

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 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

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	C Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.		D Employer identification number 14-1505623
	Doing business as		E Telephone number 518-446-9638
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2 TOWER PLACE, EXECUTIVE PARK		G Gross receipts \$ 23,756,581.
	City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12203		
F Name and address of principal officer: JOHN EBERLE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: **WWW.CFGCR.ORG**
K Form of organization: Corporation Trust Association Other **L** Year of formation: **1968** **M** State of legal domicile: **NY**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	49,166.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	127,154.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	18,220,903.	9,584,370.
	9 Program service revenue (Part VIII, line 2g)	160,070.	137,601.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,481,692.	1,992,724.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,087.	25,759.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,885,752.	11,740,454.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,270,527.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		888,601.	1,046,469.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		178,557.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,095,093.	907,306.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,254,221.	8,524,230.
19 Revenue less expenses. Subtract line 18 from line 12	15,631,531.	3,216,224.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 120,227,075.	End of Year 100,799,889.
	21 Total liabilities (Part X, line 26)	4,434,543.	3,733,297.
	22 Net assets or fund balances. Subtract line 21 from line 20	115,792,532.	97,066,592.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JOHN EBERLE, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JUDY A. CAHEE	JUDY A. CAHEE	11/01/23		P00281935
Firm's Information	Firm's name	Firm's EIN		Phone no.	
	BST & CO. CPAS, LLP 10 BRITISH AMERICAN BLVD LATHAM, NY 12110	14-1442607		(518) 459-6700	

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 \$ 7,166,210. including grants of \$ 6,570,455.) (Revenue \$ 137,601.)
SEE SCHEDULE O.

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

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

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

4e Total program service expenses 7,166,210.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 5	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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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
1a	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.	21	
b	Enter the number of voting members included on line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

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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			199,901.	0.	24,281.	
(2) TERRY D. MARIANO CFO	40.00			X			135,837.	0.	18,619.	
(3) ALICIA LASCH CHAIR	2.00	X		X			0.	0.	0.	
(4) MARK EAGAN IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(5) ROBERT T. HENNES TREASURER	1.00	X		X			0.	0.	0.	
(6) BELINDA HILTON SECRETARY	1.00	X		X			0.	0.	0.	
(7) ROBERT S. REYNOLDS, ESQ. FIRST VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) HON. DORCEY APPLYS, DRPH, MPH DIRECTOR	1.00	X					0.	0.	0.	
(9) CHRISTOPHER L. CIMIJOTTI, CPA DIRECTOR	1.00	X					0.	0.	0.	
(10) JEAN BEDELL, CPA DIRECTOR	1.00	X					0.	0.	0.	
(11) M. CHRISTIAN BENDER DIRECTOR	1.00	X					0.	0.	0.	
(12) ELDON HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(13) EILEEN MCLOUGHLIN DIRECTOR	1.00	X					0.	0.	0.	
(14) MEAGHAN E. MURPHY, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(15) MURRAY CARL MASSRY DIRECTOR	1.00	X					0.	0.	0.	
(16) CHESTER OPALKA DIRECTOR	1.00	X					0.	0.	0.	
(17) AIMEE DAKE DIRECTOR	1.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEIDI KNOBLAUCH, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(19) JOHN W. RODAT DIRECTOR	1.00	X					0.	0.	0.	
(20) ROBERT F. AUDI, CPA DIRECTOR	1.00	X					0.	0.	0.	
(21) FRANK M. SLINGERLAND DIRECTOR	1.00	X					0.	0.	0.	
(22) JESSICA BACKER BRAND, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(23) DR. FREDERICK WETZEL DIRECTOR	1.00	X					0.	0.	0.	
(24) WALTER THORNE DIRECTOR	1.00	X					0.	0.	0.	
(25) DAVID CRAFT, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							335,738.	0.	42,900.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							335,738.	0.	42,900.	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	23,430.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,560,940.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		9,584,370.				
Program Service Revenue	2 a	FEEES FOR SERVICE	Business Code	561000	137,601.	137,601.		
	b						
	c						
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		137,601.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,759,185.		49,166.	1710019.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	12,228,510.			
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	11,994,971.				
	c	Gain or (loss)	7c	233,539.				
d	Net gain or (loss)		233,539.			233,539.		
8 a	Gross income from fundraising events (not including \$ 23,430. of contributions reported on line 1c). See Part IV, line 18	8a		46,915.				
				21,156.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events		25,759.			25,759.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		11,740,454.	137,601.	49,166.	1969317.		

**THE COMMUNITY FOUNDATION FOR THE GREATER
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,852,637.	5,852,637.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	717,818.	717,818.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	378,639.	81,703.	240,890.	56,046.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	545,028.	307,496.	161,544.	75,988.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,157.	19,195.	8,930.	3,032.
9 Other employee benefits	23,293.	16,631.	4,332.	2,330.
10 Payroll taxes	68,352.	31,434.	28,891.	8,027.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,791.		13,791.	
c Accounting	33,250.		33,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	512,257.		512,257.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	22,973.	17,091.	4,841.	1,041.
12 Advertising and promotion	36,797.		36,797.	
13 Office expenses	26,551.	8,985.	15,271.	2,295.
14 Information technology				
15 Royalties				
16 Occupancy	124,658.	57,328.	52,690.	14,640.
17 Travel	2,456.	1,129.	1,038.	289.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,061.	7,202.	3,020.	839.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,184.	9,742.	8,954.	2,488.
23 Insurance	18,004.	1,120.	16,598.	286.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT LEASES/MAINT	51,759.	23,803.	21,877.	6,079.
b PROF. DEVELOPMENT	28,041.	12,896.	11,852.	3,293.
c FILING FEES	2,640.		2,640.	
d EVENTS	1,884.			1,884.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,524,230.	7,166,210.	1,179,463.	178,557.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	660,000.	1	806,241.	
	2 Savings and temporary cash investments	1,290,291.	2	1,044,184.	
	3 Pledges and grants receivable, net	876,337.	3	617,500.	
	4 Accounts receivable, net	3,500.	4	13,000.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	36,112.	9	34,634.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 210,669.			
	b Less: accumulated depreciation	10b 163,115.	63,408.	10c	47,554.
	11 Investments - publicly traded securities	68,341,230.	11	57,551,531.	
	12 Investments - other securities. See Part IV, line 11	47,292,634.	12	39,116,561.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,663,563.	15	1,568,684.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,227,075.	16	100,799,889.		
Liabilities	17 Accounts payable and accrued expenses	42,524.	17	61,623.	
	18 Grants payable	296,327.	18	141,126.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,095,692.	25	3,530,548.	
	26 Total liabilities. Add lines 17 through 25	4,434,543.	26	3,733,297.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	50,451,319.	27	40,068,830.	
	28 Net assets with donor restrictions	65,341,213.	28	56,997,762.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	115,792,532.	32	97,066,592.	
33 Total liabilities and net assets/fund balances	120,227,075.	33	100,799,889.		

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**THE COMMUNITY FOUNDATION FOR THE GREATER
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Form 990 (2022)

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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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,740,454.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,524,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,216,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,792,532.
5	Net unrealized gains (losses) on investments	5	-21,942,164.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,066,592.

