

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2020** 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	G Gross receipts \$ 39,562,791.
	2 TOWER PLACE, EXECUTIVE PARK		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12203		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOHN EBERLE SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CFGCR.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1968 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,990.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,452,428.	Current Year 6,061,253.
	9 Program service revenue (Part VIII, line 2g)	124,298.	130,190.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,976,870.	2,369,133.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-45,694.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,507,902.	8,560,576.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,955,206.
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)		800,587.	896,625.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 159,974.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,030,260.	849,161.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,786,053.	11,438,261.	
19 Revenue less expenses. Subtract line 18 from line 12	721,849.	-2,877,685.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 89,501,792.	End of Year 95,693,381.
	21 Total liabilities (Part X, line 26)	3,654,635.	4,788,204.
	22 Net assets or fund balances. Subtract line 21 from line 20	85,847,157.	90,905,177.

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 JUDY A. CAHEE	Preparer's signature JUDY A. CAHEE	Date 09/29/21	Check if self-employed <input type="checkbox"/>	PTIN P00281935
	Firm's name ▶ BST & CO. CPAS, LLP	Firm's EIN ▶ 14-1442607	Phone no. (518) 459-6700		
	Firm's address ▶ 26 COMPUTER DRIVE WEST ALBANY, NY 12205				

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

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Form 990 (2020)

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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 \$ 10,678,262. including grants of \$ 9,692,475.) (Revenue \$ 130,190.)
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 ► 10,678,262.

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

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> ?	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 Revenue Procedure 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>		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	

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

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>	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>	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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	X	
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>		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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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? If "No" to line 3b, provide an explanation on Schedule O	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? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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	1a	22		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

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

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN G. EBERLE PRESIDENT & CEO	50.00			X			175,816.	0.	21,016.	
(2) TERRY D. MARIANO CFO	40.00			X			107,580.	0.	15,748.	
(3) MARK EAGAN CHAIR	2.00	X		X			0.	0.	0.	
(4) ALICIA LASCH FIRST VICE CHAIR & TREASURER	2.00	X		X			0.	0.	0.	
(5) JAN SMITH SECRETARY	1.00	X		X			0.	0.	0.	
(6) KEVIN M. O'BRYAN IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(7) HON. DORCEY APPLYS, DRPH, MPH DIRECTOR	1.00	X					0.	0.	0.	
(8) CHRISTOPHER L. CIMIJOTTI, CPA DIRECTOR	1.00	X					0.	0.	0.	
(9) ROBERT T. HENNES DIRECTOR	1.00	X					0.	0.	0.	
(10) BELINDA HILTON DIRECTOR	1.00	X					0.	0.	0.	
(11) HYACINTH MASON, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(12) MURRAY CARL MASSRY 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) VICTOR A. OBERTING III DIRECTOR	1.00	X					0.	0.	0.	
(16) CHESTER OPALKA DIRECTOR	1.00	X					0.	0.	0.	
(17) ROBERT S. REYNOLDS, ESQ. DIRECTOR	1.00	X					0.	0.	0.	

**THE COMMUNITY FOUNDATION FOR THE GREATER
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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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) G. NEIL ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
(19) JOHN W. RODAT DIRECTOR	1.00	X					0.	0.	0.	
(20) JAMES A. SIDFORD 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) MICHAEL R. BREAUULT DIRECTOR	1.00	X					0.	0.	0.	
(24) ANN SHARPE, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							283,396.	0.	36,764.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							283,396.	0.	36,764.	

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**

THE COMMUNITY FOUNDATION FOR THE GREATER
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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					
	d Related organizations	1d	318,695.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,742,558.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,061,253.			
Program Service Revenue	2 a FEES FOR SERVICE	Business Code					
		561000	130,190.	130,190.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			130,190.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,164,803.		1,990.	1,162,813.	
	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	32,206,545.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	31,002,215.				
	c Gain or (loss)	7c	1,204,330.				
	d Net gain or (loss)			1,204,330.		1,204,330.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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			8,560,576.	130,190.	1,990.	2,367,143.	

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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	9,112,190.	9,112,190.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	580,285.	580,285.		
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	323,160.	72,111.	201,091.	49,958.
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	465,286.	236,225.	162,661.	66,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,810.	12,253.	8,141.	2,416.
9 Other employee benefits	29,789.	16,233.	10,298.	3,258.
10 Payroll taxes	55,580.	23,014.	25,621.	6,945.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,868.		2,868.	
c Accounting	31,750.		31,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	521,208.	521,208.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	18,122.	12,026.	5,179.	917.
12 Advertising and promotion	32,612.		32,612.	
13 Office expenses	18,409.	5,260.	11,562.	1,587.
14 Information technology				
15 Royalties				
16 Occupancy	112,338.	46,515.	51,785.	14,038.
17 Travel	1,345.	557.	620.	168.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,393.	3,620.	1,221.	552.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,932.	11,980.	13,337.	3,615.
23 Insurance	15,365.	695.	14,460.	210.
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	44,836.	18,565.	20,668.	5,603.
b PROF. DEVELOPMENT	13,343.	5,525.	6,151.	1,667.
c EVENTS	2,640.			2,640.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,438,261.	10,678,262.	600,025.	159,974.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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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	353,232.	1	771,666.
	2 Savings and temporary cash investments	3,066,127.	2	2,090,065.
	3 Pledges and grants receivable, net	684,531.	3	427,434.
	4 Accounts receivable, net	1,011,443.	4	1,000.
	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	21,713.	9	21,356.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 201,323.		
	b Less: accumulated depreciation	10b 117,715.	10c	83,608.
	11 Investments - publicly traded securities	22,562,766.	11	44,273,158.
	12 Investments - other securities. See Part IV, line 11	59,787,309.	12	46,002,816.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,911,481.	15	2,022,278.
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,501,792.	16	95,693,381.	
Liabilities	17 Accounts payable and accrued expenses	48,734.	17	52,663.
	18 Grants payable	239,306.	18	1,068,161.
	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	3,366,595.	25	3,667,380.
	26 Total liabilities. Add lines 17 through 25	3,654,635.	26	4,788,204.
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	43,569,309.	27	44,774,948.
	28 Net assets with donor restrictions	42,277,848.	28	46,130,229.
	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	85,847,157.	32	90,905,177.
33 Total liabilities and net assets/fund balances	89,501,792.	33	95,693,381.	

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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	8,560,576.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,438,261.
3 Revenue less expenses. Subtract line 2 from line 1	3	-2,877,685.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85,847,157.
5 Net unrealized gains (losses) on investments	5	7,716,684.
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	219,021.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,905,177.

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 in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15639595.	5266819.	8154930.	6452428.	5742558.	41256330.
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	15639595.	5266819.	8154930.	6452428.	5742558.	41256330.
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)						3959361.
6 Public support. Subtract line 5 from line 4.						37296969.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15639595.	5266819.	8154930.	6452428.	5742558.	41256330.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2332783.	1963806.	1365665.	1477719.	1162813.	8302786.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	11,355.				1,990.	13,345.
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						49572461.
12 Gross receipts from related activities, etc. (see instructions)					12	572,094.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	75.24 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	76.33 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 or 990-EZ) 2020

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 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information.

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

Horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

**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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization 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	<hr/> <hr/> <hr/>	\$ <u>1,110,529.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>310,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>250,000.</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>200,000.</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>157,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>155,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>144,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>130,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>129,538.</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
13		\$ 318,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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

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

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

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

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

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

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

THE COMMUNITY FOUNDATION FOR THE GREATER

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(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 expenditure 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

2020

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	182	
2 Aggregate value of contributions to (during year)	3,932,330.	
3 Aggregate value of grants from (during year)	6,484,507.	
4 Aggregate value at end of year	29,998,380.	
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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,290,439.	39,269,103.	40,098,853.	35,099,337.	21,665,864.
b Contributions	1,079,063.	1,461,773.	4,635,854.	760,157.	12,658,868.
c Net investment earnings, gains, and losses	5,662,341.	7,212,076.	-3,858,565.	5,435,210.	1,955,236.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,809,505.	1,652,513.	1,607,039.	1,195,851.	1,180,631.
f Administrative expenses					
g End of year balance	51,222,338.	46,290,439.	39,269,103.	40,098,853.	35,099,337.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.9000 %
 - b Permanent endowment 64.5000 %
 - c Term endowment 13.6000 %
- 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? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		201,323.	117,715.	83,608.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				83,608.

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

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	46,002,816.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	46,002,816.	

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	111,388.
(4) CHARITABLE GIFT ANNUITY LIABILITY	272,609.
(5) AGENCY ENDOWMENTS	3,145,883.
(6) PPP LOAN	137,500.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,667,380.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,437,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,716,684.
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	7,716,684.
3	Subtract line 2e from line 1	3	7,720,673.
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	521,208.
b	Other (Describe in Part XIII.)	4b	318,695.
c	Add lines 4a and 4b	4c	839,903.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,560,576.

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	10,917,053.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,917,053.
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	521,208.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	521,208.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,438,261.

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 INVESTMENTS OVERSEEN BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND MANAGED BY AN INDEPENDENT ADVISOR. ENDOWMENT FUNDS ARE USED TO SUPPORT THE COMMUNITY FOUNDATION, AND ITS PROGRAM SERVICES, AS WELL AS TO SUPPORT OTHER ORGANIZATIONS AND SCHOLARS WITHIN THE GREATER CAPITAL REGION.

PART X, LINE 2:

THE COMMUNITY FOUNDATION FILES FORM 990 ANNUALLY WITH THE INTERNAL REVENUE SERVICE. WHEN ANNUAL RETURNS ARE FILED, SOME TAX POSITIONS TAKEN ARE HIGHLY CERTAIN TO BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHER TAX POSITIONS ARE SUBJECT TO UNCERTAINTY ABOUT THE TECHNICAL

Part XIII Supplemental Information (continued)

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, 2020.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BARNET FOUNDATION CONTRIBUTION	318,695.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
**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		14,221,890.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		798,607.
3 a Subtotal	0	0			15,020,497.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			15,020,497.

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

Schedule F (Form 990) 2020

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A DIFFERENT WAY IN READING CENTER, INC. - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	26-2947784	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
ABILITIES FIRST, INC. 167 MYERS CORNERS ROAD WAPPINGERS FALLS, NY 12590	14-1467427	501(C)(3)	10,000.	0.			FOR SUPPLIES TO TEACH REMOTELY DUE TO COVID19
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	6,000.	0.			FROM THE LASCH FAMILY
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	6,400.	0.			THE PURCHASE OF SCIENCE EQUIPMENT
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	3,500.	0.			UNRESTRICTED USE
ADIRONDACK MEDICAL CENTER 2233 STATE HIGHWAY 86 SARANAC LAKE, NY 12983	14-1731786	501(C)(3)	12,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 299.**

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.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFORDABLE HOUSING PARTNERSHIP OF THE CAPITAL REGION, INC. - 255 ORANGE STREET - ALBANY, NY 12210	14-1724900	501(C)(3)	15,000.	0.			THE SUPPORT OF REGIONAL GHHI EFFORTS
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	10,000.	0.			FOR DISCRETIONARY RESILIENCY SUPPORT DURING PANDEMIC
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	2,000.	0.			FOR INTERNS
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	10,000.	0.			FOR ADDITIONAL SUPPORT FOR THE COMMUNITY FOREST PROJECT
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	2,500.	0.			FOR UNRESTRICTED USE
ALBANY BARN, INC. 56 SECOND STREET ALBANY, NY 12210	74-3186476	501(C)(3)	2,000.	0.			FOR FREE FOOD FRIDGE ALBANY
ALBANY BARN, INC. 56 SECOND STREET ALBANY, NY 12210	74-3186476	501(C)(3)	8,000.	0.			PROGRAM AND MARKETING SUPPORT FOR 2020
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	15,000.	0.			FOR THE COLLABORATORY
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	400.	0.			FOR GENERAL EXPENSES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY COMMUNITY ACTION PARTNERSHIP - 333 SHERIDAN AVENUE - ALBANY, NY 12206	14-6037204	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES
ALBANY COMMUNITY LAND TRUST 255 ORANGE STREET ALBANY, NY 12210	22-2908723	501(C)(3)	25,000.	0.			FOR THE COVID RESPONSE RESIDENTIAL ASSISTANCE PROGRAM
ALBANY COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	2,800.	0.			SIGNAGE
ALBANY COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	55,134.	0.			UNRESTRICTED
ALBANY DAMIEN CENTER 728 MADISON AVENUE ALBANY, NY 12208	22-3108995	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,338.	0.			FOR THE COMMUNITY ENGAGEMENT INITIATIVE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000.	0.			FROM THE LASCH FAMILY
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	10,000.	0.			FOR THE ENDOWMENT
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,756.	0.			THE LIBRARY IN MEMORY OF HELEN GWYNN FLOOD

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

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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 non-cash 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)	1,000.	0.			FOR GENERAL, YEAR-END PURPOSES
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	5,000.	0.			MARKETING AND PROMOTION FOR "RECYCLED & REFASHIONED: THE ART OF RUBY SILVIOUS"
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000.	0.			IN MEMORY OF ALANE HOHENBERG
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	10,261.	0.			FOR UNRESTRICTED USE
ALBANY LAW SCHOOL 80 NEW SCOTLAND ALBANY, NY 12208	14-1338309	501(C)(3)	1,000,000.	0.			FOR THE JUSTICE CENTER AT ALBANY LAW SCHOOL
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	100.	0.			FOR THE LIFELINE PROGRAM
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	340.	0.			TO SUPPORT SICKLE CELL PROGRAMMING
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	50,000.	0.			FOR DR. SALMAN'S RESEARCH

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ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	641.	0.			PROVIDING EDUCATIONAL ENRICHMENT FOR STAFF OF THE NEONATAL INTENSIVE CARE UNIT
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	5,613.	0.			THE JOHN H. CARTER MD SCHOLARSHIP FUND EXCLUSIVELY DESIGNATED FOR SCHOLARSHIP FOR THE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	7,342.	0.			FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	6,000.	0.			PEDIATRIC EMERGENCY ROOM PROJECT
ALBANY POLICE ATHLETIC LEAGUE, INC. - 844 MADISON AVENUE - ALBANY, NY 12208	14-1708276	501(C)(3)	5,000.	0.			FOR COVID 19 RESPONSE SERVICES
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	2,000.	0.			2019-2020 ALBANY CONCERTS
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	1,000.	0.			FOR GENERAL YEAR-END SUPPORT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	250.	0.			FOR A 2020 GIFT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	21,877.	0.			FOR UNRESTRICTED USE

