT:

LAKE GEORGE CLUB HISTORIC PRESERVATION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

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OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

LAKE GEORGE OPERA FESTIVAL, INC. OPERA SARATOGA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE SELFISH GIANT

NAME OF ORGANIZATION OR GOVERNMENT: LASALLE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: LEWIS AND CLARK COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PART OF THE URQUHART  
ENDOWED FUND

NAME OF ORGANIZATION OR GOVERNMENT: LIBERTY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: LIVING RESOURCES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WORKSHOP OF WISHES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MARIA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO ADDRESS THE NURSING WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT: MCKOWNVILLE UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: MEDIA ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: MERCY CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: MOHAWK HUDSON HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

MOHAWK VALLEY HEALTH SYSTEM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THIS IS FOR YOU!  
CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

MORGAN STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE GENERAL FUND

NAME OF ORGANIZATION OR GOVERNMENT:

MUSEUM OF INNOVATION AND SCIENCE (MISCI)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL WOMEN'S HISTORY MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: NISKAYUNA CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023 MURRAY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: NISKAYUNA REFORMED CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: OAKWOOD COMMUNITY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: OXFAM AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PALACE THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMMUNITY ENGAGEMENT  
INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: PARK PLAYHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PLAYHOUSE STAGE

NAME OF ORGANIZATION OR GOVERNMENT: PARK PLAYHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE FROM THE  
LASCH/MCNAMEE FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: PITNEY MEADOWS COMMUNITY FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMMUNITY GARDEN  
PERRENIAL FUND IN HONOR OF JOYCE CARROLL

NAME OF ORGANIZATION OR GOVERNMENT: PITNEY MEADOWS COMMUNITY FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE EDUCATION/STAFFING  
INTERN

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE CENTER OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR ADVOCACY IN ACTION

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

RADIX ECOLOGICAL SUSTAINABILITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR KITCHEN EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

RENSSELAER HISTORICAL SOCIETY (HART CLUETT MUSEUM)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: RISE HOUSING AND SUPPORTIVE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE HOMEBASE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RIVERSIDE THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR BENEFACTOR MEMBERSHIP LEVEL

NAME OF ORGANIZATION OR GOVERNMENT: RUSSELL SAGE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023-2024 OPALKA FAMILY  
SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: RUSSELL SAGE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SAINT KATERI TEKAKWITHA PARISH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT APPROVED BY CFGCR FOR POINT OF  
CARE ULTRASOUNDS FOR SARATOGA HOSPITAL RESIDENCY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR OPERATING SUPPORT FOR ACASE

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA INSTITUTE, INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR FUNDING FOR ACASE SCIENCE  
EDUCATION TEACHER TRAINING INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ASSOCIATION FOR THE  
COOPERATIVE ADVANCEMENT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SPAC/CAFFE LENA  
COLLABORATIVE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PALLIATIVE CARE MODEL  
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA SHAKESPEARE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF SEASON

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA SPRINGS HIGH SCHOOL

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL PULVER  
SCHOLARSHIP AWARD

NAME OF ORGANIZATION OR GOVERNMENT:

SARATOGA SPRINGS PRESERVATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

SARATOGA SPRINGS RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A NEW SCOREBOARD

NAME OF ORGANIZATION OR GOVERNMENT: SCHENECTADY GREENMARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO ADDRESS FOOD INSECURITY IN  
CHILDREN THROUGH EDUCATIONAL PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

SCHOHARIE COUNTY COUNCIL OF SENIOR CITIZENS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SERVING CHRIST MINISTRIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR 6 WELLS IN GHANA AND 2 WELLS  
IN BURKINA FASO

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SHAKER HERITAGE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SIENA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE GUY AND DIANE MADDALONE  
SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: SIENA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BASKETBALL ATHLETE  
ACADEMIC INCENTIVE FUND

NAME OF ORGANIZATION OR GOVERNMENT: SKIDMORE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO SUPPORT THE MCCORMACK ARTIST  
SCHOLAR FUND

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH END CHILDREN'S CAFE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANNE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE KITCHEN  
RENOVATION PROJECT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANNE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: ST. CATHERINE'S CENTER FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ENDOWMENT OF THE  
FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ST. CATHERINE'S CENTER FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PATHWAYS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN'S UNIVERSITY SCHOOL OF LAW