Part XII Financial Statements and Reporting

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

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

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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

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

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

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8154930.	6452428.	5742558.	18220903.	9584370.	48155189.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8154930.	6452428.	5742558.	18220903.	9584370.	48155189.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6296827.
6 Public support. Subtract line 5 from line 4.						41858362.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8154930.	6452428.	5742558.	18220903.	9584370.	48155189.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1365665.	1477719.	1162813.	1406076.	1710019.	7122292.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,990.	10,061.	49,166.	61,217.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						55338698.
12 Gross receipts from related activities, etc. (see instructions)					12	665,097.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	75.64 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.69 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

THE COMMUNITY FOUNDATION FOR THE GREATER
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2022

14-1505623 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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).

Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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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		\$ <u>2,282,476.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,752,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>827,143.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>806,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>602,360.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>307,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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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>250,000.</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>245,826.</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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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 THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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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 THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and 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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		2,250.
j Total. Add lines 1c through 1i			2,250.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PAYMENT TO A THIRD PARTY FOR LOBBYING SERVICES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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	204	
2 Aggregate value of contributions to (during year)	5,175,669.	
3 Aggregate value of grants from (during year)	4,358,627.	
4 Aggregate value at end of year	29,415,101.	
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 in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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) 2022

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	71,284,850.	51,222,338.	46,290,439.	39,269,103.	40,098,853.
b Contributions	5,970,280.	13,062,621.	1,079,063.	1,461,773.	4,635,854.
c Net investment earnings, gains, and losses	-12,945,237.	8,911,821.	5,662,341.	7,212,076.	-3,858,565.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,456,056.	1,911,930.	1,809,505.	1,652,513.	1,607,039.
f Administrative expenses					
g End of year balance	61,853,837.	71,284,850.	51,222,338.	46,290,439.	39,269,103.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 10.6800 %
- b** Permanent endowment 83.4000 %
- c** Term endowment 5.9200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		210,669.	163,115.	47,554.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				47,554.

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

Schedule D (Form 990) 2022

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) COMMINGLED/OTHER		
(B) INVESTMENTS	39,116,561.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	39,116,561.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUST	
(3) LIABILITY	40,753.
(4) CHARITABLE GIFT ANNUITY LIABILITY	215,006.
(5) AGENCY ENDOWMENTS	3,106,828.
(6) OPERATING LEASE LIABILITY	167,961.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,530,548.

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) 2022

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	-10,692,811.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-21,942,164.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-21,942,164.
3	Subtract line 2e from line 1	3	11,249,353.
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	512,257.
b	Other (Describe in Part XIII.)	4b	-21,156.
c	Add lines 4a and 4b	4c	491,101.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,740,454.

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

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

1	Total expenses and losses per audited financial statements	1	8,033,129.
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	21,156.
e	Add lines 2a through 2d	2e	21,156.
3	Subtract line 2e from line 1	3	8,011,973.
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	512,257.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	512,257.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,524,230.

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, 2022.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT -21,156.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 21,156.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
14-1505623

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		9,202,994.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		1,977,969.
3 a Subtotal	0	0			11,180,963.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			11,180,963.

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

Schedule F (Form 990) 2022

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.

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

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

3 Enter total number of other organizations or entities ► _____

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

14-1505623

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 Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Lined area for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

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			
Total						

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

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 LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	70,345.		70,345.
	2	Less: Contributions	23,430.		23,430.
	3	Gross income (line 1 minus line 2)	46,915.		46,915.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,317.		10,317.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,839.		10,839.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			21,156.
11	Net income summary. Subtract line 10 from line 3, column (d)			25,759.	

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: _____

THE COMMUNITY FOUNDATION FOR THE GREATER
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- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A DAPPLE A DAY EQUINE CENTER 16 FOX FARM ROAD QUEENSBURY, NY 12804	86-1293763	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR GENERAL OPERATING SUPPORT
AIM SERVICES INC. 4227 ROUTE 50 SARATOGA SPRINGS, NY 12866	14-1609398	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR RESPITE PROGRAM
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	12,039.	0.			GRANT APPROVED BY CFGCR FOR FOR THE STACK FAMILY CENTER FOR BIOPHARMACUTICAL
ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVENUE MC119 ALBANY, NY 12208	14-1338310	501(C)(3)	5,686.	0.			GRANT APPROVED BY CFGCR FOR LOW-INSTENSITY ULTRASOUND APPLICATION USED TO PROMOTE NERVE
BLUELIGHT DEVELOPMENT GROUP 135 SOUTH PEARL STREET FLOOR 2 ALBANY, NY 12202	81-3475487	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR SOUTH END GROCERY
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	25,000.	0.			GRANT APPROVED BY CFGCR FOR HEALTHY HABITS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **209.**

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

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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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
BRING ON THE SPECTRUM, INC. 71 FULLER ROAD #6 ALBANY, NY 12205	84-5002321	501(C)(3)	22,500.	0.			GRANT APPROVED BY CFGCR FOR BOTS SOCIAL GROUPS & STEM
CAPITAL AREA URBAN LEAGUE 45 COLVIN AVENUE ALBANY, NY 12206	27-0209459	501(C)(3)	12,288.	0.			GRANT APPROVED BY CFGCR FOR FOR THE ACQUISITION OF OFFICE SPACE AT 45 COLVIN AVE.
CAPITAL DISTRICT LATINOS, INC. 160 CENTRAL AVENUE ALBANY, NY 12206	45-3647494	501(C)(3)	30,000.	0.			GRANT APPROVED BY CFGCR FOR THE HEALTH AND WELLNESS PROGRAM
CAPITAL REGION BOCES 900 WATERVLIET-SHAKER ROAD ALBANY, NY 12205	14-6009582	501(C)(3)	12,000.	0.			GRANT APPROVED BY CFGCR FOR HEALTHCARE SIMULATION LAB
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	38,000.	0.			GRANT APPROVED BY CFGCR FOR INCREASING HEALTHY FOOD ACCESS ACROSS THE CAPITAL REGION
CATHOLIC CHARITIES HOUSING OFFICE 43 NORTH MAIN AVENUE ALBANY, NY 12203	14-1752466	501(C)(3)	6,000.	0.			GRANT APPROVED BY CFGCR FOR A CASE MANAGEMENT VEHICLE
CENTER FOR LAW AND JUSTICE PINE WEST PLAZA, BUILDING 2 ALBANY, NY 12205	22-3078866	501(C)(3)	9,000.	0.			GRANT APPROVED BY CFGCR FOR ALBANY LAW ENFORCEMENT ASSISTED DIVERSION
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. - 431 EAST FAYETTE STREET SUITE 100 - SYRACUSE, NY 13202	15-0626910	501(C)(3)	6,250.	0.			GRANT APPROVED BY CFGCR FOR FOR HEATHER MCGHEE, JANUARY 17, 2023
COHOES CONNECT PROJECT, INC. 49 JOHNSTON AVENUE COHOES, NY 12047	45-4737831	501(C)(3)	12,000.	0.			GRANT APPROVED BY CFGCR FOR FIRST LEGO LEAGUE

