

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)

2017

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 2017 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 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>F Name and address of principal officer: JOHN EBERLE SAME AS C ABOVE</p>	<p>D Employer identification number 14-1505623</p> <p>E Telephone number 518-446-9638</p> <p>G Gross receipts \$ 31,520,373.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>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</p>		
<p>J Website: ▶ WWW.CFGCR.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1968 M State of legal domicile: NY</p>

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
Activities & Governance	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	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,062.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	11,266.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	15,639,595.	5,266,819.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,612.	107,056.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,870,557.	6,900,489.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-8,771.	-35,258.
	12		18,598,993.	12,239,106.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,901,507.	4,805,600.
	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)	655,200.	769,749.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,019.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,041,234.	785,604.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,597,941.	6,360,953.
	19	Revenue less expenses. Subtract line 18 from line 12	12,001,052.	5,878,153.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	77,352,417.	88,867,747.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,679,591.	3,821,331.
	22		73,672,826.	85,046,416.

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	<p>Signature of officer</p> <p>JOHN EBERLE, PRESIDENT & CEO</p> <p>Type or print name and title</p>	<p>Date</p>
Paid Preparer Use Only	<p>Print/Type preparer's name JUDY A. CAHEE</p> <p>Firm's name ▶ BST & CO. CPAS, LLP</p> <p>Firm's address ▶ 26 COMPUTER DRIVE WEST ALBANY, NY 12205</p>	<p>Preparer's signature JUDY A. CAHEE</p> <p>Date 11/05/18</p> <p>Firm's EIN ▶ 14-1442607</p> <p>Phone no. (518) 459-6700</p>

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

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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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 \$ 5,706,671. including grants of \$ 4,805,600.) (Revenue \$ 107,056.)
SEE SCHEDULE O

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

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

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

4e Total program service expenses **▶ 5,706,671.**

**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 temporarily restricted endowments, permanent endowments, or 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

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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 <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	25		
b Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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, or 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 in 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b			X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
JOHN EBERLE - 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) SUSAN C. PICOTTE, ESQ. CHAIR	1.00	X		X			0.	0.	0.	
(2) KEVIN M. O'BRYAN FIRST VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) AMY S. O'CONNOR, ESQ. SECRETARY	1.00	X		X			0.	0.	0.	
(4) JAN SMITH ASSISTANT SECRETARY	1.00	X		X			0.	0.	0.	
(5) JEFFREY M. ROSENBAUM, JD, CPA TREASURER	1.00	X		X			0.	0.	0.	
(6) WILLIAM M. KAHN, CPA ASSISTANT TREASURER	1.00	X		X			0.	0.	0.	
(7) CHRISTINE L. STANDISH DIRECTOR	1.00	X					0.	0.	0.	
(8) ELLEN SAX DIRECTOR (ENDED MAY 17)	1.00	X					0.	0.	0.	
(9) DORCEY L. APPLYS, PH.D., MPH DIRECTOR	1.00	X					0.	0.	0.	
(10) MATTHEW BENDER IV DIRECTOR (ENDED MAY 17)	1.00	X					0.	0.	0.	
(11) GLORIA DESOLE DIRECTOR (ENDED MAY 17)	1.00	X					0.	0.	0.	
(12) MARK EAGAN DIRECTOR	1.00	X					0.	0.	0.	
(13) VIRGINIA C. GREGG DIRECTOR	1.00	X					0.	0.	0.	
(14) ROBERT T. HENNES DIRECTOR	1.00	X					0.	0.	0.	
(15) DONOVAN HOWARD DIRECTOR	1.00	X					0.	0.	0.	
(16) HYACINTH MASON, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(17) MURRAY CARL MASSRY DIRECTOR	1.00	X					0.	0.	0.	

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

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) VICTOR A. OBERTING III DIRECTOR	1.00	X						0.	0.	0.
(19) BETSY CLARK O'HAIRE DIRECTOR (ENDED JULY 17)	1.00	X						0.	0.	0.
(20) G. NEIL ROBERTS DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN W. RODAT DIRECTOR	1.00	X						0.	0.	0.
(22) ANN M. SHARPE, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(23) JAMES A. SIDFORD DIRECTOR	1.00	X						0.	0.	0.
(24) FRANK M. SLINGERLAND DIRECTOR	1.00	X						0.	0.	0.
(25) MAGARET RUSH VINCIGUERRA DIRECTOR	1.00	X						0.	0.	0.
(26) CHESTER OPALKA DIRECTOR (STARTED JUN 17)	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								344,749.	0.	63,895.
d Total (add lines 1b and 1c)								344,749.	0.	63,895.

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, or 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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990

14-1505623

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 (check all that apply)						(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			
(27) PATRICIA MICHAELSON DIRECTOR	1.00	X					0.	0.	0.	
(28) ALICIA LASCH DIRECTOR (STARTED JUN 17)	1.00	X					0.	0.	0.	
(29) M. CHRISTIAN BENDER DIRECTOR (STARTED JUN 17)	1.00	X					0.	0.	0.	
(30) JOHN G. EBERLE PRESIDENT & CEO	50.00			X			135,701.	0.	32,337.	
(31) LAURA I. YAUN CFO	40.00			X			94,524.	0.	14,979.	
(32) JACQUELINE S. MAHONEY VP PROGRAMS	50.00			X			114,524.	0.	16,579.	
Total to Part VII, Section A, line 1c							344,749.	63,895.		

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	165,577.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,101,242.				
	g Noncash contributions included in lines 1a-1f: \$		2,015,492.				
	h Total. Add lines 1a-1f		5,266,819.				
Program Service Revenue	2 a FEES FOR SERVICE	Business Code 561000	107,056.	107,056.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		107,056.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,977,868.		14,062.	1,963,806.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		24,114,955.					
		b Less: cost or other basis and sales expenses		19,192,334.			
		c Gain or (loss)		4,922,621.			
	d Net gain or (loss)		4,922,621.			4,922,621.	
	8 a Gross income from fundraising events (not including \$ 165,577. of contributions reported on line 1c). See Part IV, line 18	a	53,675.				
		b Less: direct expenses	b	88,933.			
		c Net income or (loss) from fundraising events		-35,258.			-35,258.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			12,239,106.	107,056.	14,062.	6,851,169.	