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE HUGH CAREY DISPUTE  
MEDIATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ST. LAWRENCE COUNTY ARTS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE CAPITAL  
CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: ST. LAWRENCE HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE BIRTHPLACE  
EXPANSION

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. LAWRENCE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR HOMELESS SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: ST. PETER'S CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER F

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ST. PIUS X CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SUNHEES COMMUNITY PLACE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SUNY COBLESKILL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION



**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PURPOSE OF ESTABLISHING  
A SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS WOMEN'S UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CHANCELLOR'S CIRCLE AND  
THE LEADERSHIP INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT: THE ALBANY ACADEMIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE BUTLER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE COLLEGE OF SAINT ROSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY HOSPICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY HOSPICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR HOSPICE PARTNER - SOUTH  
COAST HOSPICE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY HOSPICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SOUTH COAST HOSPICE, KATH  
DEFILIPPI FUND

NAME OF ORGANIZATION OR GOVERNMENT: THE CORPORATION OF YADDO

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE CORPORATION OF YADDO

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MARTHA WALSH PULVER POET  
IN RESIDENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE DOANE STUART SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

THE ELLEN SINOPOLI DANCE COMPANY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

THE FIRST REFORMED CHURCH OF SCHENECTADY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE HUMANE FARMING ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW YORK FOLKLORE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MOHAWK HUDSON FOLKLIFE  
FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: THE PINE HOLLOW ARBORETUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY AT ALBANY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ALBANY BOOK FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: THINGS OF MY VERY OWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: TIGER WOODS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: TO LIFE! INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: TRADITIONAL ARTS IN UPSTATE NY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE CAPITAL  
PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

TRINITY ALLIANCE OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE TO SUPPORT  
CHILDREN AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

TRINITY ALLIANCE OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO SUPPORT THE RACE TO 10,000  
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

TRINITY ALLIANCE OF THE CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: TROY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TROY SAVINGS BANK MUSIC HALL CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: UNION COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ROY M. HERSHEY '68  
ENDOWED LEGACY SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

UNITARIAN UNIVERSALIST ROWE CAMP & CONFERENCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SPIRIT OF ROWE FUND

NAME OF ORGANIZATION OR GOVERNMENT: UNITED AGAINST POVERTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL SUPPORT AND 20 FOR  
20 COMMUNITY CHAMPIONS

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE EMERGENCY ISRAEL  
CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF THE GREATER CAPITAL REGION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION

**Part IV** Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: UNITY HOUSE OF TROY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CAPITAL IMPROVEMENTS AT A  
CHILD'S PLACE IN TROY

NAME OF ORGANIZATION OR GOVERNMENT: UNITY HOUSE OF TROY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WASHERS AND DRYERS FOR THE  
COMMUNITY RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: ROOTS AND ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION  
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED USE

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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

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**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

14-1505623

**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 PRESIDENT & CEO	(i)	197,453.	7,723.	0.	12,263.	13,809.	231,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY D. MARIANO CFO	(i)	133,542.	10,997.	0.	8,343.	11,737.	164,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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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 460 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 \$126.2 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2023, THE FOUNDATION GRANTED AND FACILITATED OVER \$9.1 MILLION IN 1,562 GRANTS.

OF THESE GRANTS, 235 NONPROFIT PROGRAMS RECEIVED UP TO \$5,000 EACH. THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2023 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 2023, THE PED SCHOLARSHIP GRANTED MORE THAN \$484,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$702,000 GRANTED THROUGH 194 SCHOLARSHIPS.

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

THE AUDIT COMMITTEE REVIEWED THE DRAFT FORM 990 AND SUGGESTED CHANGES WERE MADE. THE FORM 990 WAS PRESENTED TO ALL BOARD MEMBERS ELECTRONICALLY BEFORE FILING. THE IRS FORM 990 IS PREPARED BY CFGCR'S AUDITING FIRM.