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COMFORT FOOD OF WASHINGTON COUNTY PO BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	65,460.	0.			GRANT APPROVED BY CFGCR FOR THE COMFORT FOOD COMMUNITY'S THREE-PRONGED APPROACH TO TACKLING
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE ALBANY, NY 12203	14-1778951	501(C)(3)	18,000.	0.			GRANT APPROVED BY CFGCR FOR HEALTHY ELDER, HEALTHY COMMUNITIES AND SERVICES FOR INDIVIDUALS
DUANESBURG CENTRAL SCHOOL DISTRICT 133 SCHOOL DRIVE DELANSON, NY 12053	14-6001414	501(C)(3)	9,175.	0.			GRANT APPROVED BY CFGCR FOR ZERO WASTE/TONS OF LEARNING
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET SCHENECTADY, NY 12305	22-2317557	501(C)(3)	5,785.	0.			GRANT APPROVED BY CFGCR FOR GENERAL OPERATING SUPPORT
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR TRANSITIONAL LIVING PROGRAM
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	50,000.	0.			GRANT APPROVED BY CFGCR FOR FOOD AS MEDICINE
FUTURE OF SMALL CITIES, INC. 124 ELMGROVE AVENUE TROY, NY 12180	85-2941849	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR THE FOCUS LAB
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	12,000.	0.			GRANT APPROVED BY CFGCR FOR SERVING THE HOMELESS IN AMSTERDAM
NEW YORK STATE NETWORK FOR YOUTH SUCCESS - 415 RIVER STREET SECOND FLOOR - TROY, NY 12180	13-3841114	501(C)(3)	10,990.	0.			GRANT APPROVED BY CFGCR FOR AFTERSCHOOL ACCREDITATION PROJECT

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NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	35,000.	0.			GRANT APPROVED BY CFGCR FOR REBUILDING AND REIMAGINING THE NORTHEAST KIDNEY FOUNDATION
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	5,817.	0.			GRANT APPROVED BY CFGCR FOR THE SOLIDIFYING OUR FOOD SECURITY INITIATIVE
REACH OUT AND READ, INC. 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR GREATER CAPITAL REGION RX FOR SUCCESS
RENSSELAER PLATEAU ALLIANCE PO BOX 790 AVERILL PARK, NY 12018	94-3444825	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR THE EQUAL ACCES ADA TRAIL AT ALBERT FAMILY COMMUNITY FOREST
SARATOGA REGIONAL YMCA 290 WEST AVENUE SARATOGA SPRINGS, NY 12866	14-1427442	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR CAPITAL PROJECT
SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	30,000.	0.			GRANT APPROVED BY CFGCR FOR BUILDING HEALTHIER SENIORS
SCHENECTADY COMMUNITY ACTION PROGRAM, INC. - 913 ALBANY STREET - SCHENECTADY, NY 12302	14-6034637	501(C)(3)	8,000.	0.			GRANT APPROVED BY CFGCR FOR SOJOURN HOUSE
SCHENECTADY COMMUNITY MINISTRIES PO BOX 1049 SCHENECTADY, NY 12301	14-1548263	501(C)(3)	50,000.	0.			GRANT APPROVED BY CFGCR FOR BUILDING HEALTHY NUTRITION TOGETHER
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR ENVIRONMENTAL STUDY TEAM

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SENIOR HOPE COUNSELING, INC. 650 WARREN STREET ALBANY, NY 12208	02-0570419	501(C)(3)	9,000.	0.			GRANT APPROVED BY CFGCR FOR CERTIFIED RECOVERY PEER ADVOCATE MEDICATION ASSISTED TREATMENT
SKY HIGH ADVENTURE CENTER, INC. 27 LAKE AVENUE AVERILL PARK, NY 12018	86-1233736	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR COUNSELING/HEALTH SCREENING SERVICES AREA
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHAB FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	13,000.	0.			GRANT APPROVED BY CFGCR FOR EQUIPMENT TO ASSIST SPINAL CORD INJURY PATIENTS
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	22-2692940	501(C)(3)	15,000.	0.			GRANT APPROVED BY CFGCR FOR FOR THE ISLAND HOSPICE OF ZIMBABWE
THE RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM ST. - ALBANY, NY 12202	24-1216514	501(C)(3)	60,000.	0.			GRANT APPROVED BY CFGCR FOR HEALTHY SOUTH END INITIATIVE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	55,000.	0.			GRANT APPROVED BY CFGCR FOR WELLNESS ADVOCATE LINKING COMMUNITIES
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	7,770.	0.			GRANT APPROVED BY CFGCR FOR DRESSING WITH DIGNITY
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	12,554.	0.			GRANT APPROVED BY CFGCR FOR DEI INITIATIVE
WALTER ELWOOD MUSEUM 100 CHURCH STREET AMSTERDAM, NY 12010	22-2380788	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR HANDICAP ACCESSIBILITY

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WHERE ANGELS PLAY FOUNDATION PO BOX 670 OAKHURST, NJ 07755	46-2265918	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR CHARLIE'S PLAYGROUND
WILDWOOD FOUNDATION 1190 TROY SCHENECTADY ROAD LATHAM, NY 12110	22-2132752	501(C)(3)	10,000.	0.			GRANT APPROVED BY CFGCR FOR ADDRESSING CHRONIC KIDNEY DISEASE WITHIN THE IDD POPULATION
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	7,500.	0.			GRANT APPROVED BY CFGCR FOR RISE
AFRICAN REFLECTIONS FOUNDATION, INC. - 87 CHANCELLOR DRIVE - GUILDERLAND, NY 12084	20-1621143	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WELLS, ETC. IN
ALBANY CENTER GALLERIES, INC. 488 BROADWAY SUITE 107 ALBANY, NY 12207	14-1672333	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
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 THE
ALBANY COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	51,458.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ALBANY FUND FOR EDUCATION PO BOX 3110 ALBANY, NY 12203	14-1810885	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WORK WITH RUTH
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	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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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2022
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
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 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 UNRESTRICTED
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 1003 NEW LOUDON RD. - COHOES, NY 12047	52-1196162	501(C)(3)	12,469.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
AMERICAN LEGION POST 219 53 MORTON ST MALONE, NY 12953	16-6094072	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BASEBALL
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY, INC. - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728	501(C)(3)	6,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
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
BARKEATER TRAILS ALLLIANCE P.O. BOX 843 LAKE PLACID, NY 12946	14-1690270	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE EAST BRANCH

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BETHLEHEM CENTRAL SCHOOL DISTRICT DISTRICT OFFICE DELMAR, NY 12054	14-6001259	501(C)(3)	6,813.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR VARIOUS
BLUELIGHT DEVELOPMENT GROUP 135 SOUTH PEARL STREET FLOOR 2 ALBANY, NY 12202	81-3475487	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SOUTH END
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET ALBANY, NY 12202	56-2663290	501(C)(3)	15,061.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET ALBANY, NY 12202	56-2663290	501(C)(3)	6,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SIX NEW LAPTOPS
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD SUITE 101 - ALBANY, NY 12203	13-3841519	501(C)(3)	7,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPITAL REGION CLASSICAL, INC. PO BOX 8716 ALBANY, NY 12208	83-1925523	501(C)(3)	10,000.	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)	10,000.	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)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL