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

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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	4,268,949.	4,268,949.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	536,651.	536,651.		
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	408,644.	151,352.	202,505.	54,787.
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	284,211.	104,414.	123,053.	56,744.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,062.	7,376.	8,760.	2,926.
9 Other employee benefits	6,826.	3,140.	2,339.	1,347.
10 Payroll taxes	51,006.	19,242.	24,536.	7,228.
11 Fees for services (non-employees):				
a Management				
b Legal	6,150.		6,150.	
c Accounting	26,000.		26,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	531,545.	531,545.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	32,252.	27,037.	4,447.	768.
12 Advertising and promotion	29,665.		29,665.	
13 Office expenses	15,338.	2,851.	11,059.	1,428.
14 Information technology				
15 Royalties				
16 Occupancy	51,396.	19,389.	24,725.	7,282.
17 Travel	4,392.	1,657.	2,113.	622.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,623.	10,067.	2,308.	1,248.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,243.	1,601.	2,041.	601.
23 Insurance	13,081.	502.	12,390.	189.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT LEASES/MAINTENANCE</u>	47,116.	17,775.	22,665.	6,676.
b <u>PROFESSIONAL DEVELOPMENT</u>	8,278.	3,123.	3,982.	1,173.
c <u>FILING FEES</u>	2,525.		2,525.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,360,953.	5,706,671.	511,263.	143,019.
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)

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

Form 990 (2017)

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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	890,114.	1	1,422,683.	
	2 Savings and temporary cash investments	1,009,581.	2	1,418,188.	
	3 Pledges and grants receivable, net	350,430.	3	235,000.	
	4 Accounts receivable, net	4,395,121.	4	2,176,605.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	11,332.	9	19,724.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	171,006.			
	b Less: accumulated depreciation	156,706.			
	11 Investments - publicly traded securities	27,634,114.	11	26,450,104.	
	12 Investments - other securities. See Part IV, line 11	41,110,513.	12	55,143,685.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,944,794.	15	1,987,458.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	77,352,417.	16	88,867,747.		
Liabilities	17 Accounts payable and accrued expenses	136,330.	17	85,755.	
	18 Grants payable	363,943.	18	176,250.	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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	3,179,318.	25	3,559,326.	
	26 Total liabilities. Add lines 17 through 25	3,679,591.	26	3,821,331.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	39,514,757.	27	46,537,458.	
	28 Temporarily restricted net assets	5,812,610.	28	9,602,725.	
	29 Permanently restricted net assets	28,345,459.	29	28,906,233.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	73,672,826.	33	85,046,416.		
34 Total liabilities and net assets/fund balances	77,352,417.	34	88,867,747.		

Form **990** (2017)

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

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	12,239,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,360,953.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,878,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,672,826.
5	Net unrealized gains (losses) on investments	5	5,495,437.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,046,416.

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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 in Schedule O and describe any steps taken to undergo such audits _____	3b	

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2764052.	3872719.	8058680.	15639595.	5266819.	35601865.
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	2764052.	3872719.	8058680.	15639595.	5266819.	35601865.
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)						1022556.
6 Public support. Subtract line 5 from line 4.						34579309.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2764052.	3872719.	8058680.	15639595.	5266819.	35601865.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2231609.	2447653.	1623429.	2332783.	1963806.	10599280.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,527.	59,957.	907.	11,355.	0.	82,746.
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						46283891.
12 Gross receipts from related activities, etc. (see instructions)					12	297,052.
13 First five 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 2017 (line 6, column (f) divided by line 11, column (f))	14	74.71 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	75.90 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 five 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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 *(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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

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>		

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 (2), 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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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 (a) 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 (a) and (b) 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>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>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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	_____ _____ _____	\$ 511,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 285,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 252,694.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 236,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 204,012.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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		\$ 176,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
8		\$ 164,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
9		\$ 150,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
10		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
11		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
12		\$ 126,296.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>

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
1	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 500,357.	07/25/17
3	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 281,460.	10/20/17
4	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 252,694.	06/19/17
5	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 10,074.	12/27/17
6	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 204,012.	12/19/17
7	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 176,829.	12/28/17

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
12	MARKETABLE SECURITIES <hr/> <hr/> <hr/>	\$ 126,296.	05/09/17
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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 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

2017

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b, 2a-2b) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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	35,099,337.	21,665,864.	24,068,612.	23,758,562.	20,387,421.
b Contributions	760,157.	12,658,868.	546,372.	777,507.	896,482.
c Net investment earnings, gains, and losses	5,435,210.	1,955,236.	-836,623.	501,443.	3,256,845.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,195,851.	1,180,631.	1,252,004.	968,900.	782,187.
f Administrative expenses					
g End of year balance	40,098,853.	35,099,337.	22,526,357.	24,068,612.	23,758,562.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 19.65 %
- c Temporarily restricted endowment 80.35 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		171,006.	156,706.	14,300.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,300.

**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	55,143,685.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	55,143,685.	

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	109,003.
(4) CHARITABLE GIFT ANNUITY LIABILITY	323,421.
(5) AGENCY ENDOWMENTS	3,126,902.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,559,326.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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. ENDOWMENTS 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, 2017.

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

**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

2017

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	0	0	INVESTMENTS		12,388,666.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		438,753.
3 a Sub-total	0	0			12,827,419.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			12,827,419.

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

Schedule F (Form 990) 2017

14-1505623

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

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

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

3 Enter total number of other organizations or entities **▶** _____

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

THE COMMUNITY FOUNDATION FOR THE GREATER

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL LUNCHEON (event type)	TULIP BALL (event type)	7 (total number)		
Revenue	1	Gross receipts	91,475.	35,239.	92,538.	219,252.
	2	Less: Contributions	81,050.	30,495.	54,032.	165,577.
	3	Gross income (line 1 minus line 2)	10,425.	4,744.	38,506.	53,675.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			5,022.	5,022.
	6	Rent/facility costs		500.	3,639.	4,139.
	7	Food and beverages	11,124.	18,252.	23,210.	52,586.
	8	Entertainment		3,500.		3,500.
	9	Other direct expenses	9,163.	6,383.	8,140.	23,686.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				88,933.
11	Net income summary. Subtract line 10 from line 3, column (d)				-35,258.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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

2017

**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
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	22,000.	0.			FOR UNRESTRICTED USE
ADIRONDACK FOUNDATION 304 BEAR CLUB LANE, P.O. BOX 288 LAKE PLACID, NY 12946	16-1535724	501(C)(3)	100,000.	0.			FOR UNRESTRICTED USE
ADIRONDACK HEALTH FOUNDATION P.O. BOX 120 SARANAC LAKE, NY 12983	16-1528554	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
AFRICAN AMERICAN CULTURAL CENTER OF THE CAPITAL REGION, INC. - 135 SOUTH PEARL STREET - ALBANY, NY 12202	90-0799855	501(C)(3)	7,591.	0.			FOR UNRESTRICTED USE
AFRICAN REFLECTIONS FOUNDATION, INC. - P.O. BOX 50134 - ALBANY, NY 12205	20-1621143	501(C)(3)	22,200.	0.			FOR UNRESTRICTED USE
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	14,000.	0.			FOR UNRESTRICTED USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **185.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