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ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	3,000.	0.			FROM MARK & LORI LASCH
ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501(C)(3)	250.	0.			FOR ANNUAL SUPPORT
ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501(C)(3)	20,000.	0.			FOR COVID-19 RESPONSE SERVICES
ALPHEIOS PROJECT, LTD. 89 SHEEHY COURT NAPA, CA 94558	27-2248757	501(C)(3)	115,000.	0.			FOR GENERAL USE
AMERICAN RED CROSS PO BOX 37243 WASHINGTON, DC 20013	53-0196605	501(C)(3)	2,000.	0.			FOR DISASTER RELIEF
AMERICAN RED CROSS PO BOX 37243 WASHINGTON, DC 20013	53-0196605	501(C)(3)	11,000.	0.			FOR HURRICANE LAURA RELIEF EFFORTS IN LAKE CHARLES (\$10,000) AND FOR DISASTER RELIEF (\$1,000)
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK - 33 EVERETT ROAD - ALBANY, NY 12205	53-0196605	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK - 33 EVERETT ROAD - ALBANY, NY 12205	53-0196605	501(C)(3)	100.	0.			FOR A 2020 GIFT
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK - 33 EVERETT ROAD - ALBANY, NY 12205	53-0196605	501(C)(3)	500.	0.			FOR UNRESTRICTED USE

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AMERICAN SWEDISH INSTITUTE 2600 PARK AVENUE MINNEAPOLIS, MN 55407	41-0711603	501(C)(3)	25,000.	0.			FOR OUTREACH AND PROGRAMMING DURING THE PANDEMIC CLOSURE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY, INC. - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728	501(C)(3)	10,250.	0.			FOR UNRESTRICTED USE
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	1,000.	0.			FOR COVID BUDGET SHORTFALL
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	1,000.	0.			FOR GENERAL, YEAR END SUPPORT
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	10,000.	0.			IN MEMORY OF ALANE HOHENBERG
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	16,010.	0.			UNRESTRICTED USE
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	5,000.	0.			FOR THE END OF THE YEAR FUND DRIVE
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	3,000.	0.			FOR THE CELEBRATION OF PROGRESS
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES

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AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	10,000.	0.			FOR THE RECRUITMENT OF MORE BLOCK AMBASSADORS TO DEVELOP NEIGHBORHOOD SUPPORT SYSTEMS FOR THE
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	9,000.	0.			FOR THE SIENA VISTA
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	5,000.	0.			FOR NASCENT
BABY INSTITUTE, INC. P.O. BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
BABY INSTITUTE, INC. P.O. BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	12,500.	0.			INCREASED FOOD ACCESS AND COVID-19 RESPONSE SERVICES
BABY INSTITUTE, INC. P.O. BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	3,000.	0.			FOR COVID 19 RESPONSE SERVICES
BACKSTRETCH EMPLOYEE SERVICE TEAM OF NEW YORK, INC. - 2150 HEMPSTEAD TURNPIKE - ELMONT, NY 11003	11-2976735	501(C)(3)	10,000.	0.			THE PHYSICAL AND MENTAL HEALTH FITNESS PROJECT IN SARATOGA SPRINGS, NY
BALLSTON AREA COMMUNITY CENTER 20 MALTA AVENUE BALLSTON SPA, NY 12020	14-1622578	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19
BATTENKILL COMMUNITY SERVICES, INC. - 2549 STATE ROUTE 40 - GREENWICH, NY 12834	14-1810997	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES

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BENNINGTON COLLEGE ONE COLLEGE DRIVE BENNINGTON, VT 05201	03-0179414	501(C)(3)	25,000.	0.			FOR BEYOND PLASTICS
BERKSHIRE FARM CENTER & SERVICES FOR YOUTH - 13640 STATE ROUTE 22 - CANAAN, NY 12029	14-1368125	501(C)(3)	20,000.	0.			FOR COVID-19 RESPONSE SERVICES
BERKSHIRE FARM CENTER & SERVICES FOR YOUTH - 13640 STATE ROUTE 22 - CANAAN, NY 12029	14-1368125	501(C)(3)	1,500.	0.			FOR SPANISH LANGUAGE BOOKS TO SUPPORT IMMIGRANT CHILDREN
BETHEL WOODS CENTER FOR THE ARTS, INC. - PO BOX 222 - LIBERTY, NY 12754	45-4083198	501(C)(3)	7,000.	0.			FOR SUPPORT OF THE DRIVE-IN FILM PROGRAM NECESSITATED BY COVID19
BETHESDA HOUSE OF SCHENECTADY, INC. - 834 STATE STREET - SCHENECTADY, NY 12307	31-1645415	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE SERVICES
BETHESDA HOUSE OF SCHENECTADY, INC. - 834 STATE STREET - SCHENECTADY, NY 12307	31-1645415	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
BETHLEHEM CENTRAL SCHOOL DISTRICT 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	8,546.	0.			FOR VARIOUS CLASSROOM INNOVATION GRANTS (PLEASE SEE ENCLOSED LIST)
BETHLEHEM CENTRAL SCHOOL DISTRICT 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	109.	0.			FOR THE ART DEPARTMENT FOR MURALS
BETTER COMMUNITY NEIGHBORHOODS, INC. - 120 EMMONS STREET - SCHENECTADY, NY 12304	14-1504550	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES

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BETTER COMMUNITY NEIGHBORHOODS, INC. - 120 EMMONS STREET - SCHENECTADY, NY 12304	14-1504550	501(C)(3)	2,500.	0.			HOUSING COUNSELING SERVICES IN AMSTERDAM
BEYOND MY BATTLE INC P.O. BOX 161 SARATOGA SPRINGS, NY 12866	82-3338879	501(C)(3)	5,000.	0.			FOR VIRTUAL EMOTIONAL SUPPORT RESOURCES
BEYOND MY BATTLE INC P.O. BOX 161 SARATOGA SPRINGS, NY 12866	82-3338879	501(C)(3)	5,000.	0.			FOR PANDEMIC RELATED SOCIAL SUPPORT OUTREACH
BIG BROTHERS BIG SISTERS OF SOUTHERN ADIRONDACKS - 14 W. NOTRE DAME STREET - GLENS FALLS, NY 12801	14-1596697	501(C)(3)	10,000.	0.			FOR SUPPORT OF EQUIPMENT TO CREATE DIGITAL SERVICES IN RESPONSE TO COVID19
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID 19
BLACK WATCH SOCCER CLUB, INC. 4 FRITZ BLVD ALBANY, NY 12205	14-1826613	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
BLUELIGHT DEVELOPMENT GROUP 135 SOUTH PEARL STREET ALBANY, NY 12203	81-3475487	501(C)(3)	13,000.	0.			FOR UNRESTRICTED USE
B'NAI SHOLOM REFORM CONGREGATION 420 WHITEHALL ROAD ALBANY, NY 12208	14-1599010	501(C)(3)	7,000.	0.			THE ENHANCEMENT OF WHEELCHAIR ACCESS
BOY SCOUTS OF AMERICA TWIN RIVERS COUNCIL - 253 WASHINGTON AVENUE EXT. - ALBANY, NY 12205	14-1340028	501(C)(3)	5,000.	0.			FOR WEB BASED ACTIVITIES AND VIDEO CONFERENCES TO MEET COVID19 NEEDS

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BOY SCOUTS OF AMERICA TWIN RIVERS COUNCIL - 253 WASHINGTON AVENUE EXT. - ALBANY, NY 12205	14-1340028	501(C)(3)	1,500.	0.			FOR FRIENDS OF SCOUTING
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	3,500.	0.			FOR A SCHOLARSHIP FOR A CHILD (OR CHILDREN) WHOSE FAMILY (FAMILIES) WOULD NOT OTHERWISE BE ABLE TO
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	1,000.	0.			FOR THE YOUTH FUND FROM THE BALL FAMILY
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	100.	0.			FOR NEEDED SCHOOL SUPPLIES
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	100.	0.			FOR HATS AND MITTENS OR WHERE NEEDED
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	4,000.	0.			FOR CAMPERSHIPS
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	1,200.	0.			FOR THE CAMPERSHIP CAMPAIGN
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	1,500.	0.			FOR UNRESTRICTED USE

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BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	5,000.	0.			FOR AFTER-SCHOOL PROGRAMMING
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	2,000.	0.			FOR SUPPORT OF CHILDREN'S REMOTE LEARNING
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	100.	0.			FOR UNRESTRICTED USE
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	500.	0.			FOR THE TROY LOCATION
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	5,000.	0.			FOR THE LYRICISM PROGRAM
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	30,000.	0.			FOR COVID RESPONSE SERVICES
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	1,586.	0.			FOR UNRESTRICTED USE AT THE RECOMMENDATION OF JANET SIDFORD
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	15,000.	0.			FOR TECHNOLOGY UPGRADES
BOYS AND GIRLS CLUB OF NEWBURGH 285 LIBERTY STREET NEWBURGH, NY 12550	14-1506144	501(C)(3)	5,000.	0.			FOR SUPPORT OF CREATING A FULL VIRTUAL ONLINE AFTER SCHOOL PROGRAM NECESSITATED BY COVID19

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BRIDGE ARTS ENSEMBLE FOUNDATION PO BOX 494 JOHNSTOWN, NY 12095	47-4730613	501(C)(3)	35,000.	0.			FOR THE PURCHASE OF A PIANO FOR QUEENSBURY HIGH SCHOOL
BRIGHTSIDE UP, INC. 91 BROADWAY MENANDS, NY 12204	14-1648493	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
BROWN SCHOOL 150 CORLAER AVE. SCHENECTADY, NY 12304	14-1343064	501(C)(3)	15,000.	0.			FOR THE DISTANCE LEARNING PROGRAMS
CAFFE LENA 47 PHILA STREET PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19
CAFFE LENA 47 PHILA STREET PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000.	0.			FOR ON LINE PROGRAMMING DURING THE PANDEMIC
CAPITAL AREA URBAN LEAGUE 279 TROY ROAD SUITE 9 #286 RENSSELAER, NY 12144	27-0209459	501(C)(3)	10,000.	0.			ONE VOTE COALITION #2020CENSUS CAMPAIGN
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE SERVICES
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	15,929.	0.			FOR UNRESTRICTED USE

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CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD SUITE 101 - ALBANY, NY 12203	13-3841519	501(C)(3)	50,000.	0.			FOR UNRESTRICTED USE
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205	14-1726531	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE NEEDS CREATED BY COVID 19
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205	14-1726531	501(C)(3)	1,000.	0.			IN SUPPORT OF THE "BETTER TOGETHER FUND" PER JOHN LEFTNER, DISTRICT EXECUTIVE DIRECTOR AT
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205	14-1726531	501(C)(3)	100.	0.			FOR THE ANNUAL CAMPAIGN
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205	14-1726531	501(C)(3)	50,000.	0.			FOR COVID RESPONSE SERVICES
CAPITAL DISTRICT YMCA-SCHENECTADY BRANCH - 433 STATE STREET - SCHENECTADY, NY 12305	14-1726531	501(C)(3)	5,000.	0.			FOR COVID 19 RESPONSE SERVICES
CAPITAL FOUNDATION OF NEW YORK, INC. - 180 SOUTH STREET - HIGHLAND, NY 12528	83-2344650	501(C)(3)	5,000.	0.			FOR NEW YORK BUSINESS PLAN COMPETITION
CAPITAL REGION BOCES 900 WATERVLIET-SHAKER ROAD SUITE 10 ALBANY, NY 12205	14-6009582	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE NEEDS CREATED BY COVID 19
CAPITAL REGION CLASSICAL, INC. PO BOX 8716 ALBANY, NY 12208	83-1925523	501(C)(3)	5,706.	0.			FOR UNRESTRICTED USE

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CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1218 CENTRAL AVENUE SUITE 203 - ALBANY, NY 12205	14-1823014	501(C)(3)	2,500.	0.			IN MEMORY OF SUMNER SHAPIRO AND IN HONOR OF ELEANOR A. GOODMAN FROM THE GOODMAN FAMILY
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1218 CENTRAL AVENUE SUITE 203 - ALBANY, NY 12205	14-1823014	501(C)(3)	3,300.	0.			GRAPHING CALCULATORS FOR 10TH GRADE SCHOLARS
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1218 CENTRAL AVENUE SUITE 203 - ALBANY, NY 12205	14-1823014	501(C)(3)	12,650.	0.			FOR UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	2,000.	0.			FOR SUMMER LITERACY AND EDUCATION
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	750.	0.			FOR UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	5,000.	0.			FOR THE ANNUAL FUND
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			FOR CAPITAL CAMPAIGN
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			LIVINGSTON SQUARE PARKING AREA - DESIGN

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CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	8,257.	0.			UNRESTRICTED USE
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			FOR THE LIVINGSTON SQUARE CAMPAIGN
CAPITAL REPERTORY COMPANY, INC. 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	1,000.	0.			FOR GENERAL, YEAR-END SUPPORT
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	2,500.	0.			FOR IMPROVING HEALTH WITH QUALITY FOOD AND PRIMARY CARE PARTNERSHIP
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	1,000.	0.			FROM THE LASCH FAMILY
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,500.	0.			FOR THE PRODUCE PROJECT
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	1,000.	0.			IN MEMORY OF ALANE HOHENBERG
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	27,505.	0.			FOR UNRESTRICTED USE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT

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CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			FOR THE PRODUCE PROJECT
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	25,000.	0.			FOR COVID-19 RESPONSE SERVICES
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			TO MEET THE CHALLENGES OF THE COVID 19
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	50,000.	0.			FOOD ACCESS AND COVID-19 RESPONSE SERVICES
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	9,000.	0.			FOR COVID RESPONSE SERVICES
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	5,000.	0.			FOR THE STREET OUTREACH PROGRAM
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	4,700.	0.			FOR PEACE CAMP
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE AT THE REQUEST OF CAROLINE SIDFORD
CARES OF NY, INC. 200 HENRY JOHNSON BLVD. SUITE 4 ALBANY, NY 12210	14-1731746	501(C)(3)	16,000.	0.			FOR UNRESTRICTED USE