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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
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GROUNDBREAKING
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	25,000.	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)	17,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CATHOLIC CHARITIES OF SCHOHARIE COUNTY - 489 WEST MAIN STREET - COBLESKILL, NY 12043	14-1605850	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CATSKILL AREA HOSPICE AND PALLATIVE CARE - 297 RIVER ST. SERVICE RD. - ONEONTA, NY 13820	22-2893098	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
COBLESKILL AGRICULTURAL SOCIETY PO BOX 249 COBLESKILL, NY 12043	14-1346304	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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COBLESKILL LITTLE LEAGUE INC PO BOX 175 RICHMONDVILLE, NY 12149	26-3971406	501(C)(3)	7,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
COBLESKILL REGIONAL HOSPITAL 178 GRANDVIEW DRIVE COBLESKILL, NY 12043	14-1772971	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
COHOES CONNECT PROJECT, INC. 49 JOHNSTON AVENUE COHOES, NY 12047	45-4737831	501(C)(3)	12,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
COHOES CONNECT PROJECT, INC. 49 JOHNSTON AVENUE COHOES, NY 12047	45-4737831	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO BRING THE FOOD
COHOES CONNECT PROJECT, INC. 49 JOHNSTON AVENUE COHOES, NY 12047	45-4737831	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GENERAL
COLUMBIA MEMORIAL HEALTH FOUNDATION - 71 PROSPECT AVENUE - HUDSON, NY 12534	14-1761112	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION - 2331 FIFTH AVENUE - TROY, NY 12180	14-1490509	501(C)(3)	7,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR KEVIN PRYOR'S
CONTEMPORARY CIRCUS & IMMERSIVE ARTS CENTER - 210 RIVER STREET - TROY, NY 12180	84-1911455	501(C)(3)	7,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
CORNELL COOPERATIVE EXT. OF SARATOGA COUNTY - 50 WEST HIGH STREET - BALLSTON SPA, NY 12020-1979	14-6036892	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 4-H

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DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BRIDGE
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	20,000.	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)	175,000.	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 CAMPERSHIPS IN
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2023 GALA
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR THE MATCHING GIFT
EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR WELLNESS
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNDERGRADUATE

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EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET SCHENECTADY, NY 12305	22-2317557	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CHIME: AMPLIFY
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY - 405 WASHINGTON AVE. - ALBANY, NY 12206	14-1509821	501(C)(3)	14,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FOSTER CAN, INC. PO BOX 1708 TROY, NY 12181	85-1633116	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FOWLER CAMP AND RETREAT CENTER 1790 GRAND BOULEVARD SCHENECTADY, NY 12309	14-6010764	501(C)(3)	60,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FRANK CHAPMAN MEMORIAL INSTITUTE, INC. - 340 1ST STREET, #5 - ALBANY, NY 12206	14-1785378	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FRANKLIN COMMUNITY CENTER 95 WASHINGTON STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FRIENDS OF BASSETT HEALTHCARE NETWORK - ONE ATWELL ROAD - COOPERSTOWN, NY 13326	23-7041610	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
FULTON MONTGOMERY COMMUNITY COLLEGE - 2805 STATE HIGHWAY 67 - JOHNSTOWN, NY 12095	14-1584150	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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GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GIRLS INC. &
GLENS FALLS HOSPITAL FOUNDATION 126 SOUTH STREET GLENS FALLS, NY 12801	14-1790805	501(C)(3)	75,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CRISIS
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	6,349.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR UNRESTRICTED USE
HABITAT FOR HUMANITY OF SCHENECTADY COUNTY, INC. - 115 N. BROADWAY - SCHENECTADY, NY 12305	14-1765200	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ROOF
HIVE OF HOPE, INC. 161 CENTRAL AVENUE ALBANY, NY 12206	87-2438182	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE FEED AND
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	5,478.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE WAREHOUSE
IMMIGRANTS ADVOCATES RESPONSE COLLABORATIVE, INC. - 333 EAST 14TH STREET APT. 7H - NEW YORK, NY 10003	85-0595592	501(C)(3)	85,000.	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)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR COMMUNITY

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INTERNATIONAL MEDICAL CORPS 1801 W OLYMPIC BLVD PASADENA, CA 91199	95-3949646	501(C)(3)	20,000.	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)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	8,029.	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)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EMERGENCY
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 \$7,000 FOR FISTULA
LAKE GEORGE CLUB HISTORIC PRESERVATION FOUNDATION, INC. - P.O. BOX 175 - 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
LEWIS AND CLARK COLLEGE 615 S PALATINE HILL RD. PORTLAND, OR 97219	93-0386858	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR A NAMED ENDOWED
LEWIS COUNTY HOSPITAL FOUNDATION 7785 NORTH STATE STREET LOWVILLE, NY 13367	16-1602484	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
LUTHERAN IMMIGRATION AND REFUGEE SERVICE - PO BOX 17467 - BALTIMORE, MD 21297-1467	13-2574854	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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MERCY CORPS P.O. BOX 37800 BOONE, IA 50037	91-1148123	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
MOHAWK HUDSON LAND CONSERVANCY 425 KENWOOD AVE DELMAR, NY 12054	14-1754157	501(C)(3)	65,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
MORGAN STATE UNIVERSITY FOUNDATION, INC. - 1700 E. COLD SPRING LANE - BALTIMORE, MD 21251	23-7089143	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SCHOOL OF
NYSARC INC 127 E. STATE STREET GLOVERSVILLE, NY 12078	14-6020996	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
OLD SONGS, INC. 37 S MAIN STREET VOORHEESVILLE, NY 12186	22-2173973	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO HELP UNDERWRITE
WALTER ELWOOD MUSEUM PO BOX 395 JOHNSTOWN, NY 12095	14-1463040	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CAPITAL
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	111,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE STEINWAY
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
PS21, INC. 2980 ROUTE 66 PO BOX 321 CHATHAM, NY 12037	14-1818409	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED

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REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	35,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
RENSSELAER HISTORICAL SOCIETY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
RENSSELAER LAND TRUST 415 RIVER STREET TROY, NY 12180	14-1708890	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12181	14-1340095	501(C)(3)	26,900.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PHYSICS
RICHMONDVILLE RESCUE SQUAD 388 MAIN STREET RICHMONDVILLE, NY 12149	90-0615476	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
RUSSELL SAGE COLLEGE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE OPALKA
SAMARITAN HOSPITAL AND THE EDDY FOUNDATION - 310 SOUTH MANNING BLVD - ALBANY, NY 12208	22-2743478	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE EDDY
SARATOGA ARTS INC. 320 BROADWAY SARATOGA SPRINGS, NY 12866	14-1632037	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
SARATOGA CHILDREN'S THEATRE PO BOX 3487 SARATOGA SPRINGS, NY 12866	80-0191421	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE LIGHTING