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 Governments and Organizations in the United States (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 COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	51,536.	0.			FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	58,954.	0.			FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-1338307	501(C)(3)	55,443.	0.			FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	7,885.	0.			FOR UNRESTRICTED USE
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310	501(C)(3)	8,700.	0.			FOR UNRESTRICTED USE
ALBANY MUSIC FOUNDATION 915 BROADWAY ALBANY, NY 12207	14-1831601	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	36,259.	0.			FOR UNRESTRICTED USE
ALPHEIOS PROJECT, LTD. 89 SHEEHY COURT NAPA, CA 94588	27-2248757	501(C)(3)	30,000.	0.			FOR UNRESTRICTED USE
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
BOYS & GIRLS CLUB OF ALBANY 21 DELAWARE AVENUE ALBANY, NY 12210	14-1338303	501(C)(3)	9,522.	0.			FOR UNRESTRICTED USE
BOYS & GIRLS CLUB OF SCHENECTADY 118 EMMONS STREET SCHENECTADY, NY 12304	14-1364595	501(C)(3)	234,800.	0.			FOR UNRESTRICTED USE
BREAD FOR THE WORLD INSTITUTE 425 3RD STREET SW, SUITE 1200 WASHINGTON, DC 20024	51-0175510	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
CAFFE LENA 47 PHILA STREET, P.O. BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	60,000.	0.			FOR UNRESTRICTED USE
CANAJOHARIE LIBRARY AND ART GALLERY - 2 ERIE BLVD. - CANOJOHARIE, NY 13317	14-1398373	501(C)(3)	50,000.	0.			FOR UNRESTRICTED USE
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	56-0935064	PUBLIC SCHOOL	5,000.	0.			FOR UNRESTRICTED USE
CAPITAL AREA COUNCIL OF CHURCHES 646 STATE STREET ALBANY, NY 12203	14-1338400	RELIGIOUS ORG	5,000.	0.			FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, P.O. BOX 19 ALBANY, NY 12202	56-2663290	501(C)(3)	15,053.	0.			FOR UNRESTRICTED USE
CAPITAL DISTRICT CHILD CARE COUNCIL - 91 BROADWAY - MENANDS, NY 12204	14-1648493	501(C)(3)	15,000.	0.			FOR UNRESTRICTED USE

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THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
AMSTERDAM FREE LIBRARY 28 CHURCH STREET AMSTERDAM, NY 12010	14-1364469	501(C)(3)	7,500.	0.			FOR UNRESTRICTED USE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY, INC. - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728	501(C)(3)	7,500.	0.			FOR UNRESTRICTED USE
ARC OF RENSSELAER COUNTY 79 102ND STREET TROY, NY 12180	14-1485873	501(C)(3)	11,000.	0.			FOR UNRESTRICTED USE
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	13,688.	0.			FOR UNRESTRICTED USE
BABY INSTITUTE, INC. 1 IDA YARBOROUGH APARTMENTS ALBANY, NY 12207	37-1781615	501(C)(3)	20,333.	0.			FOR UNRESTRICTED USE
BEST BUDDIES NEW YORK 3 SCHOOLHOUSE LANE WATERFORD, NY 12188	52-1614576	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	PUBLIC SCHOOL	9,406.	0.			FOR UNRESTRICTED USE
BETHLEHEM PUBLIC LIBRARY 451 DELAWARE AVENUE DELMAR, NY 12054	14-6000275	501(C)(3)	8,408.	0.			FOR UNRESTRICTED USE
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512	501(C)(3)	16,250.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD - ALBANY, NY 12203	13-3841519	501(C)(3)	50,500.	0.			FOR UNRESTRICTED USE
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1 UNITED WAY - ALBANY, NY 12205	14-1823014	501(C)(3)	32,250.	0.			FOR UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	34,782.	0.			FOR UNRESTRICTED USE
CAPITAL REPERTORY COMPANY C/O PROCTOR'S THEATRE 432 STATE STR SCHENECTADY, NY 12305	13-2894677	501(C)(3)	8,500.	0.			FOR UNRESTRICTED USE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	37,150.	0.			FOR UNRESTRICTED USE
CAPTAIN YOUTH & FAMILY SERVICES, INC. - 5 MUNICIPAL PLAZA, SUITE 3 - CLIFTON PARK, NY 12065	14-1637304	501(C)(3)	44,000.	0.			FOR UNRESTRICTED USE
CARES, INC. 200 HENRY JOHNSON BLVD., SUITE 4 ALBANY, NY 12210	14-1731746	501(C)(3)	21,000.	0.			FOR UNRESTRICTED USE
CAREY INSTITUTE FOR GLOBAL GOOD, INC. - 63 HUYCK ROAD - RENNSLAERVILLE, NY 12147	45-3805249	501(C)(3)	8,500.	0.			FOR UNRESTRICTED USE
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	21,600.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CATSKILL AREA HOSPICE AND PALLATIVE CARE - 1 BIRCHWOOD DRIVE - ONEONTA, NY 13820	22-2893098	501(C)(3)	5,124.	0.			FOR UNRESTRICTED USE
CAZENOVIA COLLEGE DEVELOPMENT OFFICE 22 SULIVAN STREE CAZENOVIA, NY 13035-9903	15-0543658	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
CENTRO CIVICO HISPANOAMERICANO 230 GREEN STREET ALBANY, NY 12202	22-2877236	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
CHRIST THE KING SPIRITUAL LIFE CENTER - 580 BURTON ROAD - GREENWICH, NY 12834	53-0196617	501(C)(3)	7,000.	0.			FOR UNRESTRICTED USE
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652	501(C)(3)	124,300.	0.			FOR UNRESTRICTED USE
CLAXTON-HEPBURN MEDICAL CENTER FOUNDATION - 503 MANSION AVENUE - OGDENSBURG, NY 13669	22-2488389	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	5,100.	0.			FOR UNRESTRICTED USE
COLORADO WOLF AND WILDLIFE CENTER P.O. BOX 713 DIVIDE, CO 80814	84-1376613	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
COMMUNITY CAREGIVERS, INC. 2021 WESTERN AVENUE, SUITE 104 ALBANY, NY 12203	14-1778951	501(C)(3)	11,500.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	5,325.	0.			FOR UNRESTRICTED USE
CONGREGATION RODEPH SHALOM 615 NORTH BROAD STREET PHILADELPHIA, PA 19123	23-1365228	501(C)(3)	25,500.	0.			FOR UNRESTRICTED USE
CULTIVATE CATSKILL P.O. BOX 622 CATSKILL, NY 12414	46-4501870	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
DIRECT RELIEF 27 S. LA PATERA LANE SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	PUBLIC SCHOOL	8,339.	0.			FOR UNRESTRICTED USE
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	16,800.	0.			FOR UNRESTRICTED USE
EAST SIDE NEIGHBORHOOD RECREATION CENTER, INC - HOPE 7 COMMUNITY CENTER 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	21,333.	0.			FOR UNRESTRICTED USE
EDUCATING PROGRESSIVE INFLUENTIAL CHANGERS - 20 CHESTNUT STREET - SCHENECTADY, NY 12307	46-5690917	501(C)(3)	5,678.	0.			FOR UNRESTRICTED USE
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	17,500.	0.			FOR UNRESTRICTED USE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
EMPIRE SERVICEDOG PROGRAM, INC. P.O. BOX 3054 ALBANY, NY 12203-0054	20-8151267	501(C)(3)	7,984.	0.			FOR UNRESTRICTED USE
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	25,500.	0.			FOR UNRESTRICTED USE
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET SCHENECTADY, NY 12305	22-2317557	501(C)(3)	6,083.	0.			FOR UNRESTRICTED USE
EQUINE ADVOCATES, INC. P.O. BOX 354 CHATHAM, NY 12037	11-3313534	501(C)(3)	15,000.	0.			FOR UNRESTRICTED USE
EQUINOX, INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	12,212.	0.			FOR UNRESTRICTED USE
FARM SANCTUARY P.O. BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
FENIMORE ART MUSEUM 5798 STATE HIGHWAY 80 COOPERSTOWN, NY 13326	15-0539110	501(C)(3)	50,000.	0.			FOR UNRESTRICTED USE
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY - 405 WASHINGTON AVE. - ALBANY, NY 12206	14-1509821	501(C)(3)	22,000.	0.			FOR UNRESTRICTED USE
FIRST UNITED METHODIST CHURCH 428 KENWOOD AVENUE DELMAR, NY 12054	14-1414035	RELIGIOUS ORG	10,000.	0.			FOR UNRESTRICTED USE

