

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>		<b>D</b> Employer identification number <b>14-1505623</b>
	Doing business as		<b>E</b> Telephone number <b>518-446-9638</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>14,186,999.</b>
	<b>2 TOWER PLACE, EXECUTIVE PARK</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>ALBANY, NY 12203</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>JOHN EBERLE</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. (see instructions)
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.CFGCR.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1968</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-9,198.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,154,930.</b>	<b>6,452,428.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>112,938.</b>	<b>124,298.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,239,845.</b>	<b>1,976,870.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-60,487.</b>	<b>-45,694.</b>
		<b>11,447,226.</b>	<b>8,507,902.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,702,802.</b>	<b>5,955,206.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>778,244.</b>	<b>800,587.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>165,064.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>995,571.</b>	<b>1,030,260.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,476,617.</b>	<b>7,786,053.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-2,029,391.</b>	<b>721,849.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>76,341,642.</b>	<b>89,501,792.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,284,068.</b>	<b>3,654,635.</b>
		<b>73,057,574.</b>	<b>85,847,157.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>JOHN EBERLE, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JUDY A. CAHEE</b>	Preparer's signature <b>JUDY A. CAHEE</b>	Date <b>10/02/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00281935</b>
	Firm's name ▶ <b>BST &amp; CO. CPAS, LLP</b>	Firm's EIN ▶ <b>14-1442607</b>	Phone no. (518) 459-6700		
	Firm's address ▶ <b>26 COMPUTER DRIVE WEST</b> <b>ALBANY, NY 12205</b>				

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Form 990 (2019)

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**Part III** Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 7,011,910. including grants of \$ 5,955,206.) (Revenue \$ 124,298.)  
**SEE SCHEDULE O.**

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

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

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

4e Total program service expenses **7,011,910.**

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

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	11
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**TERRY D. MARIANO, CFO - 518-446-9638**  
**2 TOWER PLACE, EXECUTIVE PARK, ALBANY, NY 12203**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN M. O'BRYAN CHAIR	1.00	X		X			0.	0.	0.	
(2) MARK EAGAN FIRST VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) JAN SMITH SECRETARY	1.00	X		X			0.	0.	0.	
(4) ALICIA LASCH TREASURER	1.00	X		X			0.	0.	0.	
(5) SUSAN C. PICOTTE, ESQ. IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(6) CHRISTOPHER CIMIJOTTI DIRECTOR	1.00	X					0.	0.	0.	
(7) VIRGINIA C. GREGG DIRECTOR	1.00	X					0.	0.	0.	
(8) ROBERT T. HENNES DIRECTOR	1.00	X					0.	0.	0.	
(9) HYACINTH MASON, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(10) MURRAY CARL MASSRY DIRECTOR	1.00	X					0.	0.	0.	
(11) VICTOR A. OBERTING III DIRECTOR	1.00	X					0.	0.	0.	
(12) G. NEIL ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
(13) JOHN W. RODAT DIRECTOR	1.00	X					0.	0.	0.	
(14) ANN M. SHARPE, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(15) JAMES A. SIDFORD DIRECTOR	1.00	X					0.	0.	0.	
(16) FRANK M. SLINGERLAND DIRECTOR	1.00	X					0.	0.	0.	
(17) CHESTER OPALKA 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) EILEEN MCLOUGHLIN DIRECTOR	1.00	X					0.	0.	0.	
(19) M. CHRISTIAN BENDER DIRECTOR	1.00	X					0.	0.	0.	
(20) ROBERT REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
(21) MICHAEL R. BREULT DIRECTOR	1.00	X					0.	0.	0.	
(22) JESSICA BACKER BRAND, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(23) JOHN G. EBERLE PRESIDENT & CEO	50.00			X			171,546.	0.	19,694.	
(24) TERRY D. MARIANO CFO	40.00			X			108,151.	0.	11,483.	
<b>1b Subtotal</b>							279,697.	0.	31,177.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							279,697.	0.	31,177.	

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



THE COMMUNITY FOUNDATION FOR THE GREATER  
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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	174,729.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,277,699.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		6,452,428.			
	Program Service Revenue	<b>2 a</b>	FEEES FOR SERVICE	<b>Business Code</b>			
			561000	124,298.	124,298.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		124,298.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,477,719.		1,477,719.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				6,088,598.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	5,589,447.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	499,151.			
	<b>d</b>	Net gain or (loss)		499,151.		499,151.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 174,729. of contributions reported on line 1c). See Part IV, line 18		43,956.				
		<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>	89,650.				
<b>c</b>	Net income or (loss) from fundraising events		-45,694.		-45,694.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>					
		<b>10b</b>					
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		8,507,902.	124,298.	0.	1,931,176.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,315,013.	5,315,013.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	640,193.	640,193.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	310,875.	69,092.	193,973.	47,810.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	411,194.	187,958.	150,004.	73,232.
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	15,375.	6,472.	7,342.	1,561.
<b>9</b> Other employee benefits .....	13,190.	8,184.	2,967.	2,039.
<b>10</b> Payroll taxes .....	49,953.	18,169.	24,658.	7,126.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	12,751.		12,751.	
<b>c</b> Accounting .....	31,250.		31,250.	
<b>d</b> Lobbying .....	2,250.		2,250.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	649,870.	649,870.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	43,742.	36,593.	5,957.	1,192.
<b>12</b> Advertising and promotion .....	46,034.		46,034.	
<b>13</b> Office expenses .....	14,995.	311.	13,016.	1,668.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	109,081.	39,675.	53,843.	15,563.
<b>17</b> Travel .....	3,215.	1,169.	1,587.	459.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	11,538.	6,409.	3,433.	1,696.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	27,212.	9,898.	13,432.	3,882.
<b>23</b> Insurance .....	14,957.	896.	13,857.	204.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT LEASES/MAINT</b>	49,872.	18,140.	24,617.	7,115.
<b>b</b> <b>PROF. DEVELOPMENT</b>	10,634.	3,868.	5,249.	1,517.
<b>c</b> <b>FILING FEES</b>	2,859.		2,859.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,786,053.	7,011,910.	609,079.	165,064.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	856,283.	<b>1</b>	353,232.
	<b>2</b> Savings and temporary cash investments .....	1,997,882.	<b>2</b>	3,066,127.
	<b>3</b> Pledges and grants receivable, net .....	1,203,185.	<b>3</b>	684,531.
	<b>4</b> Accounts receivable, net .....	1,359,088.	<b>4</b>	1,011,443.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	20,137.	<b>9</b>	21,713.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	197,773.		
	<b>b</b> Less: accumulated depreciation .....	94,583.		
	<b>11</b> Investments - publicly traded securities .....	126,254.	<b>10c</b>	103,190.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,606,075.	<b>11</b>	22,562,766.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	49,409,944.	<b>12</b>	59,787,309.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,762,794.	<b>15</b>	1,911,481.	
	76,341,642.	<b>16</b>	89,501,792.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	44,558.	<b>17</b>	48,734.
	<b>18</b> Grants payable .....	265,829.	<b>18</b>	239,306.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,973,681.	<b>25</b>	3,366,595.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,284,068.	<b>26</b>	3,654,635.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	36,769,362.	<b>27</b>	43,569,309.
	<b>28</b> Net assets with donor restrictions .....	36,288,212.	<b>28</b>	42,277,848.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	73,057,574.	<b>32</b>	85,847,157.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	76,341,642.	<b>33</b>	89,501,792.	