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CATHOLIC CHARITIES DELAWARE OTSEGO COUNTIES - 176 MAIN STREET - ONEONTA, NY 13820	22-3214335	501(C)(3)	5,000.	0.			FOR INCREASED FOOD AND EMERGENCY NEEDS CREATED BY COVID19
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	4,000.	0.			FOR UNRESTRICTED USE
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	7,000.	0.			FOR THE CAPITAL CAMPAIGN TO RENOVATE CAMP SCULLY
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	500.	0.			FOR FOOD PROGRAMMING
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	10,000.	0.			FOR SUPPORT TO MEET THE NEEDS OF COVID 19 IMPACT
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	500.	0.			FOR THE CREATION OF THE SERENA HOUSE MEMORIAL GARDEN TO BE OPERATED BY CATHOLIC CHARITIES
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	5,000.	0.			FOR CAPITAL CAMPAIGN
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	35,000.	0.			FOR COVID RESPONSE SERVICES
CATSKILL CENTER FOR INDEPENDENCE 6104 STATE HIGHWAY 23 ONEONTA, NY 13820	16-1326969	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES IN SCHOHARIE COUNTY

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CATSKILL COMMUNITY CENTER, INC. 345 MAIN STREET PO BOX 389 CATSKILL, NY 12414	14-1341198	501(C)(3)	5,000.	0.			FOR COVID 19 RESPONSE SERVICES
CATSKILL COMMUNITY CENTER, INC. 344 MAIN STREET PO BOX 389 CATSKILL, NY 12414	14-1341198	501(C)(3)	10,000.	0.			FOOD PANTRY EXPANSION
CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 13035	15-0543658	501(C)(3)	10,000.	0.			FOR THE NANCY KELLY HERSHEY '67 SCHOLARSHIP FUND
CENTER FOR CREATIVE EDUCATION 15 RAILROAD AVENUE KINGSTON, NY 12401	94-3152269	501(C)(3)	5,000.	0.			TO SUPPORT ONLINE PROGRAMS NECESSITATED BY COVID19
CENTER FOR EMPLOYMENT OPPORTUNITIES - 41 STATE STREET SUITE 408 - ALBANY, NY 12207	13-3843322	501(C)(3)	3,000.	0.			FOR COVID-19 RESPONSE SERVICES
CENTER FOR EMPLOYMENT OPPORTUNITIES - 41 STATE STREET SUITE 408 - ALBANY, NY 12207	13-3843322	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
CHENANGO HOUSING IMPROVEMENT PROGRAM - 27 WEST MAIN STREET - NORWICH, NY 13815	16-1079046	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19
CHRIST EPISCOPAL CHURCH 15 WEST HIGH STREET BALLSTON SPA, NY 12020	22-2533331	501(C)(3)	12,000.	0.			FOR THE KIDSFIRST CHILDCARE CENTER OF BALLSTON SPA
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DRIVE ALBANY, NY 12205	14-1340037	501(C)(3)	6,000.	0.			UNRESTRICTED USE

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CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652	501(C)(3)	20,000.	0.			FOR COVID RESPONSE SERVICES
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652	501(C)(3)	4,000.	0.			FOR UNRESTRICTED USE
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652	501(C)(3)	2,000.	0.			TO INCREASE THE AMOUNT OF INDIVIDUALS SERVED
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	1,500.	0.			FOR UNRESTRICTED USE
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	100.	0.			FOR A 2020 GIFT FOR SENIOR TRANSPORTATION
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	2,500.	0.			FOR THE BRIGHT HORIZONS ADULT DAY SERVICE
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	25,500.	0.			COVID-19 RESPONSE SERVICES
COLONIE YOUTH CENTER, INC. 15 AVIS DRIVE LATHAM, NY 12110	14-1492095	501(C)(3)	5,000.	0.			FOR COVID 19 RESPONSE SERVICES
COLORADO WOLF AND WILDLIFE CENTER PO BOX 713 DIVIDE, CO 80814	84-1376613	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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COMFORT FOOD OF WASHINGTON COUNTY PO BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	3,000.	0.			FOR COVID-19 RESPONSE SERVICES
COMFORT FOOD OF WASHINGTON COUNTY PO BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	50,000.	0.			FOOD ACCESS EXPANSION
COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION - 2331 FIFTH AVENUE - TROY, NY 12180	14-1490509	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
COMMUNITY ACCESS TO THE ARTS 40 RAILROAD STREET GREAT BARRINGTON, MA 01230	04-3196265	501(C)(3)	5,000.	0.			FOR THE CATA CONSTRUCTION CAMPAIGN
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE SUITE 104 ALBANY, NY 12203	14-1778951	501(C)(3)	13,000.	0.			FOR COVID-19 RESPONSE SERVICES
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE SUITE 104 ALBANY, NY 12203	14-1778951	501(C)(3)	3,000.	0.			FOR UNRESTRICTED USE
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE SUITE 104 ALBANY, NY 12203	14-1778951	501(C)(3)	2,500.	0.			FOR CAPACITY BUILDING INITIATIVES
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE SUITE 104 ALBANY, NY 12203	14-1778951	501(C)(3)	9,000.	0.			FOR GENERAL OPERATING
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	1,075.	0.			FOR UNRESTRICTED USE

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CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	15,000.	0.			FOR THE 180TH CAMPAIGN (PARTIAL PAYMENT)
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	100.	0.			FOR THE BEAUTIFICATION FUND IN HONOR OF LOUISE VERFENSTEIN AND INA GONICK
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	5,500.	0.			FOR DIANE'S FARM
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	3,570.	0.			FOR THE GONICK DEVELOPMENT FUND/ANN COMMITMENT
CONGREGATION RODEPH SHALOM 615 NORTH BROAD STREET PHILADELPHIA, PA 19123	23-1365228	501(C)(3)	5,000.	0.			FOR THE CAMP HARLAM FUND
CONGREGATION RODEPH SHALOM 615 NORTH BROAD STREET PHILADELPHIA, PA 19123	23-1365228	501(C)(3)	20,000.	0.			FOR UNRESTRICTED USE
CORNELL COOPERATIVE EXTENSION DELAWARE COUNTY - 34570 STATE HIGHWAY 10 SUITE 2 - HAMDEN, NY 13782	16-6072878	501(C)(3)	5,000.	0.			FOR THEMED BOXES OF ACTIVITIES NECESSITATED BY COVID19
CORNELL COOPERATIVE EXTENSION OF SCHOHARIE & OTSEGO COUNTIES - 173 SOUTH GRAND STREET - COBLESKILL, NY 12043	45-3680676	501(C)(3)	5,000.	0.			TO PIVOT TO DIGITAL RECORD KEEPING DUE TO THE COVID19 PANDEMIC
DISABILITY ADVOCATES, INC. 725 BROADWAY SUITE 450 ALBANY, NY 12207	14-1700998	501(C)(3)	10,000.	0.			EXPANDING VOTER ACCESS FOR PEOPLE WITH DISABILITIES

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DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	20,000.	0.			FOR THE RESTRICTED SCHOLARSHIP - MINORITY FELLOWSHIP
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	100.	0.			FOR SUMMER CAMP IN MEMORY OF JONATHAN D. KIRK
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE NEEDS CREATED BY COVID 19
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	500.	0.			IN MEMORY OF WALT ROBB
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	16,700.	0.			FOR UNRESTRICTED USE
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	10,000.	0.			FOR "BODY SHOP" RENOVATION
DUTCHESS OUTREACH 29 NORTH HAMILTON STREET SUITE 220 POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	5,000.	0.			TO MEET THE INCREASED FOOD NEEDS DUE TO COVID19
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD, NJ 07631	22-1487165	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE ANNUAL FUND
EAST SIDE NEIGHBORHOOD RECREATION CENTER, INC - 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	50,000.	0.			FOOD PANTRY AND COVID-19 RESPONSE SERVICES

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EAST SIDE NEIGHBORHOOD RECREATION CENTER, INC - 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	1,200.	0.			"IT'S NATURE!"
EAST SIDE NEIGHBORHOOD RECREATION CENTER, INC - 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	1,855.	0.			FOR UNRESTRICTED USE
ELLENVILLE REGIONAL HOSPITAL 10 HEALTHY WAY ELLENVILLE, NY 12428	37-1562427	501(C)(3)	5,000.	0.			FOR A COVID19 TESTING TRAILER
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	1,300.	0.			FOR COVID FLOOR DINNERS
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	2,500.	0.			FOR UNRESTRICTED USE
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	2,000.	0.			TO PROVIDE FOOD FOR HEALTH CARE WORKERS DURING THE COVID-19 HEALTH CRISIS
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	14,455.	0.			FOR COVID-19 EFFORTS
EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	250.	0.			FOR THE GIVING CHALLENGE FROM AMELIA URQUHART
EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	25,000.	0.			IN HONOR OF AMELIA'S SENIOR YEAR

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EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	4,500.	0.			FOR UNRESTRICTED USE
EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	15,000.	0.			FOR THE WELLNESS CENTER FROM DENISE AND STEVE GONICK
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	20,000.	0.			FOR SCHOLARSHIP SUPPORT
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ANNUAL FUND
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	500.	0.			FOR GENERAL YEAR-END SUPPORT
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET SCHENECTADY, NY 12305	22-2317557	501(C)(3)	400.	0.			FOR UNRESTRICTED USE
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET SCHENECTADY, NY 12305	22-2317557	501(C)(3)	2,500.	0.			FOR CAPACITY BUILDING INITIATIVES
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET SCHENECTADY, NY 12305	22-2317557	501(C)(3)	75,000.	0.			FOR THE AMPT CAMPAIGN
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	500.	0.			FOR THE DOMESTIC VIOLENCE SHELTER

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EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	5,000.	0.			FOR DOMESTIC VIOLENCE OUTREACH
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	15,000.	0.			FOR TELEPRACTICE TECHNOLOGY
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	1,328.	0.			FOR UNRESTRICTED USE
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	30,000.	0.			COVID-19 RESPONSE SERVICES
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
ERIE CANALWAY HERITAGE FUND, INC. 1 DELAWARE AVENUE COHOES, NY 12047	26-0372982	501(C)(3)	4,500.	0.			THE CANALWAY CHALLENGE
ERIE CANALWAY HERITAGE FUND, INC. 1 DELAWARE AVENUE COHOES, NY 12047	26-0372982	501(C)(3)	2,500.	0.			FOR THE MATTON SHIPYARD PROJECT
FAMILIES IN NEED OF ASSISTANCE 69 BROOKLINE AVE ALBANY, NY 12203	14-1755079	501(C)(3)	15,000.	0.			FOR UNRESTRICTED USE
FAMILY YMCA OF THE GLENS FALLS AREA - 600 GLEN STREET - GLENS FALLS, NY 12801	14-1340008	501(C)(3)	25,000.	0.			FOR THE PURCHASE OF LAND

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FAMILY YMCA OF THE GLENS FALLS AREA - 600 GLEN STREET - GLENS FALLS, NY 12801	14-1340008	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
FARM SANCTUARY PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	2,000.	0.			FOR THE MATCHING GIFT OPPORTUNITY FOR THE EMERGENCY ANIMAL RESCUE FUND
FARM SANCTUARY PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	2,000.	0.			TO STOP THE HORRIFIC CRUELTY AND VIOLENCE BIRDS AND OTHER ANIMALS ENDURE IN SLAUGHTERHOUSES
FARM SANCTUARY PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY - 405 WASHINGTON AVE. - ALBANY, NY 12206	14-1509821	501(C)(3)	26,000.	0.			FOR THE 2019-2020 OPERATING BUDGET
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	10,000.	0.			FOR FOOD EXPRESS
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	50,000.	0.			FOOD IS MEDICINE
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT OF OPERATIONS

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FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	50,000.	0.			FOR COVID RESPONSE SERVICES
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	8,200.	0.			FOR UNRESTRICTED USE
FOUNDATION OF FULTON-MONTGOMERY COMMUNITY COLLEGE - 2805 STATE HIGHWAY 67 - JOHNSTOWN, NY 12095	14-1584150	501(C)(3)	5,000.	0.			FOR STUDENT ASSISTANCE RELATED TO COVID19
FOY FOUNDATION ADVISED FUND 192 HOLMES DALE ALBANY, NY 12208	14-1505623	501(C)(3)	10,000.	0.			FOY - ADME - COMM
FRANKLIN COMMUNITY CENTER 10 FRANKLIN STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	5,500.	0.			FOR COVID RESPONSE SERVICES
FRANKLIN COMMUNITY CENTER 10 FRANKLIN STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	6,000.	0.			TO MODIFY THE RECEPTION AREA TO ACCOMMODATE COVID 19 PROTOCOL
FRANKLIN COMMUNITY CENTER 10 FRANKLIN STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	100.	0.			FOR PROJECT LIFT
FRANKLIN COMMUNITY CENTER 10 FRANKLIN STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	5,000.	0.			FOR FOOD FOR SARATOGA COUNTY FAMILIES IN NEED
FRANKLIN COMMUNITY CENTER 10 FRANKLIN STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	2,500.	0.			FOR UNRESTRICTED USE

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FREEDOM FORUM INSTITUTE 2300 WILSON BOULEVARD SUITE 100 ARLINGTON, VA 22201	20-0617900	501(C)(3)	5,000.	0.			FOR CHIPS QUINN SCHOLARS PROGRAM (\$1,000) AND FRIENDS OF THE FIRST AMENDMENT SOCIETY
FREEDOM FORUM INSTITUTE 2300 WILSON BOULEVARD SUITE 100 ARLINGTON, VA 22201	20-0617900	501(C)(3)	1,000.	0.			FOR THE MATCHING GIFT OPPORTUNITY
FRIENDS OF BASSETT, INC. ONE ATWELL ROAD COOPERSTOWN, NY 13326	23-7041610	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE COVID19 RESPONSE
FRIENDS OF CAMP LITTLE NOTCH, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	27-0210079	501(C)(3)	10,000.	0.			TO BE USED IN SUPPORT OF NEEDY CAMPERS
GATEWAY HOUSE OF PEACE INC 479 ROWLAND STREET BALLSTON SPA, NY 12020	20-5115518	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	5,000.	0.			FOR COVID19 RELATED NEEDS
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	1,500.	0.			FOR UNRESTRICTED USE
GRASSROOT GIVERS, INC. 522 WASHINGTON AVENUE ALBANY, NY 12203	80-0267317	501(C)(3)	5,000.	0.			TO HELP ENSURE ACCESS TO BOOKS WHICH ARE ESPECIALLY NEEDED DUE TO COVID
GRATEFUL VILLAGES, INC. 465 CENTRAL AVENUE ALBANY, NY 12206	81-5420946	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE SERVICES