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FISHER HOUSE ALBANY STRATTON VA 113 HOLLAND AVENUE ALBANY, NY 12208	11-3158401	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
FORT HUDSON HEALTH SYSTEM, INC. 319 BROADWAY FORT EDWARD, NY 12828	20-0928661	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
FOWLER CAMP AND RETREAT CENTER 1790 GRAND BOULEVARD SCHENECTADY, NY 12309	14-6010764	501(C)(3)	100,000.	0.			FOR UNRESTRICTED USE
GIRLS ON THE RUN CAPITAL REGION P.O. BOX 261 SLINGERLANDS, NY 12159	46-4259194	501(C)(3)	12,000.	0.			FOR UNRESTRICTED USE
GRACE FELLOWSHIP CHURCH 20 DELATOUR ROAD WATERVLIET, NY 12189	14-1757608	RELIGIOUS ORG	5,000.	0.			FOR UNRESTRICTED USE
GREATER HOUSTON COMMUNITY FOUNDATION - ATTN: GIFT PROCESSOR 5120 WOODWAY DRIVE - HOUSTON, TX 77056	23-7160400	501(C)(3)	27,600.	0.			FOR UNRESTRICTED USE
GREATER JOHNSTOWN SCHOOL DISTRICT 1 SIR BILLS CIRCLE JOHNSTOWN, NY 12095	14-6001599	PUBLIC SCHOOL	7,850.	0.			FOR UNRESTRICTED USE
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	17,109.	0.			FOR UNRESTRICTED USE
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 121 HABITAT STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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HABITAT FOR HUMANITY INTERNATIONAL, INC. - P.O. BOX 6196 - SHERIDAN, WY 82801	56-1733643	501(C)(3)	30,000.	0.			FOR UNRESTRICTED USE
HABITAT FOR HUMANITY OF SCHENECTADY COUNTY, INC. - 115 N. BROADWAY - SCHENECTADY, NY 12305	14-1765200	501(C)(3)	5,850.	0.			FOR UNRESTRICTED USE
HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	6,700.	0.			FOR UNRESTRICTED USE
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	25,750.	0.			FOR UNRESTRICTED USE
HUDSON CROSSING PARK, INC. P.O. BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	17,500.	0.			FOR UNRESTRICTED USE
HUDSON MOHAWK RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC. - 479 STATE ROUTE 66 - HUDSON, NY 12534	14-1756539	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	62,060.	0.			FOR UNRESTRICTED USE
HYDE COLLECTION, THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	30,250.	0.			FOR UNRESTRICTED USE
INDEPENDENT LIVING CENTER OF HUDSON VALLEY, INC. - 15-17 THIRD STREET - TROY, NY 12180	22-2875911	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE

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INDIAN RIVER MEDICAL CENTER FOUNDATION - 1000 36TH STREET - VERO BEACH, FL 32960	59-0760215	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	46,110.	0.			FOR UNRESTRICTED USE
JERUSALEM REFORMED CHURCH P.O. BOX 70 FEURA BUSH, NY 12067	22-2515091	RELIGIOUS ORG	7,640.	0.			FOR UNRESTRICTED USE
JEWISH COMMUNITY CENTER OF SCHENECTADY, INC. - 2565 BALLTOWN ROAD - SCHENECTADY, NY 12309	14-1343041	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER, INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	22,784.	0.			FOR UNRESTRICTED USE
KOINONIA PRIMARY CARE, INC. 553 CLINTON AVENUE ALBANY, NY 12206	45-3448794	501(C)(3)	50,000.	0.			FOR UNRESTRICTED USE
KUPONA FOUNDATION 12 BENSONHURST AVENUE SARATOGA SPRINGS, NY 12866	26-4371825	501(C)(3)	10,320.	0.			FOR UNRESTRICTED USE
LITERACY NEW YORK GREATER CAPITAL REGION, INC. - 99 CLINTON STREET, 2ND FLOOR - SCHENECTADY, NY 12305	23-7409758	501(C)(3)	5,972.	0.			FOR UNRESTRICTED USE

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LUTHERAN WORLD RELIEF P.O. BOX 17061 BALTIMORE, MD 21298	13-2574963	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
LUZERNE MUSIC CENTER, INC. 203 LAKE TOUR ROAD, P.O. BOX 39 LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE STREET ALBANY, NY 12208	22-2318286	PUBLIC SCHOOL	12,500.	0.			FOR UNRESTRICTED USE
MASONIC MEDICAL RESEARCH LABORATORY - 2150 BLEECKER STREET - UTICA, NY 13501	13-5648611	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER, INC. - 6 SOUTH MAIN STREET, P.O. BOX 30 - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	6,569.	0.			FOR UNRESTRICTED USE
MEDIA ALLIANCE, SANCTUARY FOR INDEPENDENT MEDIA - P.O. BOX 35 - TROY, NY 12181	11-2538804	501(C)(3)	7,030.	0.			FOR UNRESTRICTED USE
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	14-1413770	PUBLIC SCHOOL	25,000.	0.			FOR UNRESTRICTED USE
MORGAN STATE UNIVERSITY FOUNDATION, INC. - SCHOOL OF GLOBAL JOURNALISM & COMMUNICATION 1700 EAST COLD SPRING LANE -	23-7089143	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	12,917.	0.			FOR UNRESTRICTED USE