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SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1775218	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SAM CALBONE
SARATOGA INSTITUTE INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	75,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR ASSOCIATION FOR THE
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 UNRESTRICTED
SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SENIOR LIFE
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)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PERSONNEL
SARATOGA SPRINGS UNITED METHODIST CHURCH - 175 FIFTH AVE. - SARATOGA SPRINGS, NY 12866	14-1364523	501(C)(3)	6,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR ANNUAL SUPPORT
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY E SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	8,264.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UKRANIAN
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	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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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
SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM, INC. - 795 EAST MAIN STREET SUITE 5 - COBLESKILL, NY 12043	14-1490674	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SCOLIOSIS RESEARCH SOCIETY 555 E WELLS ST. MILWAUKEE, WI 53202	23-1781863	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE RESEARCH
SENIOR HOPE COUNSELING, INC. 650 WARREN STREET ALBANY, NY 12208	02-0570419	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR ADDRESSING
SERVING CHRIST MINISTRIES, INC. PO BOX 1195 TUTTLE, OK 73089	45-3792761	501(C)(3)	40,100.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR 6 WELLS IN
SERVING CHRIST MINISTRIES, INC. PO BOX 1195 TUTTLE, OK 73089	45-3792761	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR NURSES, DOCTORS
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	11,434.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SIENA COLLEGE 515 LOUDON RD. LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	15,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ANNUAL FUND
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR SHARED SERVICE
SOUTH END CHILDREN'S CAFE PO BOX 10581 ALBANY, NY 12201	82-3434643	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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SOUTH END IMPROVEMENT CORPORATION 38 CATHERINE STREET ALBANY, NY 12202	14-1604145	501(C)(3)	40,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO FUND A POSITION
SPINAL CORD SOCIETY 87 DANE CT LATHAM, NY 12110	41-1358594	501(C)(3)	8,290.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR IN MEMORY OF MR.
ST. ANNE INSTITUTE 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	85,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
ST. PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1341173	501(C)(3)	18,000.	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	22-2262982	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE LABOR AND
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	105,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
SUNY ADIRONDACK 640 BAY ROAD QUEENSBURY, NY 12804	22-2486001	501(C)(3)	85,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE TURF FIELD
SUNY COBLESKILL FOUNDATION 106 SUFFOLK CIRCLE COBLESKILL, NY 12043	23-7106325	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE

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THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 15TH FLOOR ROOM 1521 50 EAST NORTH TEMPLE STREET - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	15,600.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR \$15,000 TITHING,
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	50,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE RENOVATIONS
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
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BOULEVARD ALBANY, NY 12208	22-2692940	501(C)(3)	6,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE BENEFIT OF
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BOULEVARD ALBANY, NY 12208	22-2692940	501(C)(3)	10,000.	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)	16,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR \$15,000 FOR THE
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	8,219.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, 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 LEUKEMIA & LYMPHOMA SOCIETY, NORTHEAST CONNECTICUT - ALBANY - EASTERN NY - P.O. BOX 22486 - NEW YORK, NY 10087	13-5644916	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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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OPEN DOOR MISSION 226 WARREN ST GLENS FALLS, NY 12801	22-2212538	501(C)(3)	7,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
THE RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM ST - ALBANY, NY 12202	24-1216514	501(C)(3)	10,000.	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)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
TUPPER ARTS 106 PARK STREET TUPPER LAKE, NY 12986	82-4186197	501(C)(3)	25,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF THE
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	20,000.	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 AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE ROY M.
UNITED AGAINST POVERTY 1400 27TH STREET 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 SUPPORT

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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
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - 1 STEUBEN PL. - ALBANY, NY 12207	14-1364505	501(C)(3)	40,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR HIVE OF HOPE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - 1 STEUBEN PL. - ALBANY, NY 12207	14-1364505	501(C)(3)	15,000.	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 12180	23-2378930	501(C)(3)	5,291.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR UNRESTRICTED USE
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	501(C)(3)	30,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORTING A
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORT OF
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	16,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE RQM PATIENT
WATERTOWN FAMILY YMCA 119 WASHINGTON STREET WATERTOWN, NY 13601	15-0559207	501(C)(3)	100,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE

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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
WOODLAND HILL MONTESSORI SCHOOL 100 MONTESSORI PLACE RENSSELAER, NY 12144	14-1495852	501(C)(3)	37,500.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE CAPITAL
WORLD FOOD PROGRAM USA PO BOX 37239 BOONE, IA 50037	13-3843435	501(C)(3)	20,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
YOUNG PARENTS UNITED, INC. 34 JAY STREET SUITE 1A SCHENECTADY, NY 12305	47-1215294	501(C)(3)	10,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNRESTRICTED
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR IMPROVING
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	5,000.	0.			GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	201	717,818.	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

NAME OF ORGANIZATION OR GOVERNMENT: COMFORT FOOD OF WASHINGTON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT APPROVED BY CFGCR FOR THE
COMFORT FOOD COMMUNITY'S THREE-PRONGED APPROACH TO TACKLING NUTRITIONAL
HEALTH INEQUITIES IN OUR COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CAREGIVERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT APPROVED BY CFGCR FOR HEALTHY
ELDERS, HEALTHY COMMUNITIES AND SERVICES FOR INDIVIDUALS ON DIALYSIS

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, ETC. IN TANZANIA AND
ZANZIBAR

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 UNRESTRICTED USE

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 THE #CAPITALWALLSMURAL BIKE
AND WALKING TOURS

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY COUNTY HISTORICAL ASSOCIATION

(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

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 SIGN AND RETURN A GRANT AGREEMENT, GRANT PROVISIONS AND A CHECK ACKNOWLEDGEMENT FORM.

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: ALBANY COLLEGE OF PHARMACY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT APPROVED BY CFGCR FOR FOR THE STACK FAMILY CENTER FOR BIOPHARMACUTICAL EDUCATION AND TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT APPROVED BY CFGCR FOR LOW-INSTENSITY ULTRASOUND APPLICATION USED TO PROMOTE NERVE REGENERATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY FUND FOR EDUCATION

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

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 INSTITUTE OF HISTORY & ART

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 2022 EXHIBITIONS:
MARKETING SUPPORT

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 (\$2,500) & THE WOMEN'S LEADERSHIP OPERATING FUND
(\$2,500)

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 PETER PRYOR SCHOLARSHIP,
INLOVING MEMORY OF PETER PRYOR

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

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:

ALZHEIMER'S DISEASE AND RELATED DISORDERS 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 LEGION POST 219

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

NAME OF ORGANIZATION OR GOVERNMENT:

ANIMAL PROTECTIVE FOUNDATION 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: 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

NAME OF ORGANIZATION OR GOVERNMENT: BARKEATER TRAILS ALLLIANCE

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

NAME OF ORGANIZATION OR GOVERNMENT: BETHLEHEM CENTRAL SCHOOL DISTRICT

Part IV Supplemental Information

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

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 THE SOUTH END GROCERY

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB 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:

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 ITEMS TO SUPPORT THE FOOD PROGRAM

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 UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT

(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 CLASSICAL, 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 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 UNRESCTRICTED 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 THE CAPITAL CAMPAIGN

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 THE CONSTRUCTION OF FOOD
HUBS AT THE URBAN GROW CENTER

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: 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHEDRAL OF ALL SAINTS

(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:

CATHOLIC CHARITIES OF SCHOHARIE COUNTY

(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:

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 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:

CATSKILL AREA HOSPICE AND PALLATIVE CARE

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

NAME OF ORGANIZATION OR GOVERNMENT: COBLESKILL AGRICULTURAL SOCIETY

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COBLESKILL LITTLE LEAGUE INC

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

NAME OF ORGANIZATION OR GOVERNMENT: COBLESKILL REGIONAL HOSPITAL

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

NAME OF ORGANIZATION OR GOVERNMENT: COHOES CONNECT PROJECT, 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: COHOES CONNECT PROJECT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO BRING THE FOOD PANTRY SERVICE
TO REGULATION

NAME OF ORGANIZATION OR GOVERNMENT: COHOES CONNECT PROJECT, INC.