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GREENE COUNTY COUNCIL ON THE ARTS PO BOX 463 CATSKILL, NY 12414	22-2142380	501(C)(3)	5,000.	0.			FOR THE EMERGENCY ARTIST FUND DUE TO COVID19
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	5,964.	0.			UNRESTRICTED USE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	25,000.	0.			IN MEMORY OF ALANE HOHENBERG
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	5,000.	0.			FOR CONTINUED SUPPORT OF THE CURATORIAL ASSISTANT POSITION
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	1,000.	0.			FOR TECHNOLOGY UPGRADES
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,000.	0.			FOR THE SMIKTHSONIAN COLLABORATION
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,500.	0.			IN RECOGNITION OF THE EXCEPTIONAL WORK DONE BY KARIN KRASEVAC-LENZ AS THE MUSEUM'S EXECUTIVE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,500.	0.			FOR CAPACITY BUILDING INITIATIVES
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT OF OPERATIONS

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HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,000.	0.			FOR YEAR END (\$1,000) AND FOR TECHNOLOGY UPGRADES (\$1,000)
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,985.	0.			FOR UNRESTRICTED USE
HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	5,000.	0.			VAN OSTRANDE-RADLIFF HOUSE STABILIZATION
HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
HISTORIC CHERRY HILL 523 1/2 SOUTH PEARL STREET ALBANY, NY 12202	14-1482741	501(C)(3)	5,000.	0.			REBUILDING HISTORIC CHERRY HILL'S PORCH
HISTORIC CHERRY HILL 523 1/2 SOUTH PEARL STREET ALBANY, NY 12202	14-1482741	501(C)(3)	550.	0.			FOR UNRESTRICTED USE
HISTORIC SALEM COURTHOUSE PRESERVATION ASSOCIATION, INC. - 58 EAST BROADWAY PO BOX 140 - SALEM, NY 12865	02-0558625	501(C)(3)	5,000.	0.			TO HELP WITH RECOVERY FROM COVID19
HOME MADE THEATER PO BOX 1182 SARATOGA SPRINGS, NY 12866	22-2603255	501(C)(3)	5,000.	0.			FOR SUPPORT OF YOUR VIRTUAL PERFORMANCES REQUIRED BY THE COVID19 PANDEMIC
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF

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HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	500.	0.			FOR UNRESTRICTED USE AT THE RECOMMENDATION OF JANET SIDFORD
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	7,500.	0.			FOR COVID RESPONSE SERVICES
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	30,000.	0.			FEED AND READ PROGRAM
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	5,000.	0.			TO MEET EXTRAORDINARY NEEDS CREATED BY COVID19
HUDSON OPERA HOUSE 327 WARREN STREET HUDSON, NY 12534	14-1752524	501(C)(3)	5,000.	0.			FOR HUDSON HALL FOR SUPPORT OF THE OUTREACH NECESSITATED BY COVID19
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	7,963.	0.			PORTABLE LEARNING DEVICES FOR INDIVIDUALS WITH DISABILITIES
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE SERVICES
HUGUENOT HISTORICAL SOCIETY 88 HUGUENOT STREET NEW PALTZ, NY 12561	14-6030196	501(C)(3)	5,000.	0.			FOR THE NEW DIGITAL PROGRAMS NECESSITATED BY COVID19
HYDE COLLECTION, THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	10,000.	0.			FOR SUPPORT OF SUSTAINABLE PROGRAMING DURING THE COVID CRISIS

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HYDE COLLECTION, THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	250.	0.			FOR UNRESTRICTED USE
IN OUR OWN VOICES, INC. 245 LARK STREET ALBANY, NY 12210	14-1804364	501(C)(3)	10,000.	0.			FOR COVID 19 RESPONSE SERVICES
INDEPENDENT LIVING CENTER OF HUDSON VALLEY, INC. - 15-17 THIRD STREET - TROY, NY 12180	22-2875911	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
INDIAN LAKE THEATER, INC. 13 WEST MAIN STREET PO BOX 517 INDIAN LAKE, NY 12842	26-1917553	501(C)(3)	5,000.	0.			FOR RENOVATIONS NECESSITATED BY COVID19
INNOVATIVE CHARITABLE INITIATIVES, INC. - 272 BROADWAY - ALBANY, NY 12204	14-1813190	501(C)(3)	74,000.	0.			FOR IMMIGRANT ARC
INTERFAITH ALLIANCE OF UPSTATE NEW YORK - PO BOX 38301 - ALBANY, NY 12203	84-3969241	501(C)(3)	5,000.	0.			LUNCH BUNCH KIDS AND GRANDS
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	250.	0.			FOR ATOA GIFT! (WE <3 IPH!)
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	8,000.	0.			FOR COVID-19 RELIEF
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	10,500.	0.			FOR COVID-19 RESPONSE SERVICES

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INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	10,800.	0.			FOR UNRESTRICTED USE
JAKE'S HELP FROM HEAVEN 171 CIRCULAR STREET SARATOGA SPRINGS, NY 12866	45-0974507	501(C)(3)	100.	0.			IN MEMORY OF CAEDEN FROST FROM THE ADVISORY BOARD OF YOUTH 2 YOUTH HELPING YOUTH
JAKE'S HELP FROM HEAVEN 171 CIRCULAR STREET SARATOGA SPRINGS, NY 12866	45-0974507	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE NEEDS CREATED BY COVID 19
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	7,559.	0.			UNRESTRICTED USE
JEWISH FAMILY SERVICES OF NORTHEASTERN NEW YORK - 877 MADISON AVENUE - ALBANY, NY 12208	14-1338308	501(C)(3)	20,000.	0.			FOR COVID-19 RESPONSE SERVICES
JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
JOHN'S ISLAND FOUNDATION 6001 HIGHWAY A1A PMB#8323 INDIAN RIVER SHORES, FL 32963	65-0916419	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	1,355.	0.			FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	25,000.	0.			FOR COVID STAFF AND SUPPLY RESPONSE

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JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	5,500.	0.			FOR EMERGENCY SHELTER MATTRESSES
JOSHUA PROJECT PO BOX 413 MIDDLEBURGH, NY 12122	22-3072537	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
KIPP TECH VALLEY CHARTER SCHOOL 321 NORTHERN BOULEVARD ALBANY, NY 12203	20-1347748	501(C)(3)	11,224.	0.			OUTFITTING 4TH GRADE CLASSROOMS WITH SCIENCE SUPPLIES
KUPONA FOUNDATION 4801 QUEENS CHAPEL TERRACE NE WASHINGTON, DC 20017	26-4371825	501(C)(3)	6,000.	0.			TO BE SHARED EQUALLY BETWEEN CCBRT AND THE MABINTI CENTER IN TANZANIA
LADIES OF CHARITY 239 GOLF COURSE ROAD AMSTERDAM, NY 12010	36-4665690	501(C)(3)	5,000.	0.			DIAPERS AND WIPES FOR THE DIAPER BANK PROJECT (\$2,500) AND TO HELP FAMILIES IN NEED IN
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	16,650.	0.			FOR UNRESTRICTED USE
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	70,000.	0.			MEDICAL LEGAL PARTNERSHIP
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	250.	0.			FOR LILLIAN MOY'S PARTICIPATION ON OUR PANEL
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	11,500.	0.			FOR THE JUSTICE FOR ALL ANNUAL CAMPAIGN IN HONOR OF PATRICIA RODRIGUEZ

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LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	20,000.	0.			FOR THE COVID-19 LEGAL HOTLINE
LEXINGTON FOUNDATION, INC. 465 N. PERRY STREET JOHNSTOWN, NY 12095	14-1689110	501(C)(3)	5,000.	0.			FOR THE PAUL NIGRA CENTER FOR CREATIVE ARTS FOR SUPPORT OF THE VIRTUAL PROGRAMS NECESSITATED BY
LIFEPATH 28 COLVIN AVE, SUITE 2 ALBANY, NY 12206	14-1392442	501(C)(3)	10,000.	0.			FOR COVID 19 RESPONSE SERVICES
LIFEPATH 28 COLVIN AVE, SUITE 2 ALBANY, NY 12206	14-1392442	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
LIFEPATH 28 COLVIN AVE, SUITE 2 ALBANY, NY 12206	14-1392442	501(C)(3)	100.	0.			FOR A 2020 GIFT FOR MEALS ON WHEELS
LIFEPATH 28 COLVIN AVE, SUITE 2 ALBANY, NY 12206	14-1392442	501(C)(3)	7,000.	0.			FOR PASST PROGRAM
LIFEPATH 28 COLVIN AVE, SUITE 2 ALBANY, NY 12206	14-1392442	501(C)(3)	200.	0.			FOR UNRESTRICTED USE
LIFEWORCS COMMUNITY ACTION 40 BATH STREET PO BOX 169 BALLSTON SPA, NY 12020	23-7438457	501(C)(3)	20,000.	0.			FOR COVID RESPONSE SERVICES
LITERACY NEW YORK GREATER CAPITAL REGION, INC. - 99 CLINTON STREET, 2ND FLOOR - SCHENECTADY, NY 12305	23-7409758	501(C)(3)	151,122.	0.			FOR UNRESTRICTED USE

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS OF CLINTON COUNTY - 101 BROAD STREET - PLATTSBURGH, NY 12901	23-7330109	501(C)(3)	5,000.	0.			CHROMEBOOKS FOR STAFF AND LEARNERS TO ENSURE VIRTUAL CONNECTIONS DURING THE COVID19
LITERACY VOLUNTEERS OF RENSSELAER COUNTY - 65 FIRST STREET - TROY, NY 12180	23-7330119	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
LITERACY VOLUNTEERS OF RENSSELAER COUNTY - 65 FIRST STREET - TROY, NY 12180	23-7330119	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
LUZERNE MUSIC CENTER, INC. 203 LAKE TOUR ROAD PO BOX 39 LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000.	0.			FOR ANNUAL SUPPORT
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE STREET ALBANY, NY 12208	22-2318286	501(C)(3)	12,500.	0.			CHROMEBOOKS FOR HYBRID STEM CLASSES AND LABS
MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1703503	501(C)(3)	2,500.	0.			FROM MIKE AND ALICIA LASCH
MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1703503	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19
MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1703503	501(C)(3)	200.	0.			FOR UNRESTRICTED USE
MARIA COLLEGE 700 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1463151	501(C)(3)	1,500.	0.			FOR UNRESTRICTED USE

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MARIA COLLEGE 700 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1463151	501(C)(3)	1,323.	0.			THE SPRING RENAISSANCE SCHOLAR TUITION
MARIA COLLEGE 700 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1463151	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
MARIA COLLEGE 700 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1463151	501(C)(3)	6,000.	0.			VISIBLE BODY ANATOMY SOFTWARE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - 9 SOUTH MAIN STREET PO BOX 30 - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	10,000.	0.			FOR SUPPLIES TO MEET THE CHALLENGES OF COVID 19
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - 10 SOUTH MAIN STREET PO BOX 30 - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	7,741.	0.			FOR COVID RESPONSE SERVICES
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - 7 SOUTH MAIN STREET PO BOX 30 - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	5,000.	0.			FOR MATCHING FUNDS FOR THE GIVING TUESDAY CAMPAIGN
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - 8 SOUTH MAIN STREET PO BOX 30 - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	1,566.	0.			UNRESTRICTED USE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - 6 SOUTH MAIN STREET PO BOX 30 - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	5,000.	0.			FOR AFTER-SCHOOL PROGRAMMING
MEDIA ALLIANCE PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT OF OPERATIONS

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MEDIA ALLIANCE PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	1,000.	0.			TO SUPPORT THE SANCTUARY FOR INDEPENDENT MEDIA
MEDIA ALLIANCE PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	1,000.	0.			IN MEMORY OF ALANE HOHENBERG
MEDIA ALLIANCE PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	3,500.	0.			FOR SUPPORT OF THE PROJECT TO REPAIR THE FAILING WINDOWS
MEDIA ALLIANCE PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
MEDIA ALLIANCE PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	500.	0.			FOR WINDOW RESTORATION
MENTAL HEALTH ASSOCIATION OF COLUMBIA AND GREEN COUNTIES, INC. - 713 UNION STREET - HUDSON, NY 12534	14-6030796	501(C)(3)	5,000.	0.			FOR YOUTH CLUBHOUSE
MID-HUDSON CHILDREN'S MUSEUM 75 NORTH WATER STREET POUGHKEEPSIE, NY 12601	22-3021355	501(C)(3)	5,000.	0.			TO EXPAND THE FARMERS' MARKET TO MEET THE NEEDS CREATED BY COVID19
MISSION ACCOMPLISHED TRANSITION SERVICES - 433 STATE STREET 4TH FLOOR - SCHENECTADY, NY 12305	46-0861110	501(C)(3)	7,500.	0.			FOR COVID 19 RESPONSE SERVICES
MISSION ACCOMPLISHED TRANSITION SERVICES - 433 STATE STREET 4TH FLOOR - SCHENECTADY, NY 12305	46-0861110	501(C)(3)	1,100.	0.			FOR CAPACITY BUILDING INITIATIVES