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NATIONAL WOMEN'S HISTORY MUSEUM 205 SOUTH WHITING STREET, SUITE 254 ALEXANDRIA, VA 22304	54-1801426	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
NEUROFIBROMATOSIS NORTHEAST 9 BEDFORD STREET BURLINGTON, MA 01803	04-3013709	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
NEW YORK CIVIL LIBERTIES FOUNDATION - 125 BROAD STREET, 19TH FLOOR - NEW YORK, NY 10004	13-6167267	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
NEWSEUM, INC. NEWSEUM DEVELOPMENT OFFICE 555 PENNSYLVANIA AVENUE NW - WASHINGTON, DC 20001	20-3985447	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 1239 VAN ANTWERP RO NISKAYUNA, NY 12309	14-6009381	PUBLIC SCHOOL	10,965.	0.			FOR UNRESTRICTED USE
NORTH COUNTRY MINISTRY LEAVEN HOUSE, P.O. BOX 111 NORTH CREEK, NY 12853	22-3787718	501(C)(3)	157,908.	0.			FOR UNRESTRICTED USE
NORTHEAST HEALTH FOUNDATION ST. PETER'S HEALTH PARTNERS CENTER FOR PHILANTHROPY 310 SOUTH MANNING BLVD.	22-2743478	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	15,959.	0.			FOR UNRESTRICTED USE
NORTHERN WYOMING COMMUNITY COLLEGE FOUNDATION - P.O. BOX 6328 - SHERIDAN, WY 82801	83-6006226	501(C)(3)	15,000.	0.			FOR UNRESTRICTED USE

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OPEN SPACE INSTITUTE LAND TRUST, INC. - 291 HUDSON AVENUE, SUITE B - ALBANY, NY 12210	13-3028060	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
OPERATION AT EASE, INC. P.O. BOX 9156 SCHENECTADY, NY 12309	81-0866429	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
OUR LADY OF VICTORY CHURCH 55 NORTH LAKE AVENUE TROY, NY 12180	53-0196617	RELIGIOUS ORG	10,000.	0.			FOR UNRESTRICTED USE
OUR TOWNS HABITAT FOR HUMANITY P.O. BOX 1088 DAVIDSON, NC 28036	56-1733643	501(C)(3)	6,667.	0.			FOR UNRESTRICTED USE
PALACE THEATRE 19 CLINTON AVENUE ALBANY, NY 12207	14-1708151	501(C)(3)	16,000.	0.			FOR UNRESTRICTED USE
PARK PLAYHOUSE P.O. BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	20,200.	0.			FOR UNRESTRICTED USE
PINE HOLLOW ARBORETUM 34 PINE HOLLOW ROAD SLINGERLANDS, NY 12159	26-1815321	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
PITNEY MEADOWS COMMUNITY FARM P.O. BOX 176 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	57,750.	0.			FOR UNRESTRICTED USE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 12 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	16,800.	0.			FOR UNRESTRICTED USE
PROJECT FOR INNOVATION ENERGY & SUSTAINABILITY, INC. - 442 SOUTH MAIN STREET, SUITE 4 - DAVIDSON, NC 28036	46-4298353	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 2025 US ROUTE 9W - RAVENA, NY 12143	14-6100125	PUBLIC SCHOOL	5,000.	0.			FOR UNRESTRICTED USE
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	8,000.	0.			FOR UNRESTRICTED USE
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	9,750.	0.			FOR UNRESTRICTED USE
RENSSELAER COUNTY HISTORICAL SOCIETY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	8,733.	0.			FOR UNRESTRICTED USE
RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE - 90 FOURTH STREET, SUITE 200 - TROY, NY 12180	14-1127090	501(C)(3)	5,000.	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)	10,250.	0.			FOR UNRESTRICTED USE
SAGAMORE INSTITUTE P.O. BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE

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SARATOGA INSTITUTE, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	17,500.	0.			FOR UNRESTRICTED USE
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	86,050.	0.			FOR UNRESTRICTED USE
SARATOGA SPRINGS HIGH SCHOOL 1 BLUE STREAK BLVD. SARATOGA SPRINGS, NY 12866	14-6004187	PUBLIC SCHOOL	10,270.	0.			FOR UNRESTRICTED USE
SARATOGA SPRINGS PRESERVATION FOUNDATION - P.O. BOX 442 - SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
SAVE THE RHINO INTERNATIONAL, INC. C/O CHAPEL & YORK 1000 N WEST STREE WILMINGTON, DE 19801	31-1758236	501(C)(3)	17,800.	0.			FOR UNRESTRICTED USE
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	35,000.	0.			FOR UNRESTRICTED USE
SCHENECTADY HINDU TEMPLE AND COMMUNITY SERVICES - P.O. BOX 4555 - SCHENECTADY, NY 12304	14-1834153	501(C)(3)	30,000.	0.			FOR UNRESTRICTED USE
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	14,300.	0.			FOR UNRESTRICTED USE
SERVING CHRIST MINISTRIES, INC. 1057 COUNTY STREET 2939 TUTTLE, OK 73089	45-3792761	501(C)(3)	8,050.	0.			FOR UNRESTRICTED USE

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SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	15,200.	0.			FOR UNRESTRICTED USE
SIDNEY ALBERT ALBANY JEWISH COMMUNITY CENTER - 340 WHITEHALL ROAD - ALBANY, NY 12208	14-1364462	501(C)(3)	22,297.	0.			FOR UNRESTRICTED USE
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	36,700.	0.			FOR UNRESTRICTED USE
SILVER BAY YMCA 87 SILVER BAY ROAD SILVER BAY, NY 12874	13-5604788	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	23,170.	0.			FOR UNRESTRICTED USE
SOUTH COLONIE CENTRAL SCHOOL DISTRICT - 102 LORALEE DRIVE - ALBANY, NY 12205	14-6001364	PUBLIC SCHOOL	10,500.	0.			FOR UNRESTRICTED USE
SPRINGBROOK OFFICE OF MARKETING & FUNDRAISING 105 CAMPUS DRIVE - ONEONTA, NY 13820	15-0539129	501(C)(3)	50,000.	0.			FOR UNRESTRICTED USE
ST. JOHN'S UNIVERSITY SCHOOL OF LAW - 8000 UTOPIA PARKWAY - QUEENS, NY 11439	11-1630830	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
ST. PAUL'S CENTER, INC. P.O. BOX 589 RENSSELAER, NY 12144	56-2499960	501(C)(3)	10,500.	0.			FOR UNRESTRICTED USE