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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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 -48,631.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.
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Employer identification number	14-1505623
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**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	No

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

Schedule R (Form 990) 2023

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

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

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

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**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)			



**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

**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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.



Type and Entity: FLOW THROUGH INVESTMEN POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2019	9,198.	9,198.	1,990.	7,208.							
B	2023	41,706.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: CONTRIBUTION - 50% CASH FED  
 Section 382 Annual Limitation Section 382 Carryover  
**DETAIL CARRYOVER SCHEDULE**

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2019	81.	81.	81.									
B 2023	12.											
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: NOL NY		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A	2019	8,948.	8,948.	992.	7,379.	577.						
B	2023	41,706.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
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V												
W												

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

## 2023

Department of the Treasury  
Internal Revenue Service

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2 TOWER PLACE, EXECUTIVE PARK</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ALBANY, NY 12203</b></p>	<p><b>D</b> Employer identification number  <b>14-1505623</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>110,463,310.</b></p>			
<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university  <input type="checkbox"/> 6417(d)(1)(A) Applicable entity</p>			
<p><b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the name and identifying number of the parent corporation</p>			
<p><b>L</b> The books are in care of <b>TERRY D. MARIANO, CFO</b> Telephone number <b>518-446-9638</b></p>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b Other credits (see instructions) ..... <b>SEE STATEMENT 1</b>	1b	6.	
c General business credit. Attach Form 3800 (see instructions) .....	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	1d		
e <b>Total credits.</b> Add lines 1a through 1d .....	1e	6.	
2 Subtract line 1e from Part II, line 7 .....	2	-6.	
3a Amount due from Form 4255 .....	3a		
b Amount due from Form 8611 .....	3b		
c Amount due from Form 8697 .....	3c		
d Amount due from Form 8866 .....	3d		
e Other amounts due (see instructions) .....	3e		
f <b>Total amounts due.</b> Add lines 3a through 3e .....	3f	0.	
4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4	0.	
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5	0.	

<b>Part III Tax and Payments</b> (continued)			
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	5,000.
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	5,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	5,000.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 5,000. <b>Refunded</b>	<b>11</b>	0.

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

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
			PRESIDENT & CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JEREMY COLE	JEREMY COLE	10/21/24	PTIN 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 below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------------------------------------------------	-----------------------------------------	-----------------------------



**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>THE COMMUNITY FOUNDATION FOR THE GREAT CAPITAL REGION, INC.</b>	<b>B</b> Employer identification number <b>14-1505623</b>
<b>C</b> Unrelated business activity code (see instructions) <b>525990</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **FLOW THROUGH INVESTMENT**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>	1,855.		1,855.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>	-997.		-997.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 2</b>	<b>5</b>	-30,579.		-30,579.
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) <b>STMT 3</b>	<b>12</b>	649.		649.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	-29,072.		-29,072.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)					
<b>2</b> Salaries and wages					
<b>3</b> Repairs and maintenance					
<b>4</b> Bad debts					
<b>5</b> Interest (attach statement). See instructions					
<b>6</b> Taxes and licenses					12,634.
<b>7</b> Depreciation (attach Form 4562). See instructions		7			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		8a		8b	
<b>9</b> Depletion					
<b>10</b> Contributions to deferred compensation plans					
<b>11</b> Employee benefit programs					
<b>12</b> Excess exempt expenses (Part VIII)					
<b>13</b> Excess readership costs (Part IX)					
<b>14</b> Other deductions (attach statement)					
<b>15 Total deductions.</b> Add lines 1 through 14					12,634.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					-41,706.
<b>17</b> Deduction for net operating loss. See instructions					0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16					-41,706.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

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

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

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

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

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

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

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

**Part IX Advertising Income**

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

- A
- B
- C
- D

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

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

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

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

5 Readership costs .....				
--------------------------	--	--	--	--

6 Circulation income .....				
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7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
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8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
----------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

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

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2023**

Name <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>49.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b> ( )	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>49.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>1,806.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>1,806.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>49.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>1,806.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>1,855.</b>

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

Form **8949**

Department of the Treasury  
Internal Revenue Service

### Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

Social security number or  
taxpayer identification no.  
**14-1505623**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NEWBURY EQUITY PARTNERS V L.P							49.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked) .....								49.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

**Social security number or  
taxpayer identification no.**

**14-1505623**

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)		
						(f) Code(s)	(g) Amount of adjustment			
	PERENNIAL REAL ESTATE FUND II, LP							-273.	C	
	ROCKET INTERNET CAPITAL PARTNERS SCS							-2,931.	C	
	NEWBURY EQUITY PARTNERS V L.P							5,010.	C	
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....									1,806.	