Form **990** (2019)

**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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,507,902.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,786,053.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	721,849.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	73,057,574.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,067,734.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	85,847,157.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8058680.	15639595.	5266819.	8154930.	6452428.	43572452.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8058680.	15639595.	5266819.	8154930.	6452428.	43572452.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3614988.
<b>6 Public support.</b> Subtract line 5 from line 4.						39957464.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	8058680.	15639595.	5266819.	8154930.	6452428.	43572452.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1623429.	2332783.	1963806.	1365665.	1477719.	8763402.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	907.	11,355.				12,262.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						52348116.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	479,843.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	76.33 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	74.94 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

b 33 1/3% support tests - 2018. 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.

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

**Part IV Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



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

OMB No. 1545-0047

**2019**

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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>436,183.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>246,726.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>210,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>137,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>143,425.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Employer identification number <b>14-1505623</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

THE COMMUNITY FOUNDATION FOR THE GREATER

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**PAYMENT TO A THIRD PARTY FOR LOBBYING SERVICES.**

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	235	
2 Aggregate value of contributions to (during year) .....	4,778,147.	
3 Aggregate value of grants from (during year) .....	4,015,384.	
4 Aggregate value at end of year .....	29,601,594.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	39,269,103.	40,098,853.	35,099,337.	21,665,864.	24,068,612.
b Contributions	1,461,773.	4,635,854.	760,157.	12,658,868.	546,372.
c Net investment earnings, gains, and losses	7,212,076.	-3,858,565.	5,435,210.	1,955,236.	-836,623.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,652,513.	1,607,039.	1,195,851.	1,180,631.	1,252,004.
f Administrative expenses					
g End of year balance	46,290,439.	39,269,103.	40,098,853.	35,099,337.	22,526,357.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  17.10 %
  - b Permanent endowment  69.86 %
  - c Term endowment  13.04 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| 3b   |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		197,773.	94,583.	103,190.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				103,190.

**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) <b>COMMINGLED/OTHER</b>		
(B) <b>INVESTMENTS</b>	59,787,309.	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	59,787,309.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)	
<b>Total.</b> (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) <b>CHARITABLE REMAINDER TRUST</b>	
(3) <b>LIABILITY</b>	100,042.
(4) <b>CHARITABLE GIFT ANNUITY LIABILITY</b>	289,321.
(5) <b>AGENCY ENDOWMENTS</b>	2,977,232.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,366,595.

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,099,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	12,067,734.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	83,938.	
	e Add lines 2a through 2d	2e		12,151,672.
3	Subtract line 2e from line 1		3	7,947,682.
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	649,870.	
	b Other (Describe in Part XIII.)	4b	-89,650.	
	c Add lines 4a and 4b	4c		560,220.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,507,902.

**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	7,244,523.
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	108,340.	
	e Add lines 2a through 2d	2e		108,340.
3	Subtract line 2e from line 1		3	7,136,183.
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	649,870.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		649,870.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,786,053.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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



**Part XIII** Supplemental Information (continued)

MERITS OF THE POSITION OR AMOUNT OF THE POSITION'S TAX BENEFIT THAT WOULD  
ULTIMATELY BE SUSTAINED. MANAGEMENT EVALUATED THE COMMUNITY FOUNDATION'S  
TAX POSITIONS AND CONCLUDED THAT THE COMMUNITY FOUNDATION HAS TAKEN NO TAX  
POSITIONS THAT REQUIRED ADJUSTMENT IN THEIR FINANCIAL STATEMENTS AS OF  
DECEMBER 31, 2019.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ALLOCATED TO THE WILLIAM AND MARY BARNET FOUNDATION 83,938.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE -89,650.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 89,650.

EXPENSES ALLOCATED TO THE WILLIAM AND MARY BARNET  
FOUNDATION 18,690.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 108,340.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

Employer identification number  
**14-1505623**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		14,959,757.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,166,776.
<b>3 a</b> Subtotal .....	0	0			16,126,533.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			16,126,533.

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

Schedule F (Form 990) 2019

14-1505623

Page 2

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

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

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Horizontal lines for supplemental information.

**SCHEDULE G**  
(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations                                    **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations                    **f**  Solicitation of government grants  
**c**  Phone solicitations                                      **g**  Special fundraising events  
**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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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)	4 (total number)		
Revenue	1	Gross receipts	87,660.	37,599.	93,426.	218,685.
	2	Less: Contributions	76,665.	27,084.	70,980.	174,729.
	3	Gross income (line 1 minus line 2)	10,995.	10,515.	22,446.	43,956.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	11,465.			11,465.
	7	Food and beverages		21,015.	27,756.	48,771.
	8	Entertainment		2,350.		2,350.
	9	Other direct expenses	13,061.	6,412.	7,591.	27,064.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				89,650.
11	Net income summary. Subtract line 10 from line 3, column (d)				-45,694.	

**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: \_\_\_\_\_



THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
Employee
Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

Lined area for supplemental information input, consisting of approximately 30 horizontal lines.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

**Employer identification number  
14-1505623**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN ON BEHALF OF MARY ELLEN LASCH
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	40,000.	0.			DONOR ADVISED-FOR THE INVEST.INSPIRE.IGNITE CAPITAL CAMPAIGN
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN FROM THE LASCH FAMILY
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	7,500.	0.			INVEST. INSPIRE. IGNITE. CAPITAL CAMPAIGN
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	11,500.	0.			FOR UNRESTRICTED USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 176.
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

Page 1

**Part II** Continuation of Grants and Other Assistance to 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
ADIRONDACK FOUNDATION P.O. BOX 288, 304 BEAR CUB LANE LAKE PLACID, NY 12946	16-1535724	501(C)(3)	150,000.	0.			DONOR ADVISED-FOR THE NORTHERN LIGHTS FUND FOR ADIRONDACK GIVING
AFRICAN REFLECTIONS FOUNDATION, INC. - PO BOX 50134 - ALBANY, NY 12205	20-1621143	501(C)(3)	34,280.	0.			TO COVER WELLS, ETC. IN OCTOBER 2019
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	2,500.	0.			DONOR ADVISED-TO SUPPORT THE 2019 SUMMER INTERN
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE ASA INTERNSHIP FUND
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE "COMMUNITY FOREST" PROJECT TO BE USED FOR ACQUISITION AND/OR
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR OPERATING SUPPORT
AIM SERVICES INC. 4227 ROUTE 50 SARATOGA SPRINGS, NY 12866	14-1609398	501(C)(3)	5,000.	0.			ENHANCED RESPITE AFTER SCHOOL PROGRAM
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR GENERAL EXPENSES

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
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	106,331.	0.			THE SCRIPT STUDY
ALBANY COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	14,160.	0.			FOR UNRESTRICTED USE
ALBANY COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	37,050.	0.			FOR UNRESTRICTED USE
ALBANY FUND FOR EDUCATION PO BOX 3110 ALBANY, NY 12203	14-1810885	501(C)(3)	20,000.	0.			DONOR ADVISED-FOR YOUR WORK WITH RUTH PELHAM
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	12,600.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR MEMBERSHIP (\$500) AND FOR ANNUAL (\$500)
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	352.	0.			FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,241.	0.			TO BENEFIT THE LIBRARY AT THE ALBANY INSTITUTE OF HISTORY & ART
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000.	0.			FOR THE GENERAL FUND