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MISSION ACCOMPLISHED TRANSITION SERVICES - 433 STATE STREET 4TH FLOOR - SCHENECTADY, NY 12305	46-0861110	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
MOHAWK HUDSON LAND CONSERVANCY 425 KENWOOD AVE DELMAR, NY 12054	14-1754157	501(C)(3)	500.	0.			IN MEMORY OF MATTHEW BENDER IV
MOHAWK HUDSON LAND CONSERVANCY 425 KENWOOD AVE DELMAR, NY 12054	14-1754157	501(C)(3)	5,000.	0.			IN MEMORY OF MATT BENDER
MOHAWK HUDSON LAND CONSERVANCY 425 KENWOOD AVE DELMAR, NY 12054	14-1754157	501(C)(3)	1,900.	0.			FOR UNRESTRICTED USE
MONTGOMERY COUNTY OFFICE FOR THE AGING - 135 GUY PARK AVENUE - AMSTERDAM, NY 12010	14-1792216	501(C)(3)	5,000.	0.			FOR THE BACKPACK PROGRAM IN THE FIVE DISTRICTS IN MONTGOMERY COUNTY
MORGAN STATE UNIVERSITY FOUNDATION, INC. - 1700 E. COLD SPRING LANE - BALTIMORE, MD 21251	23-7089143	501(C)(3)	10,000.	0.			FOR THE MSU SCHOOL OF GLOBAL JOURNALISM & COMMUNICATIONS
MOUNT SAINT MARY COLLEGE 330 POWELL AVE. NEWBURGH, NY 12550	14-1468399	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE STUDENT EMERGENCY FUND DUE TO COVID 19
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	540,000.	0.			FOR GENERAL OPERATING SUPPORT
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	277.	0.			UNRESTRICTED USE

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MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	1,394.	0.			PROVIDING HONORARIA FOR EDUCATIONAL SPEAKERS
MUSICIANS OF MA'ALWYCK, INC. 511 MOHAWK AVENUE SCOTIA, NY 12302	05-0532851	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE VIRTUAL CONCERTS NECESSITATED BY COVID19
MUSICIANS OF MA'ALWYCK, INC. 511 MOHAWK AVENUE SCOTIA, NY 12302	05-0532851	501(C)(3)	1,000.	0.			CONCERT LIVESTREAMING
NATIONAL WOMEN'S HISTORY MUSEUM PO BOX 759216 BALTIMORE, MD 21275	54-1801426	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
NEW YORK STATE NETWORK FOR YOUTH SUCCESS, INC. - 415 RIVER STREET - TROY, NY 12180	13-3841114	501(C)(3)	7,550.	0.			THE CAPITAL REGION SCHOOL-AGE CARE QUALITY IMPACT PROGRAM
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	501(C)(3)	1,000.	0.			FOR THE COMMUNITY AND WORKS SKILLS PROGRAM FOR STUDENTS WITH DISABILITIES
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	501(C)(3)	5,000.	0.			FOR THE 2020 MURRAY AWARD
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	501(C)(3)	17,192.	0.			FOR UNRESTRICTED USE
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	501(C)(3)	400.	0.			FOR SUPPLIES TO PROMOTE "ATTIC"

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NORTH COUNTRY ASSOCIATION FOR THE VISUALLY IMPAIRED - 22 US OVAL SUITE B-15 - PLATTSBURGH, NY 12903	14-1713999	501(C)(3)	5,000.	0.			FOR SPECIAL EQUIPMENT NECESSITATED BY COVID19
NORTH HOUSE FOLK SCHOOL 500 WEST HIGHWAY 61 PO BOX 759 GRAND MARAIS, MN 55604	41-1878887	501(C)(3)	15,000.	0.			FOR RESILIENCY STRATEGIES TO SURVIVE THE EPIDEMIC IMPACT
NORTHEAST HEALTH FOUNDATION 310 SOUTH MANNING BOULEVARD ALBANY, NY 12208	22-2743478	501(C)(3)	1,355.	0.			FOR UNRESTRICTED USE
NORTHEAST HEALTH FOUNDATION 310 SOUTH MANNING BOULEVARD ALBANY, NY 12208	22-2743478	501(C)(3)	5,000.	0.			FOR THE NORTHEAST HEALTH CAMPAIGN
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	10,000.	0.			PATIENT EMERGENCY FUNDS
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	100.	0.			FOR THE CATWALK FOR KIDNEYS SUPPORT JACKY VIMISLIK IN HONOR OF JONATHAN KIRK
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	675.	0.			FOR THE KIDSIGHT PROGRAM FOR PRE-SCHOOL CHILDREN LIVING IN THE TOWN OF NISKAYUNA
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	13,787.	0.			UNRESTRICTED USE
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	1,000.	0.			FROM THE LASCH FAMILY

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NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	5,000.	0.			TO PURCHASE EQUIPMENT THAT CAN BE USED FROM A SAFER DISTANCE WHICH IS NECESSARY DUE TO COVID19
NORTHERN ILLINOIS FOOD BANK 440 KELLER DRIVE PARK CITY, IL 60085	36-3203648	501(C)(3)	8,000.	0.			FOR UNRESTRICTED USE
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	500.	0.			FOR THE HOLIDAY HEROES MENTAL HEALTH RECOVERY PROGRAM
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	20,000.	0.			FOR COVID RESPONSE SERVICES
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	617.	0.			PARSONS TO HELP SINGLE MOTHERS WHO ARE DEALING WITH SERIOUS ILLNESSES. IF NO ONE MEETS THAT
NORTHSIDE DEVELOPMENT CORPORATION 698 HOWARD STREET SPARTANBURG, SC 29303	30-0698663	501(C)(3)	109,347.	0.			FOR UNRESTRICTED USE
OAKWOOD CEMETERY 50 101ST STREET TROY, NY 12180	14-1127074	501(C)(3)	100.	0.			FOR UNRESTRICTED USE
OAKWOOD CEMETERY 50 101ST STREET TROY, NY 12180	14-1127074	501(C)(3)	10,000.	0.			IN MEMORY OF ALANE HOHENBERG
OAKWOOD COMMUNITY CENTER, INC. 313 10TH STREET TROY, NY 12180	45-3980699	501(C)(3)	7,000.	0.			FOR COVID-19 RESPONSE SERVICES

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O'CONNOR, TERENCE & AMY (PLEDGE) 53 WESTERN DELMAR, NY 12054	14-1505623	501(C)(3)	5,000.	0.			O'CONOR - ADME - COMM
OLD SONGS, INC. 37 S MAIN STREET PO BOX 466 VOORHEESVILLE, NY 12186	22-2173973	501(C)(3)	5,000.	0.			IN HONOR OF YOUR 40 YEARS
OLD SONGS, INC. 37 S MAIN STREET PO BOX 466 VOORHEESVILLE, NY 12186	22-2173973	501(C)(3)	2,000.	0.			OLDSONGS FOLK FESTIVAL
OPEN SPACE INSTITUTE LAND TRUST, INC. - 291 HUDSON AVENUE - ALBANY, NY 12210	13-3028060	501(C)(3)	10,000.	0.			FPR PLANNING FOR PALMERTOWN RIDGE TRAIL
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	10,000.	0.			FOR INTERN/ STAFFING
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	10,000.	0.			AS A CONTRIBUTION TOWARD A POLE BARN FOR EQUIPMENT STORAGE
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	10,000.	0.			FOR FRESH PRODUCE DONATION EXPANSION
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	50,000.	0.			FOR THE 2021OPERATING BUDGET
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	50,000.	0.			OPERATING SUPPORT

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PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			FOR TICKETME
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			FOR THE PURCHASE OF FUNDRAISING EQUIPMENT DUE TO COVID19
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	30,000.	0.			FOR THE SEATING CAMPAIGN FROM NEIL AND JANE GOLUB
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	500.	0.			FOR THE HONORARY COMMITTEE GALA
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	2,500.	0.			FOR THE 2020 MEMBERSHIP CAMPAIGN FROM STEVE AND DENISE GONICK
PS21, INC. 2980 ROUTE 66 PO BOX 321 CHATHAM, NY 12037	14-1818409	501(C)(3)	36,000.	0.			FOR GENERAL OPERATING EXPENSES IN MEMORY OF PAUL AND JUDITH GRUNBERG
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 15 MOUNTAIN ROAD PO BOX 100 - RAVENA, NY 12143	14-6011275	501(C)(3)	7,500.	0.			FOR KAITLYN COLLINS TO PURCHASE GRAPHING CALCULATORS FOR USE IN THE ALGREBRA CLASSES

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RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 15 MOUNTAIN ROAD PO BOX 100 - RAVENA, NY 12143	14-6011275	501(C)(3)	5,000.	0.			FOR THE BFF-RCS COLLEGE SCHOLARSHIP
REBUILDING TOGETHER SARATOGA COUNTY, INC. - 132 MILTON AVENUE - BALLSTON SPA, NY 12020	20-0530683	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES
RED HOOK COMMUNITY CENTER 59 FISK STREET RED HOOK, NY 12571	47-2883913	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEIGHBORS IN NEED DUE TO COVID19
REDEMPTION CHURCH OF CHRIST 192 9TH STREET TROY, NY 12180	14-1601939	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE SERVICES
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	5,000.	0.			FOR STRONG TOGETHER
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	4,500.	0.			FOR UNRESTRICTED USE AT THE RECOMMENDATION OF GRACE SIDFORD
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	2,500.	0.			FOR RISSE TRANSPORTATION

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REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	10,000.	0.			FOR FOOD ACCESS
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	23,719.	0.			UNRESTRICTED USE
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	3,000.	0.			TO AUGMENT THE AMOUNT OF FAMILIES SERVED BY THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	1,000.	0.			IN MEMORY OF ALANE HOHENBERG
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	8,000.	0.			FOR COVID-19 RELIEF
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	50,000.	0.			FOR COVID RESPONSE SERVICES
RENSSELAER COUNTY DEPARTMENT OF HEALTH - 1600 SEVENTH AVENUE - TROY, NY 12180	14-6002569	501(C)(3)	10,000.	0.			FOR THE RENSSELAER COUNTY HEROIN COALITION
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	200.	0.			FOR UNRESTRICTED USE
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	15,000.	0.			FOR PROGRAMS SERVING NICU INFANTS & FAMILIES AT ALBANY MED

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SALVATION ARMY - SARATOGA 27 WOODLAWN AVENUE SARATOGA SPRINGS, NY 12866	13-5562351	501(C)(3)	8,000.	0.			FOR COVID RESPONSE SERVICES
SALVATION ARMY ALBANY CORPS 20 SOUTH FERRY STREET ALBANY, NY 12202	13-5562351	501(C)(3)	5,120.	0.			FOR COVID RESPONSE SERVICES
SALVATION ARMY ALBANY CORPS 20 SOUTH FERRY STREET ALBANY, NY 12202	13-5562351	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
SALVATION ARMY EMPIRE STATE DIVISION - 200 TWIN OAKS DRIVE - SYRACUSE, NY 13206	13-3485289	501(C)(3)	60,000.	0.			TO SUPPORT 15 SITES IN THE NORTH COUNTRY WHO ARE MEETING NEEDS CREATED BY COVID19
SALVATION ARMY GLENS FALLS CORPS 37 BROAD STREET GLENS FALLS, NY 12801	13-5562351	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
SALVATION ARMY HUDSON OUTPOST 40 SOUTH 3RD STREET HUDSON, NY 12534	13-5562351	501(C)(3)	5,376.	0.			FOR COVID RESPONSE SERVICES
SALVATION ARMY SCHENECTADY 222 LAFAYETTE STREET SCHENECTADY, NY 12301	13-5562351	501(C)(3)	750.	0.			FOR UNRESTRICTED USE
SALVATION ARMY SCHENECTADY 222 LAFAYETTE STREET SCHENECTADY, NY 12301	13-5562351	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
SALVATION ARMY TROY CORPS 410 RIVER STREET TROY, NY 12180	13-5562351	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES

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SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	14-1604339	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	14-1604339	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING
SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	14-1604339	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19
SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	14-1604339	501(C)(3)	1,500.	0.			CHILD SAFETY MATTERS
SARATOGA COUNTY AGRICULTURAL SOCIETY - 162 PROSPECT STREET - BALLSTON SPA, NY 12020	14-1352467	501(C)(3)	5,000.	0.			FOR THE SARATOGA COUNTY FAIR FOR SUPPORT OF THE VIRTUAL FAIR NECESSITATED BY COVID19
SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1775218	501(C)(3)	100.	0.			IN MEMORY OF SYLVIA HEINER BY CINDY AND DUANE BALL, 10 COVINGTON COURT, NISKAYUNA, NY 12309
SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1775218	501(C)(3)	10,000.	0.			TO MATCH THE MOSER GRANT FOR COVID19 SECURITY
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	1,000.	0.			GIVEN BY CINDY AND DUANE BALL IN HONOR OF JAY ARNOLD'S BIRTHDAY
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	8,000.	0.			FOR INTERN STIPENDS AND SATFF/VOLUNTEER TRAINING

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SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	25,000.	0.			FOR OPERATING SUPPORT
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	15,000.	0.			FOR RENT ASSISTANCE
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	500,000.	0.			FOR THE SARAH B. FOULKE FRIENDSHIP TRAILS SYSTEM
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	7,750.	0.			FOR UNRESTRICTED USE
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	2,000.	0.			FOR THE CLASSICAL KIDS PROGRAM
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	750.	0.			FOR A 2020-21 GIFT
SARATOGA REGIONAL YMCA 290 WEST AVENUE SARATOGA SPRINGS, NY 12866	14-1427442	501(C)(3)	10,000.	0.			FOR SUPPORT OF SUMMER CHILDCARE POST COVID19
SARATOGA REGIONAL YMCA 290 WEST AVENUE SARATOGA SPRINGS, NY 12866	14-1427442	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	2,500.	0.			FOR CAPACITY BUILDING INITIATIVES

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SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	7,500.	0.			COVID-19 RESPONSE SERVICES
SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	10,000.	0.			FOR SUPPORT TO MEET THE COVID 19 CHALLENGES
SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	5,000.	0.			FOR SENIOR SUPPORT SERVICES
SARATOGA SHAKESPEARE COMPANY PO BOX 5059 SARATOGA SPRINGS, NY 12866	14-1820889	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE 20TH SEASON
SARATOGA SPRINGS HIGH SCHOOL 1 BLUE STREAK BLVD. SARATOGA SPRINGS, NY 12866	14-6004187	501(C)(3)	10,000.	0.			FOR THE ANNUAL PULVER SCHOLARSHIP AWARD (\$5,000 EACH FOR THE FEMALE AND MALE WINER OF THE GEORGE
SCHENECTADY CIVIC PLAYERS 12 SOUTH CHURCH STREET SCHENECTADY, NY 12305	14-1376003	501(C)(3)	5,000.	0.			FOR SUPPORT NECESSITATED BY COVID19
SCHENECTADY CIVIC PLAYERS 12 SOUTH CHURCH STREET SCHENECTADY, NY 12305	14-1376003	501(C)(3)	100.	0.			FOR UNRESTRICTED USE
SCHENECTADY COMMUNITY ACTION PROGRAM, INC. - 913 ALBANY STREET - SCHENECTADY, NY 12302	14-6034637	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES
SCHENECTADY COMMUNITY MINISTRIES PO BOX 1049 SCHENECTADY, NY 12301	14-1548263	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF