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Identifying number

14-1505623

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

1a

1b

1c

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: SEE STATEMENT 4

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

3

4

5

6

7

-997.

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

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

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

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Rows 10-16 are empty.

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

11

12

13

14

15

16

17

( 997 )

-997.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines
a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the
loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used
as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1
(Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.



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

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

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

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

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

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

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2023**

Name <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
----------------------------------------------------------------------------------	-----------------------------------------------------

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>49.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>49.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>1,806.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>1,806.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>49.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>1,806.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>1,855.</b>

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

Form **8949**

Department of the Treasury  
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No. 1545-0074

# 2023

Attachment  
Sequence No. **12A**

Name(s) shown on return

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

Social security number or  
taxpayer identification no.

**14-1505623**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NEWBURY EQUITY PARTNERS V L.P							49.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) .....								49.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Social security number or taxpayer identification no. 14-1505623

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include PERENNIAL REAL ESTATE FUND II, LP, ROCKET INTERNET CAPITAL PARTNERS SCS, NEWBURY EQUITY PARTNERS V L.P. Total: 1,806.

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

**Alternative Minimum Tax-Corporations**

**2023**

Attach to your tax return.  
 Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

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

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

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)  
 If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

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

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

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

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:				
<b>a</b> AFSI from line 5 .....	<b>10a</b>			
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>			
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>			
<b>11</b> Adjustments:				
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>			
<b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>11b</b>			
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>			
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>			
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>			
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>			
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....				<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....				<b>15</b>

- 16** Is line 15 \$100 million or more?  
 **Yes.** Continue to Part II.  
 **No.** STOP here. Attach to your tax return.

**Part II Corporate Alternative Minimum Tax**

<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
<b>a</b>	Consolidated net income or loss per the AFS of the corporation .....	<b>1a</b> -42,706.
<b>b</b>	Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....	<b>1b</b>
<b>c</b>	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....	<b>1c</b>
<b>d</b>	Adjustment for certain consolidating entries (see instructions) .....	<b>1d</b>
<b>e</b>	Specified additional net income or loss item D. Reserved for future use .....	<b>1e</b>
<b>f</b>	AFS net income or loss before adjustments. Combine lines 1a through 1d .....	<b>1f</b> -42,706.
<b>2</b> Adjustments:		
<b>a</b>	Financial statements covering different tax years .....	<b>2a</b>
<b>b</b>	Reserved for future use - Adjustment 2b .....	<b>2b</b>
<b>c</b>	Corporations that are not included on the taxpayers - consolidated return (see instructions) .....	<b>2c</b>
<b>d</b>	The corporation's distributive share of adjusted financial statement income of partnerships .....	<b>2d</b>
<b>e</b>	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions) .....	<b>2e</b>
<b>f</b>	Amounts that are not effectively connected to a U.S. trade or business .....	<b>2f</b>
<b>g</b>	Certain taxes. Enter the amount from Part III, line 7 .....	<b>2g</b>
<b>h</b>	Patronage dividends and per-unit retain allocations (cooperatives only) .....	<b>2h</b>
<b>i</b>	Alaska native corporations .....	<b>2i</b>
<b>j</b>	Certain credits (see instructions) .....	<b>2j</b>
<b>k</b>	Mortgage servicing income .....	<b>2k</b>
<b>l</b>	Covered benefit plans described in section 56A(c)(11)(B) .....	<b>2l</b>
<b>m</b>	Tax-exempt entities (organizations subject to tax under section 511) .....	<b>2m</b>
<b>n</b>	Depreciation .....	<b>2n</b>
<b>o</b>	Qualified wireless spectrum .....	<b>2o</b>
<b>p</b>	Covered transactions .....	<b>2p</b>
<b>q</b>	Adjustments related to bankruptcy and insolvency .....	<b>2q</b>
<b>r</b>	Certain insurance company adjustments .....	<b>2r</b>
<b>s</b>	AFSI adjustment S - Reserved for future use .....	<b>2s</b>
<b>t</b>	AFSI adjustment T - Reserved for future use .....	<b>2t</b>
<b>u</b>	AFSI adjustment U - Reserved for future use .....	<b>2u</b>
<b>z</b>	Other (see instructions) .....	<b>2z</b> -858.
<b>3</b>	Total adjustments. Combine lines 2a through 2z .....	<b>3</b> -858.
<b>4</b>	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....	<b>4</b> -43,564.
<b>5</b>	Financial statement net operating loss (FSNOL) (see instructions) .....	<b>5</b>
<b>6</b>	AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....	<b>6</b>
<b>7</b>	Multiply line 6 by 15% (0.15) .....	<b>7</b>
<b>8</b>	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....	<b>8</b>
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....	<b>9</b>
<b>10</b>	Regular tax liability (see instructions) .....	<b>10</b>
<b>11</b>	Base erosion minimum tax (see instructions) .....	<b>11</b>
<b>12</b>	Combine lines 10 and 11 .....	<b>12</b>
<b>13</b>	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>13</b>