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

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**Part II** Continuation of Grants and Other Assistance to 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 INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	6,637.	0.			FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,500.	0.			FOR THE MUSEUM GALA IN HONOR OF CHUCK LIDDLE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000.	0.			FOR ANNUAL GIVING
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000.	0.			FOR ANNUAL SUPPORT
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE, MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	250.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE, MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE ANNUAL FUND
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE, MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	100.	0.			DONOR ADVISED-FOR THE LIFELINE PROGRAM
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE, MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	235.	0.			FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE, MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	1,000.	0.			FOR THE PEDIATRIC EMERGENCY ROOM PROJECT

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ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE, MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	4,677.	0.			FOR THE JOHN H. CARTER MD SCHOLARSHIP FUND EXCLUSIVELY DESIGNATED FOR SCHOLARSHIPS FOR THE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	1,300.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE PEDIATRIC EMERGENCY ROOM
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	3,000.	0.			DONOR ADVISED-FOR THE PEDIATRIC EMERGENCY ROOM
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR DR. SALMAN'S STUDY OF PLATELET FACTOR 4 AND HEMODIALYSIS ACCESS
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	15,000.	0.			DONOR ADVISED-FOR DR. HIGGINS' WORK WITH TARGETING CLINICALLY-RELEVANT GENES
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE.
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	646.	0.			FOR EDUCATIONAL ENRICHMENT FOR STAFF OF THE NEONATAL INTENSIVE CARE UNIT
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	25,000.	0.			FOR DR. CONTI'S PROJECT: THE RELATIONSHIP OF BELATACEPT IMMUNOSUPPRESSIVE THERAPY

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ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	250.	0.			DONOR ADVISED-FOR A 2019 GIFT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	14,400.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	6,238.	0.			FOR UNRESTRICTED USE
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	1,000.	0.			FOR ANNUAL SUPPORT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	500.	0.			FOR AN ANNUAL GIFT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	2,500.	0.			FOR SYMPHONY IN OUR SCHOOLS
ALPHEIOS PROJECT, LTD. 89 SHEEHY COURT NAPA, CA 94558	27-2248757	501(C)(3)	75,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ALPHEIOS PROJECT, LTD. 89 SHEEHY COURT NAPA, CA 94558	27-2248757	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE
AMERICAN ENDOWMENT FOUNDATION, FBO MICHAEL MARVIN ADVISED FUND - 5700 DARROW ROAD SUITE 118 - HUDSON, OH 44236	34-1747398	501(C)(3)	350,000.	0.			DONOR ADVISED-FOR THE MICHAEL MARVIN ADVISED FUND (M19038)

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AMERICAN ENDOWMENT FOUNDATION, FBO MICHAEL MARVIN ADVISED FUND - 5700 DARROW ROAD SUITE 118 - HUDSON, OH 44236	34-1747398	501(C)(3)	8,143.	0.			FOR THE MICHAEL MARVIN ADVISED FUND (M19038)
AMNESTY INTERNATIONAL 5 PENN PLAZA, 16TH FLOOR NEW YORK, NY 10001	52-0851555	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY, INC. - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR VISIONING FACILITATION
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	3,500.	0.			FOR ARTS ACCESS SCHOLARSHIPS
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	1,506.	0.			FOR UNRESTRICTED USE
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	1,000.	0.			FOR ANNUAL SUPPORT
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	3,125.	0.			DONOR ADVISED-FOR THE SIENA VISTA

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AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE CELEBRATION OF PROGRESS
AVILLAGE..., INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR THE CELEBRATION OF PROGRESS
BABY INSTITUTE, INC. P.O. BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	925.	0.			DONOR ADVISED-FOR THE HOLIDAY PARTY
BABY INSTITUTE, INC. P.O. BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	40,000.	0.			FOR THE FEED YOUR BODY AND GROW YOUR MIND HEALTH AND FITNESS PROGRAM
BALLSTON SPA CENTRAL SCHOOL DISTRICT - 70 MALTA AVE - BALLSTON SPA, NY 12020		501(C)(3)	300.	0.			FOR THE BALLSTON SPA ATHLETIC LEADERSHIP & PERSEVERANCE AWARD (ACCOUNT #914.98)
BALLSTON SPA CENTRAL SCHOOL DISTRICT - 70 MALTA AVE - BALLSTON SPA, NY 12020		501(C)(3)	13,958.	0.			FOR ATHLETIC SCHOLARSHIPS TO STUDENTS
BETHESDA HOUSE OF SCHENECTADY, INC. - 834 STATE STREET - SCHENECTADY, NY 12307	31-1645415	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
BETHESDA HOUSE OF SCHENECTADY, INC. - 834 STATE STREET - SCHENECTADY, NY 12307	31-1645415	501(C)(3)	15,000.	0.			FOR THE CARA HOUSE
BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE, 700 DELAWARE AVENU DELMAR, NY 12054	14-6001259	501(C)(3)	500.	0.			DONOR ADVISED-FOR A GRANT FOR DAVID SCHEID, HIGH SCHOOL, FOR THE TABLE TENNIS CLUB

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BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE, 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	13,350.	0.			FOR VARIOUS CLASSROOM INNOVATION GRANTS (PLEASE SEE ENCLOSED LIST)
BEYOND MY BATTLE INC P.O. BOX 161 SARATOGA SPRINGS, NY 12866	82-3338879	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR OPERATING SUPPORT
BIRTHNET, INC. 215 PARTRIDGE STREET ALBANY, NY 12203	14-1829036	501(C)(3)	11,008.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
BIRTHNET, INC. 215 PARTRIDGE STREET ALBANY, NY 12203	14-1829036	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR DOULA TRAINING FOR WOMEN IN LOW-INCOME NEIGHBORHOODS
BLACK WATCH SOCCER CLUB, INC. C/O DRAPER DEVELOPMENT LLC, 4 FRITZ ALBANY, NY 12205	14-1826613	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE SOCCER TEAMS, OPERATIONS AND FACILITIES IN THE ALBANY AREA
BLUELIGHT DEVELOPMENT GROUP 170 WINTHROP AVENUE #1 ALBANY, NY 12203	81-3475487	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
BLUELIGHT DEVELOPMENT GROUP 170 WINTHROP AVENUE #1 ALBANY, NY 12203	81-3475487	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
BRIGHTSIDE UP, INC. 91 BROADWAY MENANDS, NY 12204	14-1648493	501(C)(3)	15,000.	0.			NURTURING SOCIAL-EMOTIONAL LEARNING IN OUT-OF-SCHOOL-TIME
BROADALBIN - PERTH CENTRAL SCHOOL DISTRICT - 20 PINE STREET - BROADALBIN, NY 12025	14-6001275	501(C)(3)	6,551.	0.			GROWING UP WITH PROJECT LEAD THE WAY

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BURDETT CARE CENTER 2215 BURDETT AVENUE, SUITE 200 TROY, NY 12180	27-2153849	501(C)(3)	5,872.	0.			FOR UNRESTRICTED USE
CAFFE LENA 47 PHILA STREET, PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR NORDLYS GLOBAL VOICES SERIES 2019
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	4,000.	0.			DONOR ADVISED-FOR THE PURCHASE OF NEW CHAIRS
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR NEW CHAIRS
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	14,160.	0.			FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET, PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	379.	0.			FOR UNRESTRICTED USE
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD SUITE 101 - ALBANY, NY 12203	13-3841519	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD SUITE 101 - ALBANY, NY 12203	13-3841519	501(C)(3)	25,000.	0.			FOR UNRESTRICTED USE