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

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:

COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION

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

Part IV Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR KEVIN PRYOR'S TRIP WITH
YOUTH TO NIAGARA FALLS

NAME OF ORGANIZATION OR GOVERNMENT:

CONTEMPORARY CIRCUS & IMMERSIVE ARTS 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:

CORNELL COOPERATIVE EXT. OF SARATOGA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE 4-H EXPANSION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: DIRECT RELIEF

(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: DOANE STUART SCHOOL

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

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 UNRESCTRICTED USE

Part IV Supplemental Information

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 CAMPERSHIPS IN HONOR OF LISA
MOSER

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 2023 GALA SPONSORSHIP

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 THE MATCHING GIFT OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT: EMPIRE STATE COLLEGE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UNDERGRADUATE SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: EMPIRE STATE YOUTH ORCHESTRAS
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CHIME: AMPLIFY OUR VOICE

NAME OF ORGANIZATION OR GOVERNMENT: EQUINOX, 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: EQUINOX, 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 PROVIDING DOMESTIC VIOLENCE
VICTIMS WITH RELIABLE TRANSPORTATION TO MEDICAL, LEGAL AND OTHER FAMILY
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: ERIE CANALWAY HERITAGE FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE MATTON SHIPYARD:
PRESERVATION & ADAPTIVE REUSE INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: FARM SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO STOP THE HORRIFIC CRUELTY AND
VIOLENCE BIRDS AND OTHER ANIMALS ENDURE IN SLAUGHTERHOUSES EVERYDAY
ACROSS AMERICA

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY

(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: FOSTER CAN, 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: FOWLER CAMP AND RETREAT CENTER

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FRANK CHAPMAN MEMORIAL INSTITUTE, 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: 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 BASSETT HEALTHCARE NETWORK

(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 PINE BUSH COMMUNITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE NATURE DOCUMENTARY SHORT ON THE ALBANY PINE BUSH

NAME OF ORGANIZATION OR GOVERNMENT: FULTON MONTGOMERY COMMUNITY COLLEGE

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

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

GIRLS INCORPORATED OF THE GREATER CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR GIRLS INC. & THE ART CENTER OF THE CAPITAL REGION: A STEM COLLABORATIVE

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 THE CRISIS STABILIZATION UNIT RELOCATION AND EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: GLOBALGIVING, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF SCHENECTADY COUNTY, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC CHERRY HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EXPANDING ACCESS, IMPROVING PRESENCE, PRESERVING HISTORY

NAME OF ORGANIZATION OR GOVERNMENT: HIVE OF HOPE, 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: 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 THE FEED AND READ PROGRAM

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 THE WAREHOUSE SECURITY
SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: IECA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR IN HONOR OF JEAN HAUGE

NAME OF ORGANIZATION OR GOVERNMENT:

IMMIGRANTS ADVOCATES RESPONSE COLLABORATIVE, 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 COMMUNITY CONNECTIONS

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 UNRESTRICTED USE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL CENTER FOR JOURNALISTS

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

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MEDICAL 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: INTERNATIONAL RESCUE 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: JERUSALEM 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: JOHN'S ISLAND FOUNDATION

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

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 EMERGENCY SHELTER OPERATIONS

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

Part IV Supplemental Information

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 \$7,000 FOR FISTULA OPERATIONS
AND \$3,000 FOR THE MABINITI CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

LAKE GEORGE CLUB HISTORIC PRESERVATION 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: 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 A NAMED ENDOWED FUND

NAME OF ORGANIZATION OR GOVERNMENT: LEWIS COUNTY HOSPITAL FOUNDATION

(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: LIBERTAS SCHOOL OF MEMPHIS

(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:

Part IV Supplemental Information

LUTHERAN IMMIGRATION AND REFUGEE SERVICE

(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

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 HUDSON LAND CONSERVANCY

(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 TOWPATH SCENIC BYWAY COALITION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR PROMOTION OF THE MOHAWK
TOWPATH VISITOR EXPERIENCE

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 SCHOOL OF GLOBAL JOURNALISM AND COMMUNICATION'S GENERAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: MUSICIANS OF MA'ALWYCK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SHIP'S CAPTAIN AT THE SCHUYLER MANSION

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 2022 MURRAY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: NISKAYUNA GIRLS SOFTBALL LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE COMPLETION OF INSTALLATION OF FENCING FOR THE NISKAYUNA GIRLS SOFTBALL LEAGUE FIELD NO. 2

NAME OF ORGANIZATION OR GOVERNMENT: NYSARC INC

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OLD SONGS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO HELP UNDERWRITE THE 2022
FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: WALTER ELWOOD MUSEUM

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

NAME OF ORGANIZATION OR GOVERNMENT: OUTWARD BOUND CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SCOTT MCANDREWS OUTBOUND
INSTRUCTOR SUPPORT FUND

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD FEDERATION OF AMERICA, 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:

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 THE STEINWAY PIANO PROJECT
FOR UPH

NAME OF ORGANIZATION OR GOVERNMENT:

PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, 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: PS21, 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:

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 ADVOCATES FOR REFUGEES

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

(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

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR EFFORTS TOWARD RETHINKING
AND REVITALIZING THE HISTORIC HOUSE MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: RENSSELAER LAND 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: RENSSELAER POLYTECHNIC INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE PHYSICS DEPARTMENT MILKY
WAY GIFT FUND H71169

NAME OF ORGANIZATION OR GOVERNMENT: RICHMONDVILLE RESCUE SQUAD

(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: RIVERSIDE THEATRE

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

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 OPALKA FAMILY
SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

SAMARITAN HOSPITAL AND THE EDDY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE EDDY HAWTHORNE RIDGE'S
LIFE/RESIDENT ENRICHMENT FUND

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA ARTS INC.

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA CHILDREN'S THEATRE

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

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE SAM CALBONE ADDICTION
MEDICINE PATIENT FUND

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 ASSOCIATION FOR THE COOPERATIVE
ADVANCEMENT OF SCIENCE AND EDUCATION (ACASE) A PROJECT OF THE SARATOGA
INSTITUTE

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 SENIOR CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA SPRINGS HIGH SCHOOL

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

Part IV Supplemental Information

SCHOLARSHIP AWARD (\$10,000 EACH FOR THE FEMALE AND MALE WINNER OF THE GEORGE J. PULVER SCHOLAR/ATHLETE AWARD AT SARATOGA SPRINGS HIGH SCHOOL GRADUATION)

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 THE PERSONNEL ENHANCEMENT FUND

NAME OF ORGANIZATION OR GOVERNMENT:

SARATOGA SPRINGS UNITED METHODIST CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN FEDERATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR UKRANIAN REFUGEE CHILDREN AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

SCHENECTADY COUNTY COMMUNITY COLLEGE 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:

SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM, 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 UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SCOLIOSIS RESEARCH SOCIETY

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

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR HOPE COUNSELING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR ADDRESSING BARRIERS TO
HEALTHCARE ACCESS FOR OLDER ADULTS THROUGH TELEHEALTH

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 TOGO

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 NURSES, DOCTORS AND EXTRA
EXPENSES FOR WORK IN GHANA

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: SOCIAL AND ENVIRONMENTAL ENTREPRENEURS

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

Part IV Supplemental Information

OF A DONOR ADVISOR AND APPROVED BY CFGCR SHARED SERVICE CONFERENCE SCHOLARSHIPS

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

(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: SOUTH END IMPROVEMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR TO FUND A POSITION OF ASSISTANT TO THE EXECUTIVE DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH END NEIGHBORHOOD TUTORS, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: SPINAL CORD SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR IN MEMORY OF MR. PAUL RICHTER