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

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

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

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



Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 27

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

Name(s) shown on return

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Identifying number

14-1505623

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

1a

1b

1c

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: SEE STATEMENT 7

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

3

4

5

6

7

-997.

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

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

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

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Rows 10-16 are empty.

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

11

12

13

14

15

16

17

( 997 )

-997.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines
a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the
loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used
as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1
(Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

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

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

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

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

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

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

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Identifying number (see instructions) <b>14-1505623</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>EIGHTFOLD REAL ESTATE CAPITAL FUND V, LP</b>	<b>36-4846127</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>EIGHTFOLD REAL ESTATE CAPITAL FUND V CAYMAN CORP</b>	<b>5a</b> Identifying number, if any <b>98-1337057</b>
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<b>6</b> Address (including country) <b>CRICKET SQUARE, HUTCHINS DRIVE, P.O. BOX 2681 GRAND CAYMAN CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CAYMAN ISLANDS**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		2,029,827.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .149 % (b) After .147 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Identifying number (see instructions) <b>14-1505623</b>
------------------------------------------------------------------------------------------------	------------------------------------------------------------

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>SOF-XII INTERNATIONAL BLOCKER LP</b>	<b>5a</b> Identifying number, if any <b>98-1551824</b>
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<b>6</b> Address (including country) <b>79 WELLINGTON STREET WEST, SUITE 3000 TORONTO, ONTARIO M5K 1N2 CANADA</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CANADA**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		104,511.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 3.040 % (b) After 3.040 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Identifying number (see instructions) <b>14-1505623</b>
------------------------------------------------------------------------------------------------	------------------------------------------------------------

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>DKIP (CAYMAN) II LP</b>	<b>5a</b> Identifying number, if any
<b>6</b> Address (including country) <b>190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
<b>7</b> Country code of country of incorporation or organization <b>CAYMAN ISLANDS</b>	
<b>8</b> Foreign law characterization (see instructions) <b>CORPORATION</b>	

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		3,173,761.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .047 % (b) After .047 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Identifying number (see instructions) <b>14-1505623</b>
------------------------------------------------------------------------------------------------	------------------------------------------------------------

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>NUT TREE OFFSHORE FUND LTD</b>	<b>5a</b> Identifying number, if any <b>98-1266924</b>
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<b>6</b> Address (including country) <b>P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN, GRAND CAYMAN CYPRUS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CY**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/30/2023		200,000.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .048 % (b) After .046 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Identifying number (see instructions) <b>14-1505623</b>
------------------------------------------------------------------------------------------------	------------------------------------------------------------

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>TACONIC OPPORTUNITY OFFSHORE FUND LTD</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>39 MARKET STREET SUITE 3205 GRAND CAYMAN, GRAND CAYMAN CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/01/2023		1,000,000.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .039 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

## Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 10/21/2024 07:27:00  FORM 990 FORM 926(6)	EXPORTED ON 10/21/2024 07:27:20  FORM 990-T SCHEDULE D (1120) FORM 4626 FORM 4797 FORM 8949