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SCHENECTADY COMMUNITY MINISTRIES PO BOX 1049 SCHENECTADY, NY 12301	14-1548263	501(C)(3)	2,500.	0.			FOR SCHENECTADY URBAN FARMS FOR COVID RESPONSE SERVICES
SCHENECTADY COMMUNITY MINISTRIES PO BOX 1049 SCHENECTADY, NY 12301	14-1548263	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	5,000.	0.			FOR THE STUDENT EMERGENCY FUND DUE TO COVID19
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM, INC. - 795 EAST MAIN STREET SUITE 5 - COBLESKILL, NY 12043	14-1490674	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	7,500.	0.			THE AMSTERDAM ENVIRONMENTAL STUDY TEAM
SENIOR HOPE COUNSELING, INC. 650 WARREN STREET ALBANY, NY 12208	02-0570419	501(C)(3)	2,500.	0.			FOR CAPACITY BUILDING INITIATIVES
SENIOR HOPE COUNSELING, INC. 650 WARREN STREET ALBANY, NY 12208	02-0570419	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
SENIOR HOPE COUNSELING, INC. 650 WARREN STREET ALBANY, NY 12208	02-0570419	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES

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SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	10,692.	0.			UNRESTRICTED USE
SHAKER MUSEUM MOUNT LEBANON PO BOX 630 NEW LEBANON, NY 12125	14-1364601	501(C)(3)	5,000.	0.			TO CREATE AN ONLINE FUNDRAISER AND A POP UP EXHIBITION ALL NECESSITATED BY COVID19
SHALOM FOOD PANTRY 393 DELAWARE AVENUE DELMAR, NY 12054	82-1306418	501(C)(3)	15,000.	0.			FOR THE CARGO VAN
SHALOM FOOD PANTRY 393 DELAWARE AVENUE DELMAR, NY 12054	82-1306418	501(C)(3)	3,500.	0.			FOR COVID-19 RESPONSE SERVICES
SHALOM FOOD PANTRY 393 DELAWARE AVENUE DELMAR, NY 12054	82-1306418	501(C)(3)	500.	0.			FOR UNRESTRICTED USE AT THE REQUEST OF CAROLINE SIDFORD
SHELTERS OF SARATOGA 14 WALWORTH STREET SARATOGA SPRINGS, NY 12866	14-1758441	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE SERVICES
SHELTERS OF SARATOGA 14 WALWORTH STREET SARATOGA SPRINGS, NY 12866	14-1758441	501(C)(3)	20,000.	0.			FOR HOUSING OF THE HOMELESS DURING THE COVID 19 CRISIS
SHE'S A BOSS 78 ASPEN CIRCLE ALBANY, NY 12208	47-2055088	501(C)(3)	5,200.	0.			FOR GENERAL OEPRATING SUPPORT
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	1,500.	0.			FOR UNRESTRICTED USE

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SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	20,000.	0.			FOR THE PURCHASE OF COVID19 PROTECTIVE EQUIPMENT
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	12,489.	0.			MICHAEL JARCHO'S CHRONIC STRESS PROJECT
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	3,500.	0.			FOR THE ANNUAL FUND FROM MARK & LORI LASCH
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	15,000.	0.			FOR OPPORTUNITIES EXCHANGE COVID RECOVERY SUPPORT NATIONAL SHARED SERVICES CONFERENCE
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	7,500.	0.			FOR COVID 19 RESPONSE SERVICES
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	1,000.	0.			FROM THE LASCH FAMILY
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	5,000.	0.			FOR HOME FURNISHINGS TO PURCHASE BEDS
ST. ANDREWS CHARITABLE FOUNDATION 1001 CRAIG ROAD SUITE 200 ST. LOUIS, MO 63146	26-0568165	501(C)(3)	8,000.	0.			FOR BROOKING PARK IN MEMORY OF MARIE SHORE

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ST. ANNE INSTITUTE FOUNDATION 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
ST. ANNE INSTITUTE FOUNDATION 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	20,000.	0.			FOR SUPPORT TO MEET THE CHALLENGES OF COVID 19
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	100.	0.			FOR UNRESTRICTED USE
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	500.	0.			FOR PROJECT LIFT
ST. JOHN'S UNIVERSITY SCHOOL OF LAW - 8000 UTOPIA PARKWAY - QUEENS, NY 11439	11-1630830	501(C)(3)	5,000.	0.			THE HUGH CAREY DISPUTE MEDIATION PROGRAM
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE STEWART'S SHOPS AND DAKE FAMILY FELLOWSHIP FUND
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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ST. PAUL'S CENTER, INC. PO BOX 589 RENSSELAER, NY 12144	56-2499960	501(C)(3)	7,080.	0.			FOR COVID RESPONSE SERVICES
ST. PAUL'S CENTER, INC. PO BOX 589 RENSSELAER, NY 12144	56-2499960	501(C)(3)	10,000.	0.			FOR FURNISHINGS FOR THE LEE DYER FAMILY APARTMENTS
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	2,500.	0.			FOR REACH OUT AND READ AT MADISON AVENUE CLINIC
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	20,000.	0.			FOR SUPPORT FOR ALS PATIENTS
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE HERO'S LANDING COVID PROGRAM
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	1,000.	0.			FROM THE LASCH FAMILY
ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
STARLING PRODUCTIONS 65 ST. JAMES STREET 5B KINGSTON, NY 12401	37-1646881	501(C)(3)	5,000.	0.			FOR SUPPORT OF AN EIGHT WEEK ONLINE STORY TELLING PROGRAM NECESSARY DUE TO COVID19

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STISSING CENTER PO BOX 1024 PINE PLAINS, NY 12567	47-3035907	501(C)(3)	10,000.	0.			FOR SOUND AND LIGHTING EQUIPMENT
STREAMS OF DREAMS, INC. 6457 CHURCH STREET DOUGLASVILLE, GA 30134	30-0704003	501(C)(3)	12,000.	0.			FOR THE SOUTH END CHILDREN'S CAFE IN ALBANY, NY
STREAMS OF DREAMS, INC. 6457 CHURCH STREET DOUGLASVILLE, GA 30134	30-0704003	501(C)(3)	2,300.	0.			FOR TRACIE KILLAR AT THE SOUTH END CHILDREN'S CAFE IN ALBANY, NY
STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196	14-1732830	501(C)(3)	20,000.	0.			FOR THE PURCHASE OF A VAN
SUNNYVIEW REHABILITATION HOSPITAL FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE EFFORTS
SUNNYVIEW REHABILITATION HOSPITAL FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	7,500.	0.			POST-STROKE SOCIAL/RECREATION SUPPORT GROUP SCHOLARSHIPS
SUNNYVIEW REHABILITATION HOSPITAL FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	400.	0.			FOR THE COVID-19 EMERGENCY FUND
SUNNYVIEW REHABILITATION HOSPITAL FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	1,100.	0.			FOR UNRESTRICTED USE
SUNY ADIRONDACK 640 BAY ROAD QUEENSBURY, NY 12804	22-2486001	501(C)(3)	5,000.	0.			FOR SUPPORT OF NEEDS CREATED BY COVID19

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SUNY COBLESKILL FOUNDATION 106 SUFFOLK CIRCLE COBLESKILL, NY 12043	23-7106325	501(C)(3)	10,490.	0.			"ENGAGING STUDENTS IN BIOTECHNOLOGY AND AQUACULTURE THROUGH MOLECULAR DETERMINATION
SUNY NEW PALTZ FOUNDATION 1 HAWK DRIVE NEW PALTZ, NY 12561	22-2141645	501(C)(3)	5,000.	0.			FOR THE STUDENT CRISIS FUND CREATED BY COVID19
SUSAN & WILLIAM PICOTTE FUND (PLEDGE) - 2 NORWOOD DRIVE - ALBANY, NY 12204	14-1505623	501(C)(3)	7,500.	0.			FOR 2020 PLEDGE - FINAL PAYMENT ADME
SUSTAINABLE SARATOGA P.O BOX 454 SARATOGA SPRINGS, NY 12866	27-4191724	501(C)(3)	10,000.	0.			FOR OPERATING SUPPORT
TEAM H.E.R.O PO BOX 1411 TROY, NY 12180	81-2875000	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	5,000.	0.			FOR THE CHANCELLOR'S CIRCLE (\$2,500) AND THE LEADERSHIP INSTITUTE (\$2,500)
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	348.	0.			FOR THE GIRLS ACADEMY
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	928.	0.			FOR THE BOYS ACADEMY

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THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	4,500.	0.			UNRESTRICTED USE
THE ARC NEW YORK 29 BRITISH AMERICAN BOULEVARD - 2ND LATHAM, NY 12110	13-5678837	501(C)(3)	25,000.	0.			FOR COVID-19 RESPONSE SERVICES
THE ARK, INC. 415 RIVER STREET 3RD FLOOR TROY, NY 12180	14-1650993	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
THE ARK, INC. 415 RIVER STREET 3RD FLOOR TROY, NY 12180	14-1650993	501(C)(3)	5,000.	0.			FOR THE SUMMER ENRICHMENT PROGRAM
THE ARK, INC. 415 RIVER STREET 3RD FLOOR TROY, NY 12180	14-1650993	501(C)(3)	10,000.	0.			FOR SUMMER PROGRAMMING
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	1,000.	0.			UNRESTRICTED USE
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	25,000.	0.			FOR COVID RESPONSE SERVICES
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	10,700.	0.			FACE SHIELD PRODUCTION FOR COVID NEEDS
THE CHARLTON SCHOOL PO BOX 47 BURNT HILLS, NY 12027	14-1416732	501(C)(3)	200,000.	0.			FOR THE RENOVATION OF THE CHAPEL BUILDING

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THE CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	4,000.	0.			THE NATURE EXPLORER BACKPACK PROGRAM
THE CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	2,480.	0.			FOR CAPACITY BUILDING INITIATIVES
THE CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	4,000.	0.			HANDICAP DOORS
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	50,000.	0.			FOR THE RENOVATIONS OF JACK'S PLACE IN THE WILLIAM RANDOLPH HEARST CENTER FOR COMMUNICATIONS
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	900.	0.			FOR A SPONSOR-A-SCHOLAR PAYMENT FOR ARIANA VANPATTEN FOR THE SPRING 2021 SEMESTER
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	22-2692940	501(C)(3)	3,000.	0.			FOR CAMP ERIN
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	22-2692940	501(C)(3)	1,000.	0.			FOR KJ JENKINS, LIGHT-A-LIFE
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	22-2692940	501(C)(3)	760.	0.			FOR THE AFRICA HOSPICE INITIATIVE

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THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	22-2692940	501(C)(3)	5,200.	0.			FOR UNRESTRICTED USE
THE COMMUNITY HOSPICE FOUNDATION 310 S. MANNING BLVD. ALBANY, NY 12208	22-2692940	501(C)(3)	200.	0.			FOR A 2020 GIFT
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	1,000.	0.			FOR THE ANNUAL YADDO MEDAL FUND EFFORT
THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	22,737.	0.			UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	501(C)(3)	12,000.	0.			FOR UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	501(C)(3)	1,000.	0.			TO AUGMENT 1ST REFORMED FINANCES DURING THE COVID-19 CRISIS
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	2,000.	0.			2020 PROGRAMMING AND ACTIVITIES
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	22,500.	0.			FOR THE OPALKA FAMILY SCHOLARSHIP FOR THE 2020-2021 ACADEMIC YEAR
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	10,000.	0.			FOR PORTABLE VIRTUAL SIMULATION TRAINORS

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THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	250.	0.			FOR THE CAMPUS CENTER ENDOWMENT FUND IN MEMORY OF WILLIAM KAHL
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	1,000.	0.			FOR THE HELEN UPTON CENTER FOR WOMEN'S STUDIES
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
THE SCHENECTADY FOUNDATION 376 BROADWAY, 2ND FLOOR SCHENECTADY, NY 12305	14-6019650	501(C)(3)	250.	0.			IM MEM. MALCOLM & VIRGINIA BARD FROM CINDY & DUANE BALL"
THE SCHENECTADY FOUNDATION 376 BROADWAY, 2ND FLOOR SCHENECTADY, NY 12305	14-6019650	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
THE SCHENECTADY FOUNDATION 376 BROADWAY, 2ND FLOOR SCHENECTADY, NY 12305	14-6019650	501(C)(3)	15,000.	0.			FOR SCHENECTADY REBUILDING FAMILIES FUND COVID-19 RESPONSE
THE SOCIETY OF THE SISTERS OF ST. JOSEPH - 385 WATERVLIET SHAKER ROAD - LATHAM, NY 12110	14-1340108	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1402 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	1,000.	0.			FOR THE DIVERSITY CONFERENCE
THE UNIVERSITY AT ALBANY FOUNDATION - 1403 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	5,000.	0.			ALBANY FILM FESTIVAL

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THE UNIVERSITY AT ALBANY FOUNDATION - 1405 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	2,500.	0.			FOR THE ART MUSEUM IN MEMORY OF NANCY HYATT LIDDLE
THE UNIVERSITY AT ALBANY FOUNDATION - 1401 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1404 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	500.	0.			FOR THE ANN MATARASO ART MUSEUM ENDOWMENT FUND
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	100.	0.			FOR SUPPORT OF THE UNIVERSITY ART MUSEUM IN HONOR OF MICHAEL BOOTS' 50TH BIRTHDAY.
THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE NEEDS CREATED BY COVID 19
THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	2,000.	0.			FOR NISKAYUNA FAMILIES DURING THE COVID CRISIS
THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	2,300.	0.			FOR THE FAMILY CRISIS INITIATIVE FOR NISKAYUNA CHILDREN
THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
TO LIFE! INC. 410 KENWOOD AVENUE DELMAR, NY 12054	14-1808431	501(C)(3)	5,000.	0.			FOR THE WESTERN REGION OUTREACH PROGRAM