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ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	RELIGIOUS ORG	5,000.	0.			FOR UNRESTRICTED USE
STEAMER NO. 10 THEATRE, INC. 500 WESTERN AVENUE ALBANY, NY 12203	14-1718518	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
SUSTAINABLE SARATOGA P.O. BOX 454 SARATOGA SPRINGS, NY 12866	27-4191724	501(C)(3)	17,111.	0.			FOR UNRESTRICTED USE
SYRACUSE UNIVERSITY 200 ARCHBOLD NORTH SYRACUSE, NY 13244-1140	15-0532081	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
TEXAS WOMEN'S UNIVERSITY P.O. BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	7,799.	0.			FOR UNRESTRICTED USE
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	13,000.	0.			FOR UNRESTRICTED USE
THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	3,500.	0.			FOR UNRESTRICTED USE
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS CENTER FOR PHILANTHROPY 310 SOUTH MANNING BLVD.	22-2692940	501(C)(3)	53,640.	0.			FOR UNRESTRICTED USE

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THE CORPORATION OF YADDO P.O. BOX 395 SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	59,815.	0.			FOR UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	RELIGIOUS ORG	12,000.	0.			FOR UNRESTRICTED USE
THE LAKE GEORGE ASSOCIATION P.O. BOX 408 LAKE GEORGE, NY 12845	14-6000565	501(C)(3)	5,250.	0.			FOR UNRESTRICTED USE
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	2,500.	0.			FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	16,700.	0.			FOR UNRESTRICTED USE
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	7,500.	0.			FOR UNRESTRICTED USE
TO LIFE! INC. 410 KENWOOD AVENUE DELMAR, NY 12054	14-1808431	501(C)(3)	5,100.	0.			FOR UNRESTRICTED USE
TOWN OF NISKAYUNA ONE NISKAYUNA CIRCLE NISKAYUNA, NY 12309	14-6002340	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE
TRINITY ALLIANCE OF THE CAPITAL DISTRICT - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	66,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
TROY PUBLIC LIBRARY FOUNDATION 258 HOOSICK ST., SUITE 201 TROY, NY 12180	22-3118742	501(C)(3)	25,527.	0.			FOR UNRESTRICTED USE
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	17,885.	0.			FOR UNRESTRICTED USE
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK - THE GOLUB CENTER 184 WASHINGTON AVE. EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	6,500.	0.			FOR UNRESTRICTED USE
UNITED TENANTS OF ALBANY 255 ORANGE STREET, SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	16,000.	0.			FOR UNRESTRICTED USE
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	19,750.	0.			FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE ALBANY, NY 12206	14-6000805	501(C)(3)	15,646.	0.			FOR UNRESTRICTED USE
VISITING NURSE ASSOCIATION HOSPICE OF INDIAN RIVER COUNTY - 110 35TH LANE - VERO BEACH, FL 32960	59-1645497	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
VOORHEESVILLE COMMUNITY & SCHOOL FOUNDATION - P.O. BOX 523 - VOORHEESVILLE, NY 12186	51-0513205	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
WALDORF SCHOOL OF SARATOGA SPRINGS 122 REGENT STREET SARATOGA SPRINGS, NY 12866	14-1707552	PUBLIC SCHOOL	14,190.	0.			FOR UNRESTRICTED USE
WARRIORS ON WHEELS 32 MARWOOD STREET ALBANY, NY 12209	14-1759164	501(C)(3)	5,800.	0.			FOR UNRESTRICTED USE
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
WILDWOOD FOUNDATION 2995C CURRY ROAD EXTENSION SCHENECTADY, NY 12303	22-2132752	501(C)(3)	32,000.	0.			FOR UNRESTRICTED USE
WILLIAMSTOWN THEATRE FESTIVAL P.O. 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)	14,100.	0.			FOR UNRESTRICTED USE
WOMEN'S CENTER 133 PARK STREET VIENNA, VA 22180	23-7423496	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE
YWCA OF THE GREATER CAPITAL REGION 21 FIRST STREET TROY, NY 12180	14-1505623	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	263	536,651.	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 SIX MONTH AND 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 GRANTEES ARE GIVEN ADVANCE NOTICE OF SUCH A REQUEST.

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

2017

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

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

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

Schedule J (Form 990) 2017

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)	135,701.	0.	0.	11,135.	21,202.	168,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	59	2,015,492.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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

2017

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 400 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 \$65 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2017, THE FOUNDATION GRANTED AND FACILITATED NEARLY \$5.5 MILLION IN 1,225 GRANTS. OF THESE GRANTS, 155 NONPROFIT PROGRAMS RECEIVED OVER \$5,000 EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2017 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 2017, THE PED SCHOLARSHIP REACHED ITS HIGHEST AMOUNT OF GRANT AWARDS YET: MORE THAN \$350,000. THIS, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$530,000 GRANTED THROUGH 263 SCHOLARSHIPS--THE MOST WE'VE EVER BEEN ABLE TO GIVE.

FORM 990, PART IV, LINE 22:

SCHOLARSHIP PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL AND REQUIRE DUAL ENDORSEMENT BY THE SCHOOL AND THE ENROLLED STUDENT.

FORM 990, PART VI, SECTION A, LINE 2:

MATTHEW BENDER IV AND M. CHRISTIAN BENDER HAVE A FAMILY RELATIONSHIP.

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

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

Name of the organization	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number	14-1505623
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FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15A:

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

FORM 990, PART VI, SECTION C, LINE 19:

CFGCR MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART 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

2017

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	0.	0.	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) 2017

SEE PART VII FOR CONTINUATIONS

THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.

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

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

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

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

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

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

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

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

	Yes	No
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)			
(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))

2017

For calendar year 2017 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

A Check box if address changed

B Exempt under section
 501(c)(3))
 408(e) 220(e)
 408A 530(a)
 529(a)

Print
or
Type

Name of organization (Check box if name changed and see instructions.)
**THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION, INC.**
Number, street, and room or suite no. If a P.O. box, see instructions.
2 TOWER PLACE, EXECUTIVE PARK
City or town, state or province, country, and ZIP or foreign postal code
ALBANY, NY 12203

D Employer identification number
(Employees' trust, see instructions.)

14-1505623

E Unrelated business activity codes
(See instructions.)

525990

C Book value of all assets at end of year
88,867,747.