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CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1 UNITED WAY - ALBANY, NY 12205	14-1823014	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR PATHWAYS TO COLLEGE
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1 UNITED WAY - ALBANY, NY 12205	14-1823014	501(C)(3)	2,000.	0.			DONOR ADVISED-FOR THE DEBORAH WHITE FUND/ENDOWMENT TO HONOR DEB WHITE, JT WHITE, BILL
CAPITAL REGION SPONSOR-A-SCHOLAR, INC. - 1 UNITED WAY - ALBANY, NY 12205	14-1823014	501(C)(3)	6,300.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE EXPANSION OF EDUCATION SPACE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	1,750.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE ANNUAL FUND
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE EDUCATIONAL SPACE EXPANSION
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN

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CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	500.	0.			DONOR ADVISED-FOR THE HONORARY COMMITTEE
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	3,000.	0.			DONOR ADVISED-FOR CINDERELLA--A NEW MUSICAL FOR YOUNG AUDIENCES
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THEREP AT LIVINGSTON SQUARE
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	1,000.	0.			FOR ANNUAL SUPPORT
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000.	0.			FROM STEVE AND DENISE GONICK FOR THE BEGINNING OF OUR FULFILLMENT TO LAST YEAR'S OBLIGATION
CAPITAL REPERTORY COMPANY, INC. C/O PROCTOR'S THEATRE, 432 STATE ST SCHENECTADY, NY 12305	13-2894677	501(C)(3)	500.	0.			FOR THE EDUCATION APPEAL
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE URBAN GROWTH CENTER
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	4,300.	0.			DONOR ADVISED-FOR UNRESTRICTED USE

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CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	14,000.	0.			DONOR ADVISED-FOR THE URBAN GROW CENTER 'S EXPANSION
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE URBAN GROW CENTER
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE EXPANSION DRIVE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	18,900.	0.			DONOR ADVISED-FOR VEGGIE RX
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR PHASE IV OF THE GREATER CAPITAL REGION FOOD SYSTEM ASSESSMENT
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	1,758.	0.			FOR THE URBAN GROW CENTER
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	65,329.	0.			VEGGIE RX
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	1,875.	0.			FOR UNRESTRICTED USE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000.	0.			GREATER CAPITAL REGION FOOD SYSTEM ASSESSMENT, PHASE IV

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CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	19,750.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE PURCHASE OF A VAN
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	4,500.	0.			FOR PEACE CAMP
CARES, INC. 200 HENRY JOHNSON BLVD., SUITE 4 ALBANY, NY 12210	14-1731746	501(C)(3)	16,000.	0.			FOR THE CAPITAL REGION COALITION TO END HOMELESSNESS
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	20,000.	0.			CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - CATHOLIC CHARITIES HOUSING FUND
CAZENOVA COLLEGE DEVELOPMENT OFFICE, 22 SULLIVAN STR CAZENOVA, NY 13035	15-0543658	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE NANCY KELLY HERSHEY '67 SCHOLARSHIP FUND
CENTRO CIVICO, INC. 143-145 EAST MAIN STREET AMSTERDAM, NY 12010	22-2877236	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY - 250 JORDAN ROAD - TROY, NY 12180	14-1443197	501(C)(3)	250.	0.			DONOR ADVISED-FOR UNRESTRICTED USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY - 250 JORDAN ROAD - TROY, NY 12180	14-1443197	501(C)(3)	7,500.	0.			SENSORY SCIENCE ROOM
CHRIST EPISCOPAL CHURCH 15 WEST HIGH STREET BALLSTON SPA, NY 12020	22-2533331	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR THE KIDSFIRST CHILDCARE CENTER
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DRIVE ALBANY, NY 12205	14-1340037	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DRIVE ALBANY, NY 12205	14-1340037	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
CLINTON COUNTY COMMUNITY COLLEGE FOUNDATION, INC. - 136 CLINTON POINT DRIVE - PLATTSBURGH, NY 12901	14-6097944	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE COLLEGE ADVANCEMENT PROGRAM
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	100.	0.			DONOR ADVISED-FOR SENIOR TRANSPORTATION
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	5,000.	0.			FOR THE BRIGHT HORIZONS ADULT DAY SERVICE SCHOLARSHIP FUND
COLONIE SENIOR SERVICE CENTERS, INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	7,400.	0.			BRIGHT HORIZONS
COLORADO WOLF AND WILDLIFE CENTER PO BOX 713 DIVIDE, CO 80814	84-1376613	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE

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COMFORT FOOD OF WASHINGTON COUNTY PO BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN TO RENOVATE NEW SPACE
COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION - 2331 FIFTH AVENUE - TROY, NY 12180	14-1490509	501(C)(3)	4,500.	0.			DONOR ADVISED-FOR A TRIP TO PHILADELPHIA FOR STUDENTS IN THE TROY CITY SCHOOL DISTRICT ALTERNATE
COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION - 2331 FIFTH AVENUE - TROY, NY 12180	14-1490509	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR A TRIP TO NYC FOR STUDENTS IN THE TROY CITY SCHOOL DISTRICT ALTERNATIVE
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE ENDOWMENT AND APPLY TO THE GONICK FUND FOR DEVELOPMENT AT CBE
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	100.	0.			DONOR ADVISED-IN LOVING MEMORY OF ROBERTA KAUFMAN FROM STEVE AND DENISE GONICK. PLEASE NOTIFY
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	250.	0.			DONOR ADVISED-FOR THE YOM KIPPUR APPEAL. PLEASE APPLY TOWARDS MUSIC PROGRAMMING.
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	15,000.	0.			DONOR ADVISED-FOR THE 181ST FUND FROM THE FAMILY OF BERNICE AND HOWARD KAHN
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	1,050.	0.			FOR UNRESTRICTED USE
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	10,806.	0.			FOR A DONATION AS DISCUSSED FROM STEVE AND DENISE GONICK

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CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	180.	0.			DONOR ADVISED-FOR THE RABBI MICHAEL SCHEFRIN DISCRETIONARY FUND
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	180.	0.			DONOR ADVISED-FOR THE RABBI BRENNER GLICKMAN DISCRETIONARY FUND
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	2,000.	0.			DONOR ADVISED-FOR THE TEMPLE EMANU-EL ENDOWMENT FUND
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	3,300.	0.			FOR UNRESTRICTED USE
CORNELL UNIVERSITY OFFICE OF FINANCIAL AID AND STUDENT EMPLOYMENT - SCHOLARSHIP DIVISION, P.O.	15-0532082	501(C)(3)	1,800.	0.			DONOR ADVISED-FOR THE CYNTHIA SHENKER ENDOWED SCHOLARSHIP FUND AT THE ILR SCHOOL
CURATIO MUNDI PO BOX 4101 LONGVIEW, TX 75606	47-3134881	501(C)(3)	25,596.	0.			DONOR ADVISED-FOR TWO WELLS IN KENYA
CURATIO MUNDI PO BOX 4101 LONGVIEW, TX 75606	47-3134881	501(C)(3)	907.	0.			DONOR ADVISED-FOR SURVEYS FOR WELLS IN KISUMU, KENYA
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	4,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	5,000.	0.			FOR UNRESTRICTED USE

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DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	15,000.	0.			DONOR ADVISED-FOR THE CARING AND SHARING DIABETES WEEKEND CAMP
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	2,050.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	2,100.	0.			DONOR ADVISED-FOR RESIDENTIAL/SUMMPER PROGRAMS FOR CAMPERS FROM NISKAYUNA
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	30,000.	0.			FOR THE RENOVATION OF CHIPMUNK-WOLF-MUSKRAT CABIN
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	500.	0.			FOR UNRESTRICTED USE
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD, NJ 07631	22-1487165	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	100.	0.			DONOR ADVISED-IN LOVING MEMORY OF JANE GOLUB