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Identifying number (see instructions) <b>14-1505623</b>
------------------------------------------------------------------------------------------------	------------------------------------------------------------

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>SILVER POINT CAPITAL OFFSHORE FUND, LTD.</b>	5a Identifying number, if any
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6 Address (including country) <b>190 ELGIN AVENUE, GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS CAYMAN ISLANDS</b>	5b Reference ID number <b>N/A</b>
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7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	05/26/2023		1,150,000.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
<b>Totals</b>					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
<b>Totals</b>						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .019 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
  - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
  - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>THE COMMUNITY FOUNDATION FOR THE GREAT CAPITAL REGION, INC.</b>	<b>B</b> Employer identification number <b>14-1505623</b>
<b>C</b> Unrelated business activity code (see instructions) <b>525990</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E Describe the unrelated trade or business** **FLOW THROUGH INVESTMENT**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 1,855.		1,855.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b> -997.		-997.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 2</b>	<b>5</b> -30,579.		-30,579.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 3</b>	<b>12</b> 649.		649.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -29,072.		-29,072.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	12,634.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	12,634.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-41,706.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	-41,706.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

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

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

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

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



**Part IX Advertising Income**

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

- A
- B
- C
- D

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

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

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

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

5 Readership costs .....

6 Circulation income .....

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.
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**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	764.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE INCOME	-2,417.
PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME	220.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	1.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)	952.
GEM REALTY FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-736.
GEM REALTY FUND VI, L.P. - NET RENTAL REAL ESTATE INCOME	-1,978.
NEWBURY EQUITY PARTNERS V L.P - ORDINARY BUSINESS INCOME (LOSS)	-228.
NEWBURY EQUITY PARTNERS V L.P - NET RENTAL REAL ESTATE INCOME	-16.
NEWBURY EQUITY PARTNERS V L.P - INTEREST INCOME	1,132.
NEWBURY EQUITY PARTNERS V L.P - DIVIDEND INCOME	746.
NEWBURY EQUITY PARTNERS V L.P - OTHER PORTFOLIO INCOME (LOSS)	45.
NEWBURY EQUITY PARTNERS V L.P - OTHER INCOME (LOSS)	-11,913.
LEGACY VENTURE X, LLC - OTHER INCOME (LOSS)	659.
WHEELLOCK STREET REAL ESTATE FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-7,836.
WHEELLOCK STREET REAL ESTATE FUND VII, LP - NET RENTAL REAL ESTATE INCOME	-9,959.
SOF-XII VIP OFFSHORE, LP C/O STARWOOD CAPITAL GROUP - ORDINARY BUSINESS INCO	-15.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>-30,579.</b>

FORM 990-T (A)

OTHER INCOME

STATEMENT 3

DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - PERENNIAL REAL ESTATE FUND II, LP	649.
<b>TOTAL TO SCHEDULE A, PART I, LINE 12</b>	<b>649.</b>

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2023**

Name <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
----------------------------------------------------------------------------------	-----------------------------------------------------

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>49.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>49.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>1,806.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>1,806.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>49.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>1,806.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>1,855.</b>

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

Form **8949**

Department of the Treasury  
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.  
Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

Social security number or  
taxpayer identification no.

**14-1505623**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NEWBURY EQUITY PARTNERS V L.P							49. C
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) .....								49.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1  
**THE COMMUNITY FOUNDATION FOR THE GREATER  
 CAPITAL REGION, INC.**

**Social security number or  
 taxpayer identification no.**  
**14-1505623**

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.  
**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)		
						(f) Code(s)	(g) Amount of adjustment			
	PERENNIAL REAL ESTATE FUND II, LP							-273.	C	
	ROCKET INTERNET CAPITAL PARTNERS SCS							-2,931.	C	
	NEWBURY EQUITY PARTNERS V L.P							5,010.	C	
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....									1,806.	

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

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

**THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.**

Identifying number

**14-1505623**

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

**1a**

**1b**

**1c**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 4</b>						

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

**3**

**4**

**5**

**6**

**7**

**-997.**

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

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

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

**8**

**9**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11**

**12**

**13**

**14**

**15**

**16**

**17**

**( 997 )**

**-997.**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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