F Group exemption number (See instructions.) ▶

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

H Describe the organization's primary unrelated business activity. ▶ **FLOW THROUGH INVESTMENT**

I 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. ▶

J The books are in care of ▶ **JOHN EBERLE**

Telephone number ▶ **518-446-9638**

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 (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 14,062.	STMT 1	14,062.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 14,062.		14,062.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	1,779.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2	20	17.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	1,796.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	12,266.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	12,266.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	11,266.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	1,690.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	1,690.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	447.	
b	Other credits (see instructions)	41b		
c	General business credit. Attach Form 3800	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	Total credits. Add lines 41a through 41d	41e	447.	
42	Subtract line 41e from line 40	42	1,243.	
43	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 schedule)	43		
44	Total tax. Add lines 42 and 43	44	1,243.	
45a	Payments: A 2016 overpayment credited to 2017	45a	1,970.	
b	2017 estimated tax payments	45b	1,070.	
c	Tax deposited with Form 8868	45c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g		
46	Total payments. Add lines 45a through 45g	46	3,040.	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,797.	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,797. Refunded	50	0.	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 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
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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)? Yes No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JUDY A. CAHEE	JUDY A. CAHEE	11/05/18		P00281935
Firm's name	Firm's EIN		14-1442607	
BST & CO. CPAS, LLP		26 COMPUTER DRIVE WEST		
Firm's address		ALBANY, NY 12205		
		Phone no. (518) 459-6700		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

THE COMMUNITY FOUNDATION FOR THE GREATER

Form 990-T (2017) CAPITAL REGION, INC.

14-1505623

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

THE COMMUNITY FOUNDATION FOR THE GREATER

Form 990-T (2017) CAPITAL REGION, INC.

14-1505623

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

- FOR TAX YEAR 2012
- FOR TAX YEAR 2013
- FOR TAX YEAR 2014
- FOR TAX YEAR 2015
- FOR TAX YEAR 2016

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

17

TOTAL CONTRIBUTIONS AVAILABLE

17

TAXABLE INCOME LIMITATION AS ADJUSTED

1,128

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

17

TOTAL CONTRIBUTION DEDUCTION

17

Foreign Tax Credit—Corporations

► Information about Form 1118 and its separate instructions is at www.irs.gov/form1118.
 ► Attach to the corporation's tax return.

OMB No. 1545-0123

For calendar year 20____, or other tax year beginning____, 20____, and ending____, 20____

Name of corporation

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number

14-1505623

Use a **separate** Form 1118 for each applicable category of income listed below. See **Categories of Income** in the instructions. Also, see **Specific Instructions**.
 Check only one box on each form.

- Passive Category Income Section 901(j) Income: Name of Sanctioned Country ► _____
- General Category Income Income Re-sourced by Treaty: Name of Country ► _____

Schedule A **Income or (Loss) Before Adjustments** (Report all amounts in U.S. dollars. See **Specific Instructions**.)

	1. Foreign Country or U.S. Possession (Enter two-letter code; see instructions. Use a separate line for each.) *	Gross Income or (Loss) From Sources Outside the United States (INCLUDE Foreign Branch Gross Income here and on Schedule F)								
		2. Deemed Dividends (see instructions)		3. Other Dividends		4. Interest	5. Gross Rents, Royalties, and License Fees	6. Gross Income From Performance of Services	7. Other (attach schedule)	8. Total (add columns 2(a) through 7)
		(a) Exclude gross-up	(b) Gross-up (sec. 78)	(a) Exclude gross-up	(b) Gross-up (sec. 78)					
A	OC								3,704	3,704
B										
C										
D										
E										
F										
Totals (add lines A through F)									3,704	3,704

* For section 863(b) income, NOLs, income from RICs, and high-taxed income, use a single line (see instructions).

Deductions (INCLUDE Foreign Branch Deductions here and on Schedule F)

	9. Definitely Allocable Deductions				10. Apportioned Share of Deductions Not Definitely Allocable (enter amount from applicable line of Schedule H, Part II, column (d))	11. Net Operating Loss Deduction	12. Total Deductions (add columns 9(e) through 11)	13. Total Income or (Loss) Before Adjustments (subtract column 12 from column 8)
	Rental, Royalty, and Licensing Expenses		(c) Expenses Related to Gross Income From Performance of Services	(d) Other Definitely Allocable Deductions				
(a) Depreciation, Depletion, and Amortization	(b) Other Expenses							
A				4,398	4,398		4,398	(694)
B								
C								
D								
E								
F								
Totals				4,398	4,398		4,398	(694)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 10900F

Form **1118** (Rev. 12-2015)

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)

Part I—Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

	1. Credit is Claimed for Taxes (check one):		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)						3. Tax Deemed Paid (from Schedule C—Part I, column 12, Part II, column 8(b), and Part III, column 8)
	<input type="checkbox"/> Paid	<input checked="" type="checkbox"/> Accrued	Tax Withheld at Source on:			Other Foreign Taxes Paid or Accrued on:			
			(a) Dividends	(b) Interest	(c) Rents, Royalties, and License Fees	(d) Section 863(b) Income	(e) Foreign Branch Income	(f) Services Income	
Date Paid	Date Accrued								
A		12/31						132	132
B									
C									
D									
E									
F									
Totals (add lines A through F)								132	132

Part II—Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)

1a	Total foreign taxes paid or accrued (total from Part I, column 2(h))	132	
b	Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)		
2	Total taxes deemed paid (total from Part I, column 3)		
3	Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G)	()	
4	Taxes reclassified under high-tax kickout		
5	Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv) and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year		
6	Total foreign taxes (combine lines 1a through 5)		132
7	Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 13 of the applicable Schedule A		0
8a	Total taxable income from all sources (enter taxable income from the corporation's tax return)	10,687	
b	Adjustments to line 8a (see instructions)	0	
c	Subtract line 8b from line 8a		10,687
9	Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1		0
10	Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit)		
11	Credit limitation (multiply line 9 by line 10) (see instructions)		
12	Separate foreign tax credit (enter the smaller of line 6 or line 11 here and on the appropriate line of Part III)		

Part III—Summary of Separate Credits (Enter amounts from Part II, line 12 for each applicable category of income. Do not include taxes paid to sanctioned countries.)

1	Credit for taxes on passive category income		
2	Credit for taxes on general category income		
3	Credit for taxes on income re-sourced by treaty (combine all such credits on this line)		
4	Total (add lines 1 through 3)		
5	Reduction in credit for international boycott operations (see instructions)		
6	Total foreign tax credit (subtract line 5 from line 4). Enter here and on the appropriate line of the corporation's tax return		

Foreign Tax Credit—Corporations

▶ Information about Form 1118 and its separate instructions is at www.irs.gov/form1118.
 ▶ Attach to the corporation's tax return.

OMB No. 1545-0123

For calendar year 20____, or other tax year beginning____, 20____, and ending____, 20____

Name of corporation

THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

Employer identification number

14-1505623

Use a **separate** Form 1118 for each applicable category of income listed below. See **Categories of Income** in the instructions. Also, see **Specific Instructions**.
 Check only one box on each form.

- Passive Category Income Section 901(j) Income: Name of Sanctioned Country ▶ _____
 General Category Income Income Re-sourced by Treaty: Name of Country ▶ _____

Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions.)