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ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	15,000.	0.			FOR SAFEGUARDING SERVICES FOR THOSE WHO NEED INPATIENT PSYCHIATRIC CARE
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	45,000.	0.			DONOR ADVISED-\$25,000 FOR GRADUATE DEGREE SCHOLARSHIPS AND \$20,000 FOR UNDERGRADUATE DEGREES
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	500.	0.			FOR ANNUAL SUPPORT
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET AT PROCTOR'S THEAT SCHENECTADY, NY 12305	22-2317557	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET AT PROCTOR'S THEAT SCHENECTADY, NY 12305	22-2317557	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR AMPT
EXPERIENCE CAMPS PO BOX 5121 WESTPORT, CT 06881	26-2513136	501(C)(3)	29,520.	0.			FOR THE LINDSEY BARON FUND (#86865359) IN LINDSEY'S HONOR
FAMILY AND CHILD SERVICE OF SCHENECTADY - 246 UNION STREET - SCHENECTADY, NY 12305	14-1338397	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR HARDWARE AND SOFTWARE UPGRADES
FAMILY AND CHILD SERVICE OF SCHENECTADY - 246 UNION STREET - SCHENECTADY, NY 12305	14-1338397	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR SUPPORT OF NEW LOW-INCOME NISKAYUNA CLIENTS IN THE HOMEMAKER PROGRAM
FAMILY AND CHILD SERVICE OF SCHENECTADY - 246 UNION STREET - SCHENECTADY, NY 12305	14-1338397	501(C)(3)	10,000.	0.			FOR THE TRAINING FOR PERSONAL CARE AIDES AND THE ADDITION OF HOME CARE SERVICES TO SENIOR

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FARM SANCTUARY PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY - 405 WASHINGTON AVE. - ALBANY, NY 12206	14-1509821	501(C)(3)	13,000.	0.			DONOR ADVISED-FOR 2018-2019 OPERATING BUDGET
FOY FOUNDATION ADVISED FUND 192 HOLMES DALE ALBANY, NY 12208	14-1505623	501(C)(3)	10,000.	0.			INTERFUND, FOY TO ADME AND COMM
FRIENDS OF CAMP LITTLE NOTCH, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	27-0210079	501(C)(3)	8,000.	0.			DONOR ADVISED-FOR SENDING NEEDY BOYS AND GIRLS TO SUMMER CAMP
FRIENDS OF CAMP LITTLE NOTCH, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	27-0210079	501(C)(3)	361.	0.			DONOR ADVISED-FOR POSITIVE DECAY
FRIENDS OF THE SARATOGA BATTLEFIELD - 648 ROUTE 32 - STILLWATER, NY 12170	22-3090470	501(C)(3)	50,000.	0.			DONOR ADVISED-FOR THE CONSTRUCTION OF THE SARATOGA SURRENDER SITE
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	1,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	50,000.	0.			DONOR ADVISED-FOR THE ALBANY NABA SITE RENOVATIONS
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR GIRLS READERS OF THE FUTURE

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GIRLS INCORPORATED OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501(C)(3)	2,500.	0.			FOR 2019 12TH ANNUAL GIRLS SUMMIT PROJECT SUPPORT FOR 80-100 NISKAYUNA MS GIRLS
GRACE FELLOWSHIP CHURCH 20 DELATOUR ROAD WATERVLIET, NY 12189	14-1757608	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE CAMPAIGN
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	250.	0.			DONOR ADVISED-FOR THE ANNUAL FUND DRIVE
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	200.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
HABITAT FOR HUMANITY CAPITAL DISTRICT, INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	6,016.	0.			FOR UNRESTRICTED USE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	500.	0.			DONOR ADVISED-FOR THE ANNUAL SUBSCRIPTION FEE FOR OPALS
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR CONTINUED SUPPORT OF THE CURATORIAL ASSISTANT POSITION
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR EXHIBIT RESEARCH AND CURATORIAL TIME IN CONNECTION WITH THE SMITHSONIAN EXHIBIT

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HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE SMITHSONIAN COLLABORATION PROGRAM
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	500.	0.			FOR ANNUAL SUPPORT
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,500.	0.			FOR CONTINUED SUPPORT OF THE CURATORIAL ASSISTANT POSITION
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	2,867.	0.			FOR UNRESTRICTED USE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	1,000.	0.			FOR THE SMITHSONIAN COLLABORATIVE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY - 57 SECOND STREET - TROY, NY 12180	14-1403569	501(C)(3)	560.	0.			FOR THE REPRINT OF 50 COPIES OF "WASHINGTON PARK, TROY, NEW YORK: A SOCIAL HISTORY"
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	250.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE FEED AND READ PROGRAM
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	750.	0.			DONOR ADVISED-FOR THE BACKPACK PROGRAM

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HUDSON CROSSING PARK, INC. PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	1,007.	0.			DONOR ADVISED-FOR KATE MORSE TO ATTEND NYCON CAMP FINANCE
HUDSON CROSSING PARK, INC. PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	1,800.	0.			DONOR ADVISED-FOR THE SUMMER 2019 INTERN
HUDSON CROSSING PARK, INC. PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	1,403.	0.			DONOR ADVISED-FOR THE FALL 2019 INTERN
HUDSON CROSSING PARK, INC. PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR OPERATING (\$1,000) AND INTERN PROGRAM ENDOWMENT (\$5,000) IN HONOR OF
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR FALL 2019 SEMESTER SCHOLARSHIP
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE SPRING 2019 WOMEN'S FUND SCHOLARSHIP PROGRAM
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	10,150.	0.			FOR THE FALL 2018 WOMEN'S FUND SCHOLARSHIP PROGRAM
HYDE COLLECTION, THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	30,000.	0.			DONOR ADVISED-FOR SUPPORT OF CHILDREN'S PROGRAMS AND FREE ADMISSION FOR CHILDREN, VETS, SENIORS
HYDE COLLECTION, THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	250.	0.			DONOR ADVISED-FOR UNRESTRICTED USE

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INDEPENDENT LIVING CENTER OF HUDSON VALLEY, INC. - 15-17 THIRD STREET - TROY, NY 12180	22-2875911	501(C)(3)	6,000.	0.			ENHANCED ACCESSIBLE TRANSPORTATION FOR PEOPLE WITH DISABILITIES
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	20,000.	0.			DONOR ADVISED-FOR THE MEDICAL RESPITE PROGRAM
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	30,000.	0.			DONOR ADVISED-FOR SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	30,000.	0.			DONOR ADVISED-FOR THE SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	5,700.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	30,000.	0.			FOR THE SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	5,500.	0.			DANIELLE'S HOUSE
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE

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ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICES, 953 DANBY ROAD - ITHACA, NY 14850	15-0532204	501(C)(3)	2,300.	0.			DONOR ADVISED-FOR THE BAC STUDENT DEVELOPMENT ENDOWMENT
ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICES, 953 DANBY ROAD - ITHACA, NY 14850	15-0532204	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR THE IAB ASSET MANAGEMENT ENDOWED RECRUITMENT SCHOLARSHIP
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	7,632.	0.			FOR UNRESTRICTED USE
JOHN'S ISLAND FOUNDATION 6001 HIGHWAY A1A, PMB#8323 INDIAN RIVER SHORES, FL 32963	65-0916419	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR SUPPORT
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR STRATEGIC PLANNING, BOARD TRAINING AND WEBE REDESIGN
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE PRISON RE-ENTRY PROGRAM
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	1,375.	0.			FOR UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	8,267.	0.			FOR EMERGENCY SHELTER SERVICES FOR FAMILIES AND SINGLES
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	10,000.	0.			FOR RN SERVICES FOR TENANTS