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TO LIFE! INC. 410 KENWOOD AVENUE DELMAR, NY 12054	14-1808431	501(C)(3)	2,000.	0.			FOR EXTRA SUPPORT DURING THE PANDEMIC PERIOD
TO LIFE! INC. 410 KENWOOD AVENUE DELMAR, NY 12054	14-1808431	501(C)(3)	1,500.	0.			FOR UNRESTRICTED USE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	8,000.	0.			FOR RACE TO 10,000
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	10,000.	0.			WELLNESS ADVOCATES LINKING COMMUNITIES
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	75,000.	0.			MULTI-LAYERED HEALTH AND WELLNESS ACCESS
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	12,042.	0.			FOR URBAN GRIEF
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	10,000.	0.			FOR THE FAMILY & NEIGHBORHOOD RESOURCE CENTER
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	83,372.	0.			THE SATISFACTION OF THE AGENCY'S DEFINED BENEFIT PLAN FUNDING REQUIREMENT
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	1,500.	0.			FOR HOLIDAY HELP
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	250.	0.			FOR HARRIS OBERLANDER'S PARTICIPATION ON OUR PANEL
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
TROY AREA UNITED MINISTRIES 392 SECOND STREET TROY, NY 12180	14-1685408	501(C)(3)	5,000.	0.			FOR COVID RESPONSE SERVICES
TROY AREA UNITED MINISTRIES 392 SECOND STREET TROY, NY 12180	14-1685408	501(C)(3)	1,010.	0.			FOR UNRESTRICTED USE
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	250.	0.			FOR GENERAL/ANNUAL SUPPORT
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	1,000.	0.			IN MEMORY OF ALANE HOHENBERG
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	25,000.	0.			A MATCHING GRANT FOR A HISTORIC BUILDING REPORT

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TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	1,855.	0.			FOR UNRESTRICTED USE
TROY PUBLIC LIBRARY FOUNDATION 258 HOOSICK ST., SUITE 201 TROY, NY 12180	22-3118742	501(C)(3)	1,000.	0.			IN MEMORY OF ALANE HOHENBERG
TROY PUBLIC LIBRARY FOUNDATION 258 HOOSICK ST., SUITE 201 TROY, NY 12180	22-3118742	501(C)(3)	7,000.	0.			FOR OPERATING EXPENSES
TROY REHABILITATION & IMPROVEMENT PROGRAM, INC. - 415 RIVER STREET - TROY, NY 12180	14-1503655	501(C)(3)	1,000.	0.			FOR RENTAL ASSISTANCE
TROY REHABILITATION & IMPROVEMENT PROGRAM, INC. - 415 RIVER STREET - TROY, NY 12180	14-1503655	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
TROY REHABILITATION & IMPROVEMENT PROGRAM, INC. - 415 RIVER STREET - TROY, NY 12180	14-1503655	501(C)(3)	250.	0.			FOR GENERAL/ANNUAL SUPPORT
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	5,000.	0.			TO MEET FINANCIAL AND MISSION CHALLENGES DUE TO COVID 19
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	25,000.	0.			IN MEMORY OF ALANE HOHENBERG
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	1,000.	0.			FOR GENERAL YEAR-END SUPPORT12122020

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TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	5,000.	0.			FOR THE CAPITAL CAMPAIGN
TURKISH CULTURAL CENTER ALBANY 291 BROADWAY MENANDS, NY 12204	27-0168606	501(C)(3)	5,000.	0.			FOR SUPPORT OF MEETING THE NEEDS CREATED BY COVID19
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION - 194 LIVINGSTON AVENUE - ALBANY, NY 12210	56-2389806	501(C)(3)	5,000.	0.			FOR THE ABOLITIONIST TEEN SCHOLARS INSTITUTE
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION - 194 LIVINGSTON AVENUE - ALBANY, NY 12210	56-2389806	501(C)(3)	5,000.	0.			FOR THE YOUNG ABOLITIONIST LEADERSHIP INSTITUTE
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	10,000.	0.			FOR THE ROY M. HERSHEY '68 ENDOWED LEGACY SCHOLARSHIP
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	2,161.	0.			THE UNION COLLEGE ABBOTT S. WEINSTEIN '46 SCHOLARSHIP FUND
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	11,216.	0.			A FLUORESCENCE-BASED APPROACH TO INVESTIGATE STRUCTURALLY DYNAMIC PRECURSOR MICRORNAS
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	25,000.	0.			FOR THE HOMELESS PREVENTION PROGRAM: EMERGENCY RENTAL ASSISTANCE SERVICE

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UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
UNITED WAY OF MONTGOMERY COUNTY 1166 RIVERFRONT CENTER AMSTERDAM, NY 12010	14-1364468	501(C)(3)	2,500.	0.			MVP CHALLENGE GRANT AMEN SOUP KITCHEN
UNITED WAY OF MONTGOMERY COUNTY 1166 RIVERFRONT CENTER AMSTERDAM, NY 12010	14-1364468	501(C)(3)	3,000.	0.			FOR THE PURCHASE OF THERMOMETERS
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	2,000.	0.			TO DEAL WITH HUNGER AND FOOD ISSUES
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	13,000.	0.			FOR REGIONAL FOOD BANK--\$1,000; CAPITAL ROOTS--\$3,000;
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	15,000.	0.			FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	48,693.	0.			TO PROVIDE GRANTS TO HELP NONPROFIT ORGANIZATIONS BETTER SERVE THE PEOPLE OF ALBANY
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	500.	0.			FOR THE HUNGER APPEAL
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	20,000.	0.			FOR COVID RESPONSE SERVICES

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	1,500.	0.			FOR HOLIDAY HELP
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	4,855.	0.			FOR UNRESTRICTED USE
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT OF OPERATIONS
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	25,000.	0.			FOR THE CAMPAIGN FOR THE WORKING POOR
UNIVERSAL PRESERVATION HALL 3 FRANKLIN SQUARE SUITE 2 SARATOGA SPRINGS, NY 12866	32-0033321	501(C)(3)	500,000.	0.			FOR THE RESTORATION OF UNIVERSAL PRESERVATION HALL
UNIVERSAL PRESERVATION HALL 3 FRANKLIN SQUARE SUITE 2 SARATOGA SPRINGS, NY 12866	32-0033321	501(C)(3)	10,000.	0.			FOR THE DIRECTORS DISCRETIONARY FUND
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 217 WATERMAN BUILDING, 85 SOUTH PROSPECT STREET - BURLINGTON, VT	03-0179440	501(C)(3)	15,000.	0.			FOR IDENTIFYING FACTORS THAT MEDIATE SENSITIVITY TO NEW MESOTHELIOMA THERAPIES
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	10,000.	0.			WELLNESS COUNSELING IN ALBANY, HUDSON AND TROY
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	500.	0.			FOR THE TROY HEALTH CENTER

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,500.	0.			FOR ANNUALS FOR STEVE AND DENISE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,000.	0.			FOR THE LEADERSHIP CIRCLE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	5,000.	0.			FOR THE CAPITAL CAMPAIGN (2020) 2 OF 5
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	25,000.	0.			IN MEMORY OF ALANE HOHENBERG
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	30,000.	0.			FOR SUPPORT OF THE EMERGENCY CONTRACEPTION PROGRAM
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	12,166.	0.			FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET BUILDING 111-3 SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	6,400.	0.			FOR ONE SCHOLARSHIP FOR A BOY AND ONE SCHOLARSHIP FOR A GIRL FOR CAMP ATWATER
URJ CAMP HARLAM 302 CITY AVENUE SUITE 110 BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	1,800.	0.			AS A "HUSTLE FOR HARLAM DONATION"

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URJ CAMP HARLAM 301 CITY AVENUE SUITE 110 BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
US COMMITTEE FOR REFUGEES AND IMMIGRANTS, ALBANY FIELD OFFICE - 99 PINE STREET SUITE 101 - ALBANY, NY 12207	13-1878704	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
VANDERHEYDEN HALL, INC. 614 COOPER HILL ROAD. - RTE. 355 PO WYNANTSKILL, NY 12198	14-1338575	501(C)(3)	10,000.	0.			FOR COVID RESPONSE SERVICES
VNA & HOSPICE OF THE SOUTHWEST REGION - 7 ALBERT CREE DRIVE - RUTLAND, VT 05701	03-0185024	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE NEEDS CREATED BY COVID 19
WALKWAY OVER THE HUDSON 80 WASHINGTON STREET POUGHKEEPSIE, NY 12601	14-1753502	501(C)(3)	5,000.	0.			TO PURCHASE EQUIPMENT TO MOVE LECTURES ON LINE DUE TO COVID19
WARRIORS ON WHEELS 32 MARWOOD STREET ALBANY, NY 12209	14-1759164	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
WATERVLIET CIVIC CHEST, INC. 14TH STREET & 1ST. AVENUE POST OFFICE BOX 164 - WATERVLIET, NY 12189	14-1387856	501(C)(3)	2,500.	0.			FOR THE BEFORE AND AFTER SCHOOL PROGRAM
WATERVLIET CIVIC CHEST, INC. 14TH STREET & 1ST. AVENUE POST OFFICE BOX 164 - WATERVLIET, NY 12189	14-1387856	501(C)(3)	5,000.	0.			FOR AFTER-SCHOOL PROGRAMMING
WATERVLIET CIVIC CHEST, INC. 14TH STREET & 1ST. AVENUE POST OFFICE BOX 164 - WATERVLIET, NY 12189	14-1387856	501(C)(3)	30,000.	0.			FOOD ACCESS AND COVID-19 RESPONSE SERVICES

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	2,500.	0.			FOR CAPACITY BUILDING INITIATIVES
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	2,000.	0.			GIVEN IN HONOR OF ERICA BALL FULLER'S BIRTHDAY
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	100,000.	0.			FOR THE SARAH B. FOULKE CLIENT SERVICES WING
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	500.	0.			FOR "BACK TO SCHOOL WITH WELLSPRING"
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	1,500.	0.			FOR HOLIDAY HELP
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	13,000.	0.			FOR COVID RESPONSE SERVICES
WESLEY HEALTH CARE CENTER, INC. 131 LAWRENCE STREET SARATOGA SPRINGS, NY 12866	22-2467092	501(C)(3)	5,000.	0.			FOR SUPPORT FOR THE CAPITAL CAMPAIGN
WHITNEY M. YOUNG, JR. HEALTH CENTER, INC. - 920 LARK DRIVE - ALBANY, NY 12207	13-2922147	501(C)(3)	3,000.	0.			FOR COVID-19 RELIEF
WHITNEY M. YOUNG, JR. HEALTH CENTER, INC. - 920 LARK DRIVE - ALBANY, NY 12207	13-2922147	501(C)(3)	10,000.	0.			FOR DENTAL PROGRAMS FOR CHILDREN

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITNEY M. YOUNG, JR. HEALTH CENTER, INC. - 920 LARK DRIVE - ALBANY, NY 12207	13-2922147	501(C)(3)	50,000.	0.			FOR COVID RESPONSE SERVICES
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
WILDWOOD FOUNDATION 1190 TROY SCHENECTADY ROAD LATHAM, NY 12110	22-2132752	501(C)(3)	1,000.	0.			FOR THE ANNUAL FUND
WILDWOOD FOUNDATION 1190 TROY SCHENECTADY ROAD LATHAM, NY 12110	22-2132752	501(C)(3)	10,000.	0.			FOR TELEHEALTH SERVICES
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000.	0.			IN SUPPORT OF THE WILLIAMSTOWN THEATRE FESTIVAL
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	1,500.	0.			FOR "THE TIME FOR RECKONING"
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	150.	0.			FOR A 2020 GIFT
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	1,000.	0.			FROM THE LASCH FAMILY

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	250.	0.			IN MEMORY OF ALANE HOHENBERG
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	500.	0.			FOR GENERAL, YEAR-END SUPPORT
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	14,450.	0.			FOR UNRESTRICTED USE
WOMEN'S CENTER 133 PARK STREET, N.E. VIENNA, VA 22180	23-7423496	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
WOMEN'S EMPLOYMENT & RESOURCE CENTER - 175 CENTRAL AVENUE 3RD FLOOR - ALBANY, NY 12206	14-1818967	501(C)(3)	250.	0.			FOR THE WOMEN'S FUND
WOMEN'S EMPLOYMENT & RESOURCE CENTER - 175 CENTRAL AVENUE 3RD FLOOR - ALBANY, NY 12206	14-1818967	501(C)(3)	102,062.	0.			TO BE USED SOLELY FOR THE CONTINUED ADMINISTRATION OF SCHOLARSHIPS AND PROGRAMMING FOR THE
WOODLAND HILLS MONTESSORI SCHOOL 100 MONTESSORI PLACE RENSSELAER, NY 12144	14-1495852	501(C)(3)	7,500.	0.			FOR UNRESTRICTED USE
WRAPAROUND SERVICES OF THE HUDSON VALLEY - 250 TUYTENBRIDGE ROAD - LAKE KATRINE, NY 12449	14-1377518	501(C)(3)	5,000.	0.			FOR PPE EQUIPMENT SO THEY CAN SERVE THEIR CLIENTS DURING THE COVID19 PANDEMIC
X-QUEST, INC 826 STATE STREET SCHENECTADY, NY 12307	13-3862213	501(C)(3)	5,000.	0.			FOR SUMMER PROGRAMMING

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY KINGSTON, NY 12401	14-1338342	501(C)(3)	5,000.	0.			FOR EXTRA COST OF CAMPERSHIPS NECESSITATED BY COVID19
YOUNG PARENTS UNITED, INC. 34 JAY STREET SUITE 1A SCHENECTADY, NY 12305	47-1215294	501(C)(3)	18,000.	0.			FOR UNRESTRICTED USE
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
YWCA OF THE GREATER CAPITAL REGION 21 FIRST STREET TROY, NY 12180	14-1505623	501(C)(3)	10,000.	0.			IN MEMORY OF ALANE HOHENBERG
YWCA OF THE GREATER CAPITAL REGION 21 FIRST STREET TROY, NY 12180	14-1505623	501(C)(3)	35,000.	0.			FOR COVID RESPONSE SERVICES

THE COMMUNITY FOUNDATION FOR THE GREATER
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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	196	580,285.	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 ADVISED AND DESIGNATED FUNDS ARE RECOMMENDED BY FUND ADVISORS OR THROUGH GIFT INSTRUMENTS, AND THEN ARE APPROVED BY THE CFGCR BOARD OF DIRECTORS. SUCH RECOMMENDATIONS MAY BE ACCEPTED OR REJECTED, IN WHOLE OR IN PART, BY THE FOUNDATION'S BOARD OF DIRECTORS IN ITS SOLE AND ABSOLUTE DISCRETION.