1. Foreign Country or U.S. Possession (Enter two-letter code; see instructions. Use a separate line for each.) *	Gross Income or (Loss) From Sources Outside the United States (INCLUDE Foreign Branch Gross Income here and on Schedule F)									
	2. Deemed Dividends (see instructions)		3. Other Dividends		4. Interest	5. Gross Rents, Royalties, and License Fees	6. Gross Income From Performance of Services	7. Other (attach schedule)	8. Total (add columns 2(a) through 7)	
	(a) Exclude gross-up	(b) Gross-up (sec. 78)	(a) Exclude gross-up	(b) Gross-up (sec. 78)						
A	OC							12,517	12,517	
B										
C										
D										
E										
F										
Totals (add lines A through F)									12,517	12,517

* For section 863(b) income, NOLs, income from RICs, and high-taxed income, use a single line (see instructions).

Deductions (INCLUDE Foreign Branch Deductions here and on Schedule F)

9. Definitely Allocable Deductions					10. Apportioned Share of Deductions Not Definitely Allocable (enter amount from applicable line of Schedule H, Part II, column (d))	11. Net Operating Loss Deduction	12. Total Deductions (add columns 9(e) through 11)	13. Total Income or (Loss) Before Adjustments (subtract column 12 from column 8)		
Rental, Royalty, and Licensing Expenses		(c) Expenses Related to Gross Income From Performance of Services	(d) Other Definitely Allocable Deductions	(e) Total Definitely Allocable Deductions (add columns 9(a) through 9(d))						
(a) Depreciation, Depletion, and Amortization	(b) Other Expenses									
A			4,705	4,705			4,705	7,812		
B										
C										
D										
E										
F										
Totals									4,705	7,812

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 10900F

Form **1118** (Rev. 12-2015)

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)

Part I—Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

	1. Credit is Claimed for Taxes (check one):		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)						3. Tax Deemed Paid (from Schedule C—Part I, column 12, Part II, column 8(b), and Part III, column 8)	
			Tax Withheld at Source on:			Other Foreign Taxes Paid or Accrued on:				
	<input type="checkbox"/> Paid	<input checked="" type="checkbox"/> Accrued	(a) Dividends	(b) Interest	(c) Rents, Royalties, and License Fees	(d) Section 863(b) Income	(e) Foreign Branch Income	(f) Services Income		(g) Other
	Date Paid	Date Accrued								
A		12/31						447	447	
B										
C										
D										
E										
F										
Totals (add lines A through F)								447	447	

Part II—Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)

1a	Total foreign taxes paid or accrued (total from Part I, column 2(h))	447	
b	Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)		
2	Total taxes deemed paid (total from Part I, column 3)		
3	Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G)	()	
4	Taxes reclassified under high-tax kickout		
5	Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv) and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year		
6	Total foreign taxes (combine lines 1a through 5)		447
7	Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 13 of the applicable Schedule A		7,118
8a	Total taxable income from all sources (enter taxable income from the corporation's tax return)	10,687	
b	Adjustments to line 8a (see instructions)	0	
c	Subtract line 8b from line 8a		10,687
9	Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1		.666043
10	Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit)		1,603
11	Credit limitation (multiply line 9 by line 10) (see instructions)		1,172
12	Separate foreign tax credit (enter the smaller of line 6 or line 11 here and on the appropriate line of Part III)		447

Part III—Summary of Separate Credits (Enter amounts from Part II, line 12 for each applicable category of income. Do not include taxes paid to sanctioned countries.)

1	Credit for taxes on passive category income	447	
2	Credit for taxes on general category income	0	
3	Credit for taxes on income re-sourced by treaty (combine all such credits on this line)	0	
4	Total (add lines 1 through 3)		447
5	Reduction in credit for international boycott operations (see instructions)		0
6	Total foreign tax credit (subtract line 5 from line 4). Enter here and on the appropriate line of the corporation's tax return		447

Schedule J
(Form 1118)

(Rev. September 2016)

Department of the Treasury
Internal Revenue Service

**Adjustments to Separate Limitation Income (Loss) Categories for
Determining Numerators of Limitation Fractions, Year-End
Recharacterization Balances, and Overall Foreign and Domestic
Loss Account Balances**

For calendar year 20_____, or other tax year beginning _____, 20_____,
and ending _____, 20_____.

▶ Attach to Form 1118. For Paperwork Reduction Act Notice, see the Instructions for Form 1118.

OMB No. 1545-0123

Name of corporation

THE COMMUNITY FOUNDATION OF THE GREATER CAPITAL REGION, INC

Employer identification number

14-1505623

Part I Adjustments to Separate Limitation Income or (Losses) in Determining Numerators of Limitation Fractions (see instructions)

	(i) General category income	(ii) Passive category income	(iii) Other income*	(iv) U.S. income
1 Income or (loss) before adjustments	(694)	7,812		3,569
2 Allocation of separate limitation losses:				
a General category income	694	(694)	()	
b Passive category income	()	()	()	
c Other income*	()	()	()	
3 Subtotal — Combine lines 1 through 2c.	0	7,118		3,569
4 Allocation of overall foreign losses				()
5 Allocation of domestic losses	()	()	()	
6 Subtotal — Combine lines 3 through 5.	0	7,118		3,569
7 Recapture of overall foreign losses	()	()	()	
8 Subtotal — Combine lines 6 and 7.	0	7,118		3,569
9 Recharacterization of separate limitation income:				
a General category income	()			
b Passive category income		()		
c Other income*			()	
10 Recapture of overall domestic losses				()
11 Numerator of Limitation Fraction — Combine lines 8 through 10. Enter each result here and on Schedule B, Part II, line 7, of corresponding Form 1118.	0	7,118		

Part II Year-End Balances of Future Separate Limitation Income That Must Be Recharacterized
(section 904(f)(5)(C))

a General category income				
b Passive category income	694			
c Other income*				

Part III Overall Foreign Loss Account Balances (section 904(f)(1))

Complete for each separate limitation income category.

1 Beginning balance				
2 Current year additions				
3 Current year reductions (other than recapture)	()	()	()	
4 Current year recapture (from Part I, line 7)	()	()	()	
5 Ending balance —Combine lines 1 through 4.				

Part IV Overall Domestic Loss Account Balances (section 904(g)(1))

1 Beginning balance				
2 Current year additions				
3 Current year reductions (other than recapture)	()	()	()	
4 Subtotal —Combine lines 1 through 3.				
5 Current year recapture (from Part I, line 10)				
6 Ending balance —Subtract line 5 from line 4.				

The Community Foundation For The Greater Capital Region, Inc.
Form 1118 Attachment
990-T Schedule A Line 7 Explanation

The amount reported on line 7 of Schedule A is derived from a K-1 received from
Perennial Real Estate Fund II, LP (EIN 27-0749535)