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JUVENILE DIABETES RESEARCH FOUNDATION/ NORTHEASTERN NY CHAPTER - 950 NEW LOUDON ROAD, SUITE 330 - LATHAM, NY 12110	23-1907729	501(C)(3)	100.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
JUVENILE DIABETES RESEARCH FOUNDATION/ NORTHEASTERN NY CHAPTER - 950 NEW LOUDON ROAD, SUITE 330 - LATHAM, NY 12110	23-1907729	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE OUTREACH PROGRAMS INCLUDING THE SUGAR FREE GANG, BACK TO SCHOOL
KUPONA FOUNDATION 12 BENSONHURST AVENUE SARATOGA SPRINGS, NY 12866	26-4371825	501(C)(3)	8,500.	0.			DONOR ADVISED-FOR FISTULA OPERATIONS AND SEWING MACHINE PACKAGES
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE ALBANY PROJECT
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	16,675.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK, INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	6,000.	0.			CHILDREN'S LAW PROJECT
LIFEPATH 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR FURNISHINGS AND EQUIPMENT FOR THE NEW BUILDING
LIFEPATH 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	100.	0.			DONOR ADVISED-FOR MEALS ON WHEELS
LIFEPATH 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	200.	0.			DONOR ADVISED-FOR UNRESTRICTED USE

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LITERACY NEW YORK GREATER CAPITAL REGION, INC. - 99 CLINTON STREET, 2ND FLOOR - SCHENECTADY, NY 12305	23-7409758	501(C)(3)	6,003.	0.			FOR UNRESTRICTED USE
LIVING RESOURCES CORPORATION 300 WASHINGTON AVENUE EXT. ALBANY, NY 12203	14-1564208	501(C)(3)	5,200.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
LIVING RESOURCES CORPORATION 300 WASHINGTON AVENUE EXT. ALBANY, NY 12203	14-1564208	501(C)(3)	4,858.	0.			DONOR ADVISED-FOR COMMUNITY ARTWORK DEVELOPMENT
LUZERNE MUSIC CENTER, INC. PO BOX 39, 203 LAKE TOUR ROAD LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE STREET ALBANY, NY 12208	22-2318286	501(C)(3)	12,500.	0.			WOW DISCOVERY LEARNING CENTER
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR GIRLS ON THE RUN AND HEART AND SOUL
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR A BOARD STRATEGIC PLANNING RETREAT
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	50,000.	0.			DONOR ADVISED-FOR SUPPORT OF THE 50TH CELEBRATION

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MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	4,000.	0.			FOR THE MECHANICVILLE AFTER SCHOOL CLUBS
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	3,500.	0.			MISSION TO MARS
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC. - PO BOX 30, 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	1,577.	0.			UNRESTRICTED USE
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA, PO TROY, NY 12181	11-2538804	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE SUFFRAGETTES PROGRAM
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA, PO TROY, NY 12181	11-2538804	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR GENERAL OPERATING SUPPORT
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA, PO TROY, NY 12181	11-2538804	501(C)(3)	300.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA, PO TROY, NY 12181	11-2538804	501(C)(3)	500.	0.			DONOR ADVISED-FOR MATCHING FUNDS FOR THE CAPITAL REGIONAL ECONOMIC DEVELOPMENT COUNCIL GRANT
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA, PO TROY, NY 12181	11-2538804	501(C)(3)	5,000.	0.			SPIRIT OF SUFFRAGETTES
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA, PO TROY, NY 12181	11-2538804	501(C)(3)	12,000.	0.			WATER WARRIORS: YOUTH EMPOWERMENT THROUGH SCIENCE

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MEDIA WORKING GROUP, INC. 1225 WEST NORTH BEND ROAD CINCINNATI, OH 45224	31-1241613	501(C)(3)	5,000.	0.			TO SUPPORT PRODUCTION COSTS OF THE NETWORK
MISSION ACCOMPLISHED TRANSITION SERVICES - 150 STATE STREET 4TH FLOOR - ALBANY, NY 12207	46-0861110	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE CAREER AND READINESS ESSENTIALS PROGRAM
MUSEUM ASSOCIATION OF NEW YORK 265 RIVER STREET TROY, NY 12180	16-1156434	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR PROFESSIONAL DEVELOPMENT SCHOLARSHIPS FOR THE 2020 ANNUAL CONFERENCE
MUSEUM ASSOCIATION OF NEW YORK 265 RIVER STREET TROY, NY 12180	16-1156434	501(C)(3)	4,000.	0.			PROFESSIONAL DEVELOPMENT SCHOLARSHIPS FOR THE 2020 ANNUAL CONFERENCE
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR SUPPORT OF THE COOKING EXHIBIT IN THE MUSEUM
MUSEUM OF INNOVATION AND SCIENCE (MISCI) - 15 NOTT TERRACE HEIGHTS - SCHENECTADY, NY 12308	14-1275432	501(C)(3)	1,411.	0.			PROVIDING HONORARIA FOR EDUCATIONAL SPEAKERS ONLY
NATIONAL WOMEN'S HISTORY MUSEUM PO BOX 759216 BALTIMORE, MD 21275	54-1801426	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
NATIONAL WOMEN'S HISTORY MUSEUM PO BOX 759216 BALTIMORE, MD 21275	54-1801426	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR A CONTRIBUTION TOWARD THE NEW SITE
NEW YORK FUNDERS ALLIANCE 431 E. FAYETTE STREET SYRACUSE, NY 13202	16-1332634	501(C)(3)	5,000.	0.			FOR SPONSORSHIP OF THE 2019 CONFERENCE IN ALBANY

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NEW YORK STATE NETWORK FOR YOUTH SUCCESS, INC. - 415 RIVER STREET - TROY, NY 12180	13-3841114	501(C)(3)	7,500.	0.			CAPITAL REGION SCHOOL-AGE CARE QUALITY IMPACT PROJECT
NICOLE'S HOPE, INC. 6 HAMPSHIRE PLACE CLIFTON PARK, NY 12065	83-3608352	501(C)(3)	35,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
NICOLE'S HOPE, INC. 6 HAMPSHIRE PLACE CLIFTON PARK, NY 12065	83-3608352	501(C)(3)	2,272.	0.			FOR UNRESTRICTED USE. WITH PAYMENT OF THIS GRANT, THE FUND WILL BE CLOSED
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE, 1239 VAN ANTWERP R NISKAYUNA, NY 12309	14-6009381	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE COMMUNITY AND WORK SKILLS PROGRAM FOR STUDENTS WITH DISABILITIES
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE, 1239 VAN ANTWERP R NISKAYUNA, NY 12309	14-6009381	501(C)(3)	5,000.	0.			FOR THE 2019 MURRAY AWARD
NISKAYUNA ROWING, INC. 1626 BALLTOWN ROAD NISKAYUNA, NY 12309	22-3093391	501(C)(3)	7,500.	0.			TO ASSIST IN PURCHASING AND REPLACING ROWING BOATS
NORTH HOUSE FOLK SCHOOL PO BOX 759, 500 WEST HIGHWAY 61 GRAND MARAIS, MN 55604	41-1878887	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR A MATCH FOR THE ANNUAL CAMPAIGN
NORTHEAST HEALTH FOUNDATION ST. PETER'S HEALTH PARTNERS CENTER FOR PHILANTHROPY, 310 SOUTH MANNING BOULE	22-2743478	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE NORTHEAST HEALTH CAMPAIGN
NORTHEAST HEALTH FOUNDATION ST. PETER'S HEALTH PARTNERS CENTER FOR PHILANTHROPY, 310 SOUTH MANNING BOULE	22-2743478	501(C)(3)	5,000.	0.			FOR ST. MARY'S HOSPITAL