Part IV Supplemental Information

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

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

CFGCR REQUIRES ALL GRANT RECIPIENTS TO 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 10 COUNTY CAPITAL REGION OF NEW YORK STATE. FOR THESE GRANTS, CFGCR REQUESTS A FINAL REPORT FROM EACH GRANT RECIPIENT. THIS REPORT INCLUDES A COMPLETE FINANCIAL STATEMENT SHOWING ALL FUNDS RECEIVED AND EXPENDED FOR THE PROGRAMS COVERED BY THE GRANT, AND A NARRATIVE REPORT ON THE PROJECT AND ITS SIGNIFICANCE AND SUCCESS. THE FINANCIAL AND NARRATIVE REPORTS COMPARE ACTUAL EXPENDITURES AND ACCOMPLISHMENTS WITH THE BUDGET AND OBJECTIVES CITED IN THE ORIGINAL PROPOSAL. IN ADDITION, A SITE VISIT MAY BE REQUESTED BY CFGCR DURING THE GRANT PERIOD. THE GRANTEEES ARE GIVEN ADVANCE NOTICE OF SUCH A REQUEST.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE JOHN H. CARTER MD SCHOLARSHIP FUND EXCLUSIVELY DESIGNATED FOR SCHOLARSHIP FOR THE STUDENTS OF ALBANY MEDICAL COLLEGE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AVILLAGE... , INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE RECRUITMENT OF MORE BLOCK
AMBASSADORS TO DEVELOP NEIGHBORHOOD SUPPORT SYSTEMS FOR THE CURRENT
CORONA VIRUS CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF SCHENECTADY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A SCHOLARSHIP FOR A CHILD (OR
CHILDREN) WHOSE FAMILY (FAMILIES) WOULD NOT OTHERWISE BE ABLE TO AFFORD
TO SEND THE CHILD TO THE CLUB

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL DISTRICT YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE "BETTER TOGETHER
FUND" PER JOHN LEFTNER, DISTRICT EXECUTIVE DIRECTOR AT CAPITAL DISTRICT
YMCA IN SARATOGA, NY

NAME OF ORGANIZATION OR GOVERNMENT: FARM SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STOP THE HORRIFIC CRUELTY AND
VIOLENCE BIRDS AND OTHER ANIMALS ENDURE IN SLAUGHTERHOUSES EVERY DAY
ACROSS AMERICA

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM FORUM INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHIPS QUINN SCHOLARS PROGRAM
(\$1,000) AND FRIENDS OF THE FIRST AMENDMENT SOCIETY (\$4,000)

NAME OF ORGANIZATION OR GOVERNMENT:

HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN RECOGNITION OF THE EXCEPTIONAL
WORK DONE BY KARIN KRASEVAC-LENZ AS THE MUSEUM'S EXECUTIVE DIRECTOR

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LADIES OF CHARITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DIAPERS AND WIPES FOR THE DIAPER
BANK PROJECT (\$2,500) AND TO HELP FAMILIES IN NEED IN AMSTERDAM (\$2,500)

NAME OF ORGANIZATION OR GOVERNMENT: LEXINGTON FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PAUL NIGRA CENTER FOR
CREATIVE ARTS FOR SUPPORT OF THE VIRTUAL PROGRAMS NECESSITATED BY COVID19

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY VOLUNTEERS OF CLINTON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHROMEBOOKS FOR STAFF AND LEARNERS
TO ENSURE VIRTUAL CONNECTIONS DURING THE COVID19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN RIVERS FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PARSONS TO HELP SINGLE MOTHERS WHO
ARE DEALING WITH SERIOUS ILLNESSES. IF NO ONE MEETS THAT CRITERION AT
PARSONS, PLEASE FEEL FREE TO USE THE FUNDS IN YOUR OWN JUDGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA SPRINGS HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ANNUAL PULVER SCHOLARSHIP
AWARD (\$5,000 EACH FOR THE FEMALE AND MALE WINER OF THE GEORGE J. PULVER
SCHOLAR/ATHLETE AWARD

NAME OF ORGANIZATION OR GOVERNMENT: SUNY COBLESKILL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: "ENGAGING STUDENTS IN BIOTECHNOLOGY
AND AQUACULTURE THROUGH MOLECULAR DETERMINATION OF TRIPLOIDY IN FISH"

NAME OF ORGANIZATION OR GOVERNMENT: THE COLLEGE OF SAINT ROSE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 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: WOMEN'S EMPLOYMENT & RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED SOLELY FOR THE CONTINUED
ADMINISTRATION OF SCHOLARSHIPS AND PROGRAMMING FOR THE WOMEN'S FUND OF THE
CAPITAL REGION

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)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 checked="" 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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

14-1505623

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	175,816.	0.	0.	9,094.	11,922.	196,832.	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)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Employer identification number
14-1505623

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 450 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 \$102.0
MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2020, THE
FOUNDATION GRANTED AND FACILITATED NEARLY \$10.7 MILLION IN 1,659
GRANTS. OF THESE GRANTS, 285 NONPROFIT PROGRAMS RECEIVED OVER \$5,000
EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2020 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

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 2020, THE PED SCHOLARSHIP GRANTED MORE THAN \$394,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$580,000 GRANTED THROUGH 196 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 XI, LINE 9, CHANGES IN NET ASSETS:

BARNET FOUNDATION NET ASSETS RECONCILING ITEM	219,021.
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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

2020

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
THE WILLIAM AND MARY BARNET FOUNDATION - 14-1835725, 2 TOWER PLACE/EXECUTIVE PARK DRIVE, ALBANY, NY 12203	CHARITABLE GIVING	NEW YORK	501(C)(3)	LINE 12D, III-0	THE COMMUNITY FOUNDATION FOR THE GREATER	X	

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

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE WILLIAM AND MARY BARNET FOUNDATION	C	318,695.	CASH RECEIPT
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

THE WILLIAM AND MARY BARNET FOUNDATION

DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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

2020

For calendar year 2020 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).**

Department of the Treasury
Internal Revenue Service

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"/> 529S</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 ▶ 95,693,381.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

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	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 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	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
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	0.

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)	1b		
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	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other taxes. 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	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
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	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
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 2021 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 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			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<input type="checkbox"/> <input checked="" type="checkbox"/>
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		\$	
4a Did the organization change its method of accounting? (see instructions)			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 4a 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 4b. 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.			
	Signature of officer	Date	PRESIDENT & CEO	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
	JUDY A. CAHEE	JUDY A. CAHEE	09/29/21	PTIN P00281935
	Firm's name BST & CO. CPAS, LLP	Firm's EIN 14-1442607		
	Firm's address 26 COMPUTER DRIVE WEST ALBANY, NY 12205		Phone no. (518) 459-6700	

**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).

ENTITY 1

OMB No. 1545-0047

2020

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 Sch D (Form 1041 or Form 1120)) (see instructions)	4a 16,396.		16,396.
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 1	5 -13,892.		-13,892.
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	13 2,504.		2,504.

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			514.
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			514.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			1,990.
17 Deduction for net operating loss (see instructions) STATEMENT 2	17			1,990.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Total amounts are shown as 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions (depreciation), average acquisition debt, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Total amounts are shown as 0.

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

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

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		-8,257.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE INCOME		-2,220.
PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME		647.
PERENNIAL REAL ESTATE FUND II, LP - DIVIDEND INCOME		44.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)		-48.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)		-31.
ROCKET INTERNET CAPITAL PARTNERS SCS - INTEREST INCOME		37.
ROCKET INTERNET CAPITAL PARTNERS SCS - OTHER INCOME (LOSS)		-597.
GEM REALTY FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-31.
GEM REALTY FUND VI, L.P. - NET RENTAL REAL ESTATE INCOME		-1,898.
747 STUYVESANT IV PARALLEL FUND LP - ORDINARY BUSINESS INCOME (LOSS)		-5.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)		-121.
NEWBURY EQUITY PARTNERS V L.P - ORDINARY BUSINESS INCOME (LOSS)		-33.
NEWBURY EQUITY PARTNERS V L.P - INTEREST INCOME		44.
NEWBURY EQUITY PARTNERS V L.P - DIVIDEND INCOME		2.
NEWBURY EQUITY PARTNERS V L.P - OTHER PORTFOLIO INCOME (LOSS)		41.
NEWBURY EQUITY PARTNERS V L.P - OTHER INCOME (LOSS)		-1,466.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-13,892.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 2
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
9,198.	1,990.	7,208.

**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

2020

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				2,105.
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	2,105.

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				2,185.
11 Enter gain from Form 4797, line 7 or 9			11	12,106.
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	14,291.

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	2,105.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	14,291.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	16,396.

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

**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

2020

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				2,105.
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	2,105.

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				2,185.
11 Enter gain from Form 4797, line 7 or 9			11	12,106.
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	14,291.

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	2,105.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	14,291.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	16,396.

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

Form **4797**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

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.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Identifying number

14-1505623

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

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 3						12,106.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
<p>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.</p> <p>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.</p>							12,106.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
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						9
							12,106.

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	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 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.						
<p>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</p>							18a
<p>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</p>							18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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 1 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 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PERENNIAL REAL ESTATE FUND II, LP						12,097.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS						9.
TOTAL TO 4797, PART I, LINE 2						12,106.

Form **4797**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

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.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Identifying number

14-1505623

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

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)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
<p>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.</p> <p>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.</p>							12,106.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
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						9
							12,106.

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	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	Combine lines 10 through 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.							
<p>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</p>							18a	
<p>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</p>							18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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 1 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	

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

Attachment
Sequence No. **865**

Name of person filing this return THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Filer's identification number 14-1505623
---	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> B Filer's tax year beginning JAN 1 , 2020, and ending DEC 31 , 2020
---	---

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
ROCKET INTERNET CAPITAL PARTNERS SCS

**8, RUE LOU HEMMER
FINDEL, LUXEMBOURG L-1748**

2(a) EIN (if any) 98-1268470
2(b) Reference ID number
3 Country under whose laws organized LUXEMBOURG

4 Date of organization 01/06/2015	5 Principal place of business LUXEMBOURG	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency USD	8b Exchange rate (see instructions)
--	---	---	--	---	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: E-FILE
---	--

3 Name and address of foreign partnership's agent in country of organization, if any AZTEC FINANCIAL SERVICES (LUXEMBOURG) 8, RUE LOU HEMMER FINDEL, LUXEMBOURG L-1748	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
---	---

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions Yes No
If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(4)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **0**

9 How is this partnership classified under the law of the country in which it's organized? **LP**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet both of the following requirements?
 1. The partnership's total receipts for the tax year were less than \$250,000.
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
 If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

AVAILABLE UPON REQUEST

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Name of transferor **THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.** Filer's identifying number **14-1505623**

Name of foreign partnership **ROCKET INTERNET CAPITAL PARTNERS** EIN (if any) **98-1268470** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 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

Part I Transfers Reportable Under Section 6038B

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) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	05/04/21		128,854.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			128,854.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **15.7400** % (b) After the transfer **14.0200** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year
beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

Attachment
Sequence No. **865**

Name of person filing this return THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Filer's identification number 14-1505623
---	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> B Filer's tax year beginning JAN 1 , 2020, and ending DEC 31 , 2020
---	---

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
DIGITAL ALPHA FUND, LP

**3535 EXECUTIVE TERMINAL DR, STE 110
HENDERSON, NV 89052**

2(a) EIN (if any) 98-1350296
2(b) Reference ID number
3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization 06/05/2017	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 523900	7 Principal business activity INVESTING	8a Functional currency USD	8b Exchange rate (see instructions)
--	---	---	--	---	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: E-FILE
---	--

3 Name and address of foreign partnership's agent in country of organization, if any MAPLES CORPORATE SERVICES LIMITED PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CAYMAN ISLANDS KY1-110	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
---	---

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions Yes No
If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(4)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 0

9 How is this partnership classified under the law of the country in which it's organized? S C TR LP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet both of the following requirements?
 1. The partnership's total receipts for the tax year were less than \$250,000.
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
 If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **8865** (2020)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? ▶ Yes No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ▶ Yes No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions ▶ Yes No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment ▶ Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ ▶ _____
Signature of general partner or limited liability company member Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest **b** Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ▶ Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Name of transferor **THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.** Filer's identifying number **14-1505623**

Name of foreign partnership **DIGITAL ALPHA FUND, LP** EIN (if any) **98-1350296** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 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

Part I Transfers Reportable Under Section 6038B

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) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/28/20		301,227.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			301,227.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.9671** % (b) After the transfer **.8583** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 4

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
DA CLOUD HOLDINGS	3535 EXECUTIVE TERMINAL DR HENERSON, NV 89052	98-1414746		X
CITIES DIGITAL INFRASTRUCT	3535 EXECUTIVE TERMINAL DR HENERSON, NV 89052	84-3722404		
CONNECTED FUTURE	3535 EXECUTIVE TERMINAL DR HENERSON, NV 89052	84-1789181		

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

OMB No. 1545-0026

▶ 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.

Attachment
 Sequence No. **128**

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) NITORUM OFFSHORE FUND, LTD	5a Identifying number, if any
--	--------------------------------------

6 Address (including country) 450 PARK AVENUE NEW YORK, NY 10022	5b Reference ID number A00003
---	--

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	10/15/2020		400,000.		

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 .090 % (b) After .120 %
- 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 A00004
--	--

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	12/31/2020		416,790.		

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 .026 %
- 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) EIGHTFOLD REAL ESTATE CAPITAL FUND V CAYMAN CORP	5a Identifying number, if any 36-4846127
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6 Address (including country) CRICKET SQUARE, HUTCHINS DRIVE, P.O. BOX 2681 GRAND CAYMAN, GRAND CAYMAN CAYMAN ISLANDS	5b Reference ID number
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7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2020		115,272.		

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 .151 % (b) After .151 %
- 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