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGBROOK

(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 UNRESTRICTED USE

Part IV Supplemental Information

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 HUGH CAREY DISPUTE MEDIATION
PROGRAM

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 A PLEDGE FROM TERENCE P.
O'CONNOR, CLASS OF 1980

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 30 MATTRESSES FOR FAMILIES
IN NEED

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 HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE LABOR AND DELIVERY UNIT
RENOVATIONS FROM THE LASCH FAMILY

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: SUNY ADIRONDACK

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR THE TURF FIELD ATHLETIC
COMPLEX AND UNRESRTICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SUNY COBLESKILL 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: 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
(\$5,000) AND THE LEADERSHIP INSTITUTE (\$5,000)

NAME OF ORGANIZATION OR GOVERNMENT:

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR \$15,000 TITHING, \$600 FAST
OFFERING DAVID GIBSON ALBANY 2ND BRANCH, ALBANY NY

NAME OF ORGANIZATION OR GOVERNMENT: THE COLLEGE OF SAINT ROSE

(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 RENOVATIONS OF JACK'S
PLACE IN THE WILLIAM RANDOLPH HEARST CENTER FOR COMMUNICATIONS &
INTERACTIVE MEDIA CENTER LOCATED AT THE COLLEGE OF SAINT ROSE LOCATED AT
966 MADISON AVENUE, ALBANY, NY 12203

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 THE BENEFIT OF SOUTH COAST
HOSPICE CLIMATE CHANGE PROJECT

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 CORPORATION OF YADDO

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR \$15,000 FOR THE MARTHA WASH
PULVER POET IN RESIDENCE AND \$1,000 FOR YADDO METAL

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:

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

THE LEUKEMIA & LYMPHOMA SOCIETY, NORTHEAST CONNECTICUT - ALBANY - EASTERN NY

(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 OPEN DOOR MISSION

(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 RADIX ECOLOGICAL SUSTAINABILITY 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: 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 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 PROGRAM SUPPORT FOR THE
EMERGING NONPROFIT LEADERSHIP ACCELERATOR

NAME OF ORGANIZATION OR GOVERNMENT: THE VERO BEACH MUSEUM OF ART

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR CHAIRMAN'S CLUB MEMBERSHIP

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: TO LIFE! INC.

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

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

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: TUPPER ARTS

(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:

UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION

(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 YOUNG ABOLITIONIST LEADERSHIP INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT: UNICEF

(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:

UNITED CAPITAL DISTRICT YOUTH BASEBALL & SOFTBALL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR BASEBALL AND SOFTBALL LEAGUE IN THE CITY OF ALBANY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED TENANTS OF ALBANY

(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:

UNITED WAY OF THE GREATER CAPITAL REGION, 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:

Part IV Supplemental Information

UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR FOR SUPPORTING A GRADUATE
STUDENT SALARY AND CRITICAL REAGENTS FOR RESEARCH IN IDENTIFYING
BIOMARKERS PREDICTING RESPONSES TO THIOSTREPTON

NAME OF ORGANIZATION OR GOVERNMENT: UPPER HUDSON PLANNED PARENTHOOD

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

NAME OF ORGANIZATION OR GOVERNMENT: UPPER HUDSON PLANNED PARENTHOOD

(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: UPPER HUDSON PLANNED PARENTHOOD

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

NAME OF ORGANIZATION OR GOVERNMENT: UPPER HUDSON PLANNED PARENTHOOD

(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: WATERTOWN FAMILY YMCA

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WILD ANIMAL SANCTUARY

(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: WILLIAMSTOWN THEATRE FESTIVAL

(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: WOMEN'S 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: WOODLAND HILL MONTESSORI SCHOOL

(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: WORLD FOOD PROGRAM USA

(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: YOUNG PARENTS UNITED, 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: YWCA NORTHEASTERN NY

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

Part IV Supplemental Information

VIOLENCE SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YWCA NORTHEASTERN NY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT AWARDED PER THE RECOMMENDATION
OF A DONOR ADVISOR AND APPROVED BY CFGCR TO SUPPORT EXPANSION INTO THE
NISKAYUNA SCHOOL DISTRICT FOR YWCA PROGRAMMING THAT PROMOTES SELF
EMPOWERMENT AND ANTI VIOLENCE

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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

14-1505623

Schedule J (Form 990) 2022

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN G. EBERLE PRESIDENT & CEO	(i)	192,088.	7,813.	0.	11,906.	12,375.	224,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY D. MARIANO CFO	(i)	129,994.	5,843.	0.	8,100.	10,519.	154,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOUNDATION ADMINISTERS MORE THAN 480 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 \$117.1 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2022, THE FOUNDATION GRANTED AND FACILITATED NEARLY \$7.2 MILLION IN 1,447 GRANTS. OF THESE GRANTS, 286 NONPROFIT PROGRAMS RECEIVED UP TO \$5,000 EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2022 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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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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 2022, THE PED SCHOLARSHIP GRANTED MORE THAN \$470,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$717,000 GRANTED THROUGH 205 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.

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.

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 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 XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

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) 2022

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

Schedule R (Form 990) 2022

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Schedule R (Form 990) 2022

14-1505623 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for providing 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												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	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		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
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
2019	81.	81.	81.									
Detail Type	E S B C	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

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
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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	Section 382 Carryover		Section 382 Annual Limitation							
			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 _____	
2019	8,948.	8,948.	992.	7,379.	577.							
Detail Type	E S B C	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 _____

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC. EIN or SSN 14-1505623

Name and title of officer or person subject to tax JOHN EBERLE PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize BST & CO. CPAS, LLP to enter my PIN 12345. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ***** THIS IS NOT A FILEABLE COPY ***** Date 11/15/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

14385812110

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BST & CO. CPAS, LLP Date 11/01/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Taxpayer identification number (TIN) 14-1505623
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2 TOWER PLACE, EXECUTIVE PARK	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, NY 12203	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TERRY D. MARIANO, CFO

- The books are in the care of ▶ **2 TOWER PLACE, EXECUTIVE PARK - ALBANY, NY 12203**

Telephone No. ▶ **518-446-9638** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 15,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 15,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2 TOWER PLACE, EXECUTIVE PARK</p> <p>City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12203</p>	<p>D Employer identification number 14-1505623</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 100,799,889.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of **TERRY D. MARIANO, CFO** Telephone number **518-446-9638**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	128,196.
2 Reserved	2	
3 Add lines 1 and 2	3	128,196.
4 Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	4	42.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	128,154.
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	128,154.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	127,154.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	26,702.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	26,702.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments					
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b Other credits (see instructions) SEE STATEMENT 5	1b	1.			
c General business credit. Attach Form 3800 (see instructions)	1c				
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
e Total credits. Add lines 1a through 1d	1e				1.
2 Subtract line 1e from Part II, line 7	2				26,701.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3				
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4				26,701.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5				0.
6a Payments: A 2021 overpayment credited to 2022	6a				
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b				
c Tax deposited with Form 8868	6c	15,000.			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
e Backup withholding (see instructions)	6e				
f Credit for small employer health insurance premiums (attach Form 8941)	6f				
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g				
7 Total payments. Add lines 6a through 6g	7				15,000.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8				18.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 6	9				11,719.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10				
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11				

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 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 _____			No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
			PRESIDENT & CEO		
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JUDY A. CAHEE	JUDY A. CAHEE	11/01/23		P00281935
	Firm's name	Firm's EIN			14-1442607
	Firm's address			Phone no.	
	BST & CO. CPAS, LLP 10 BRITISH AMERICAN BLVD LATHAM, NY 12110			(518) 459-6700	

FORM 990-T		LATE PAYMENT INTEREST			STATEMENT 1		
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST	
EXTENSION PAYMENT	05/15/23	-15,000.	-15,000.				
TAX DUE	05/15/23	26,701.	11,701.	.0700	138	314.	
INTEREST RATE CHANGE	09/30/23	0.	12,015.	.0800	46	122.	
DATE FILED	11/15/23		12,137.				
TOTAL LATE PAYMENT INTEREST						436.	