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NORTHEAST HEALTH FOUNDATION ST. PETER'S HEALTH PARTNERS CENTER FOR PHILANTHROPY, 310 SOUTH MANNING BOULE	22-2743478	501(C)(3)	1,375.	0.			FOR UNRESTRICTED USE
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	100.	0.			DONOR ADVISED-IN MEMORY OF JONATHAN D. KIRK
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	10,000.	0.			THE PATIENCE ASSISTANCE PROGRAM
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	50.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	6,169.	0.			UNRESTRICTED USE
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	10,000.	0.			FULL SERVICE REHABILITATION CENTER - PHASE II
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE BEHAVIORAL HEALTH CENTER
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	500.	0.			DONOR ADVISED-FOR THE HOLIDAY HEROES MENTAL HEALTH RECOVERY PROGRAM
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH CARE CENTER PROJECT

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O'CONNOR, TERENCE & AMY (PLEDGE) 53 WESTERN DELMAR, NY 12054	14-1505623	501(C)(3)	5,000.	0.			INTERFUND: O'CONNOR TO ADME AND COMM
OUR LADY OF VICTORY CHURCH 55 NORTH LAKE AVENUE TROY, NY 12180	53-0196617	501(C)(3)	10,000.	0.			OUR LADY OF VICTORY CHURCH RE-IGNITING OUR FAITH CAMPAIGN
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	3,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	5,000.	0.			DONOR ADVISED-FROM THE LASCH AND MCNAMEE FAMILIES
PARKS & TRAILS NEW YORK 29 ELK STREET ALBANY, NY 12207	14-1753475	501(C)(3)	5,504.	0.			FOR UNRESTRICTED USE
PHILADELPHIA HEBREW PUBLIC CHARTER SCHOOL - 3300 HENRY AVENUE, 2 FALLS CENTER, SUITE 200 - PHILADELPHIA, PA 19129	83-2235136	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR VISUAL AND EDUCATIONAL SUPPORT
PINE HOLLOW ARBORETUM 34 PINE HOLLOW ROAD SLINGERLANDS, NY 12159	26-1815321	501(C)(3)	5,250.	0.			PHA PLANT LAB
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	5,000.	0.			DONOR ADVISED-TO BEGIN THE INTERN/APPRENTICE PROGRAM
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	1,412.	0.			FOR KEN KLEINPETER TO ATTEND NYCON'S ED AND CAMP FINANCE TRAINING SESSIONS

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PLATTSBURGH YMCA 17 OAK STREET PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	50,000.	0.			DONOR ADVISED-FOR REPAIRS TO THE INFRASTRUCTURE
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	2,500.	0.			DONOR ADVISED-AS A FINAL 2019 PAYMENT. PLEASE LIST AS STEVE AND DENISE GONICK.
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	1,000.	0.			DONOR ADVISED-TO SUPPORT THE IMMIGRANT BALL. PLEASE LIST AS STEVE AND DENISE GONICK IN THE
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC. - 432 STATE STREET - SCHENECTADY, NY 12305	14-1602083	501(C)(3)	1,500.	0.			FOR GENERAL EXPENSES
RACE TRACK CHAPLAINCY OF AMERICA NEW YORK DIVISION - 2150 HEMPSTEAD TURNPIKE - ELMONT, NY 11003	27-0485424	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR SENDING RACETRACK BACKSTRETCH WORKERS' CHILDREN TO BEAVER CROSS CAMP IN
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 15 MOUNTAIN ROAD, PO BOX 100 - RAVENA, NY 12143	14-6011275	501(C)(3)	8,000.	0.			DONOR ADVISED-FOR PAWS FOR HEALING
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 15 MOUNTAIN ROAD, PO BOX 100 - RAVENA, NY 12143	14-6011275	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE BFF-RCS COLLEGE SCHOLARSHIP
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT - 15 MOUNTAIN ROAD, PO BOX 100 - RAVENA, NY 12143	14-6011275	501(C)(3)	19,097.	0.			HARVESTING HEALTHY OPTIONS

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RED BOOKSHELF, INC. 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	2,021.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
RED BOOKSHELF, INC. 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR SHRED
RED BOOKSHELF, INC. 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	2,000.	0.			SYEP SUMMER WORKSITE
RED BOOKSHELF, INC. 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	405.	0.			UNRESTRICTED USE
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE AFTER-SCHOOL PROGRAM
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE PLAYGROUND
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR SUPPORT OF REFUGEE CHILDREN
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS, INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	2,000.	0.			FOR THE SOCCER PROGRAM

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REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	8,700.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE CAPITAL CAMPAIGN
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	500.	0.			FOR ANNUAL SUPPORT
RE-IGNITING OUR FAITH FOUNDATION, INC. - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	82-2501897	501(C)(3)	20,000.	0.			DONOR ADVISED-FROM THE LASCH FAMILY
RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE - 90 FOURTH STREET, SUITE 200 - TROY, NY 12180	14-1127090	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE CHAMBER'S WE ADVANCE PROGRAM
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	200.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	400.	0.			DONOR ADVISED-FOR THE PURCHASE OF AN IPAD
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	3,000.	0.			DONOR ADVISED-FOR THE FAMILIES FIRST FUND
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION, INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR THE RENOVATION OF ONE BEDROOM

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SARATOGA INSTITUTE, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	800.	0.			TO SUPPORT THE NY FUNDERS ALLIANCE PRESENTATION EXPENSES (LOCAL FOOD, DRINK AND ENTERTAINMENT)
SARATOGA INSTITUTE, INC. 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	5,000.	0.			THE CREATIVE ECONOMY
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	750.	0.			DONOR ADVISED-FOR A 2019-20 GIFT
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	10,000.	0.			DONOR ADVISED-TO UNDERWRITE THE FALL "CULTIVATE" PROGRAM SERIES FEATURING REGIONAL
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	7,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
SARATOGA PERFORMING ARTS CENTER, INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	2,000.	0.			DONOR ADVISED-FOR THE CLASSICAL KIDS PROGRAM
SARATOGA SPRINGS PRESERVATION FOUNDATION - 112 SPRING STREET SUITE 203 - SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR STAFFING SUPPORT
SARATOGA SPRINGS PRESERVATION FOUNDATION - 112 SPRING STREET SUITE 203 - SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE INTERNSHIP EFFORT
SARATOGA SPRINGS PRESERVATION FOUNDATION - 112 SPRING STREET SUITE 203 - SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR DONOR MANAGEMENT SOFTWARE