FORM 990-T		LATE PAYMENT PENALTY			STATEMENT 2	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	05/15/23	11,701.	11,701.	6	351.	
DATE FILED	11/15/23		11,701.			
TOTAL LATE PAYMENT PENALTY					351.	

FORM 990-T		CONTRIBUTIONS		STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CHARITABLE CONTRIBUTIONS - PERENNIAL REAL ESTATE FUND II, LP	N/A	24.		
CHARITABLE CONTRIBUTIONS - NEWBURY EQUITY PARTNERS V L.P	N/A	18.		
TOTAL TO FORM 990-T, PART I, LINE 4				42.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	42	
TOTAL CONTRIBUTIONS AVAILABLE	42	
TAXABLE INCOME LIMITATION AS ADJUSTED	12,720	
EXCESS CONTRIBUTIONS	0	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	0	
ALLOWABLE CONTRIBUTIONS DEDUCTION		42
TOTAL CONTRIBUTION DEDUCTION		42

FORM 990-T	OTHER CREDITS	STATEMENT 5
DESCRIPTION		AMOUNT
FOREIGN TAX CREDIT		1.
TOTAL TO FORM 990-T, PAGE 2, PART III, LINE 1B		1.

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 6
TAX FROM FORM 990-T, PART IV		11,701.
UNDERPAYMENT PENALTY		18.
LATE PAYMENT INTEREST		436.
LATE PAYMENT PENALTY		351.
TOTAL AMOUNT DUE		12,506.

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

Department of the Treasury
Internal Revenue Service

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

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

1

OMB No. 1545-0047

2022

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	132,567.		132,567.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7	-4,118.		-4,118.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	128,449.		128,449.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	253.
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	253.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	128,196.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	128,196.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

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 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

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 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

		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)	
Totals			0.	0.	

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

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

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

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

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 zero 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 zero				
---	--	--	--	--

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 zero here and on Part II, line 13				0.
--	--	--	--	----

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

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

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 7

DESCRIPTION	NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	9,656.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE INCOME	-2,945.
PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME	393.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	5.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)	125.
ROCKET INTERNET CAPITAL PARTNERS SCS - INTEREST INCOME	22.
ROCKET INTERNET CAPITAL PARTNERS SCS - OTHER INCOME (LOSS)	-843.
GEM REALTY FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-3.
GEM REALTY FUND VI, L.P. - NET RENTAL REAL ESTATE INCOME	-489.
NEWBURY EQUITY PARTNERS V L.P - ORDINARY BUSINESS INCOME (LOSS)	-512.
NEWBURY EQUITY PARTNERS V L.P - NET RENTAL REAL ESTATE INCOME	-6.
NEWBURY EQUITY PARTNERS V L.P - INTEREST INCOME	123.
NEWBURY EQUITY PARTNERS V L.P - DIVIDEND INCOME	82.
NEWBURY EQUITY PARTNERS V L.P - OTHER PORTFOLIO INCOME (LOSS)	3.
NEWBURY EQUITY PARTNERS V L.P - OTHER INCOME (LOSS)	-6,388.
LEGACY VENTURE X, LLC - OTHER INCOME (LOSS)	188.
WHEELLOCK STREET REAL ESTATE FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,518.
SOF-XII VIP OFFSHORE, LP C/O STARWOOD CAPITAL GROUP - ORDINARY BUSINESS INCO	-11.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-4,118.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2022

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 503.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 503.

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				5,211.
11 Enter gain from Form 4797, line 7 or 9			11	127,859.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	133,070.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	132,567.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	132,567.

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

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

Table with columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, (g) Amount of adjustment, (h) Gain or (loss). Rows include PERENNIAL REAL ESTATE FUND II, LP (-764) and NEWBURY EQUITY PARTNERS V L.P. (261). Total row shows -503.

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

Social security number or taxpayer identification no.

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

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., and a Totals row.

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 2022 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 8

- 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
7 127,859.

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
9 127,859.

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 10-17

- 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

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

- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
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			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 8

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PERENNIAL REAL ESTATE FUND II, LP						79,901.
GEM REALTY FUND VI, L.P.						47,907.
NEWBURY EQUITY PARTNERS V L.P						51.
TOTAL TO 4797, PART I, LINE 2						127,859.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2022

Name THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 503.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 503.

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				5,211.
11 Enter gain from Form 4797, line 7 or 9			11	127,859.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	133,070.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	132,567.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	132,567.

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

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). Includes entries for PERENNIAL REAL ESTATE FUND II, LP and NEWBURY EQUITY PARTNERS V L.P.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 5,211.

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.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	26,701.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	26,701.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	371.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	371.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	93.	93.	92.	93.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		93.	186.	278.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		93.	186.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	93.	93.	92.	93.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			18.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

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

Attach to your tax return.

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

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 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 9						

- 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 **127,859.**

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 **127,859.**

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

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

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
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			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 9

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PERENNIAL REAL ESTATE FUND II, LP						79,901.
GEM REALTY FUND VI, L.P.						47,907.
NEWBURY EQUITY PARTNERS V L.P						51.
TOTAL TO 4797, PART I, LINE 2						127,859.

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

▶ Go to 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 THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Identifying number (see instructions) 14-1505623
--	--

- 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
EIGHTFOLD REAL ESTATE CAPITAL FUND V, LP	36-4846127

- 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) EIGHTFOLD REAL ESTATE CAPITAL FUND V CAYMAN CORP	5a Identifying number, if any 98-1337057
--	---

6 Address (including country) CRICKET SQUARE, HUTCHINS DRIVE, P.O. BOX 2681 GRAND CAYMAN, GRAND CAYMAN CAYMAN ISLANDS	5b Reference ID number N/A
--	---

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	11/29/2022		1,903,784.		

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)

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 .149 %
- 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 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 THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Identifying number (see instructions) 14-1505623
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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** 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) NUT TREE OFFSHORE FUND LTD	5a Identifying number, if any 98-1266924
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6 Address (including country) P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN, GRAND CAYMAN CYPRUS	5b Reference ID number N/A
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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	10/27/2022		750,000.		

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)

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 .048 %
- 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 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 THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Identifying number (see instructions) 14-1505623
--	--

- 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) DKIP (CAYMAN) II L.P.	5a Identifying number, if any
6 Address (including country) 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS	5b Reference ID number N/A
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	12/31/2022		709,466.		

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)

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 .437 % (b) After .437 %
- 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