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SARATOGA SPRINGS RECREATION DEPARTMENT - 15 VANDERBILT AVENUE - SARATOGA SPRINGS, NY 12866		501(C)(3)	5,275.	0.			DONOR ADVISED-FOR CAMP SARADAC SCHOLARSHIP/FIELD TRIP TRANSPORT
SARATOGA SPRINGS RECREATION DEPARTMENT - 15 VANDERBILT AVENUE - SARATOGA SPRINGS, NY 12866		501(C)(3)	15,430.	0.			DONOR ADVISED-FOR THE JONATHAN NOONAN DUGOUT PROJECT
SARATOGA SPRINGS RECREATION DEPARTMENT - 15 VANDERBILT AVENUE - SARATOGA SPRINGS, NY 12866		501(C)(3)	7,340.	0.			DONOR ADVISED-FOR NEW SWINGS
SCHENECTADY COMMUNITY HOME, THE JOAN NICOLE PRINCE HOME - 22 GLENVIEW DRIVE - SCOTIA, NY 12302	01-0566111	501(C)(3)	10,000.	0.			FOR END OF LIFE CARE SERVICES AND EDUCATIONAL PROGRAMS
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE FALL 2018 WOMEN'S FUND SCHOLARSHIP AWARDS
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	10,000.	0.			ADA ENHANCEMENTS IN THE NEW LEARNING COMMONS
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	12,000.	0.			THE ENVIRONMENTAL STUDY TEAM YOUTH FUTURES PROJECT
SCHOHARIE RIVER CENTER, INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	7,500.	0.			THE AMSTERDAM ENVIRONMENTAL STUDY TEAM YOUTH DEVELOPMENT PROGRAM
SHAKER HERITAGE SOCIETY SHAKER MEETING HOUSE, 875 WATERVLIET SHAKER RD. - LOUDONVILLE, NY 12211	22-2186087	501(C)(3)	10,761.	0.			FOR UNRESTRICTED USE

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SHELTERS OF SARATOGA 14 WALWORTH STREET SARATOGA SPRINGS, NY 12866	14-1758441	501(C)(3)	40,000.	0.			DONOR ADVISED-FOR THE DRIVEWAY RENOVATIONS
SHELTERS OF SARATOGA 14 WALWORTH STREET SARATOGA SPRINGS, NY 12866	14-1758441	501(C)(3)	417.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	1,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR SUPPORT OF THE DISTINGUISHED VISITING PROFESSOR OF PUBLIC SERVICE LEADERSHIP
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	15,000.	0.			DONOR ADVISED-FOR THE ANNUAL FUND
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	1,250.	0.			DONOR ADVISED-FOR THE ANNUAL FUND FROM MARK AND LORI LASCH
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	2,000.	0.			DONOR ADVISED-FOR THE SCHOOL OF BUSINESS FROM MARK AND LORI LASCH
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	500.	0.			FOR THE ANNUAL FUND
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS, 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	5,053.	0.			FOR UNRESTRICTED USE

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SILVER BAY YMCA 87 SILVER BAY ROAD SILVER BAY, NY 12874	13-5604788	501(C)(3)	30,000.	0.			DONOR ADVISED-FOR SUPPORT OF THE TEEN CENTER IN TICONDEROGA
SKIDMORE COLLEGE BURSAR'S OFFICE, 815 NORTH BROADWAY - SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE TANG MUSEUM ANNUAL INTERNSHIP FUND
SKIDMORE COLLEGE BURSAR'S OFFICE, 815 NORTH BROADWAY - SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	100,000.	0.			DONOR ADVISED-FOR SUPPORT OF SPECIAL PROGRAMS
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	47-3946521	501(C)(3)	7,500.	0.			YOUTHBUILD AMSTERDAM
SOUTH COLONIE CENTRAL SCHOOL DISTRICT - 102 LORALEE DRIVE - ALBANY, NY 12205	14-6001364	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE BFF GETTING STARTED SCHOLARSHIP
SOUTH COLONIE CENTRAL SCHOOL DISTRICT - 102 LORALEE DRIVE - ALBANY, NY 12205	14-6001364	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE BFF HANDS ON SCHOLARSHIP
SOUTH COLONIE CENTRAL SCHOOL DISTRICT - 102 LORALEE DRIVE - ALBANY, NY 12205	14-6001364	501(C)(3)	500.	0.			DONOR ADVISED-FOR THE TENENINI FUND GRANT FOR GRADUATING SENIOR
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT - 58200 STATE HIGHWAY 10, PO BOX 113 - SOUTH KORTRIGHT, NY 13842	15-6002380	501(C)(3)	12,500.	0.			DONOR ADVISED-FOR THE YOUTH ASSOCIATION
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT - 58200 STATE HIGHWAY 10, PO BOX 113 - SOUTH KORTRIGHT, NY 13842	15-6002380	501(C)(3)	12,500.	0.			DONOR ADVISED-FOR THE SCHOOL BAND

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SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	2,500.	0.			DONOR ADVISED-TO PROMOTE THE CONTINUATION AND EXPANSION FOR LOCAL TRAINING PROGRAMS FOR
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	200.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	6,000.	0.			CAPITAL DISTRICT ATHLETE LEADERSHIP PROGRAM
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	100.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	500.	0.			DONOR ADVISED-FOR READING/WRITING/LEARNING PROGRAMS FOR CHILDREN
ST. CATHERINE'S CENTER FOR CHILDREN - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1338455	501(C)(3)	9,100.	0.			R & E MAY SCHOOL INTERCOM/PAGING SYSTEM
ST. JOHN'S UNIVERSITY SCHOOL OF LAW - 8000 UTOPIA PARKWAY - QUEENS, NY 11439	11-1630830	501(C)(3)	5,000.	0.			FOR THE HUGH CAREY DISPUTE MEDIATION PROGRAM
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR ENDOWMENT
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	50,000.	0.			FOR THE STEWART'S SHOPS AND DAKE FAMILY INTERNSHIP FELLOWSHIP FUND

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ST. PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1341173	501(C)(3)	10,000.	0.			FOR THE RESTORATION FUND PHASE 2
ST. PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1341173	501(C)(3)	4,000.	0.			FOR A FINAL 2019 PLEDGE PAYMENT
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUND - 1270 BELMONT AVENUE - SCHENECTADY, NY	22-2505127	501(C)(3)	1,700.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUND - 1270 BELMONT AVENUE - SCHENECTADY, NY	22-2505127	501(C)(3)	3,500.	0.			DONOR ADVISED-FOR THE IPAD PROJECT
ST. PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUND - 1270 BELMONT AVENUE - SCHENECTADY, NY	22-2505127	501(C)(3)	7,822.	0.			PATIENT NEEDS FUND - SCHOLARSHIPS FOR POST-STROKE THERAPY SOCIAL/RECREATIONAL
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE ANNUAL FUND
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	8,000.	0.			DONOR ADVISED-FOR THE SAMARITAN-RENSSELAER CHILDREN'S CENTER IN TROY TO BE USED IN SUPPORT OF
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ST. PETER'S HOSPITAL FOUNDATION, INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	10,000.	0.			FOR THE COLON CANCER OUTREACH PROGRAM

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ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE GROWING OUR FAITH CAMPAIGN FROM THE LASCH FAMILY
SUNY GENESEO OFFICE OF STUDENT ACCOUNTS, 1 COLLEGE GENESEO, NY 14454	14-6013200	501(C)(3)	600.	0.			DONOR ADVISED-FOR SPONSOR-A-SCHOLAR FOR TAYLOR HOTMER (FALL 2017 AND SPRING 2018)
SUNY GENESEO OFFICE OF STUDENT ACCOUNTS, 1 COLLEGE GENESEO, NY 14454	14-6013200	501(C)(3)	300.	0.			DONOR ADVISED-FOR A SPONSOR-A-SCHOLAR PAYMENT FOR TAYLOR HOTMER FOR SPRING SEMESTER 2019
TEMPLE SHOLOM IN BROOMALL 55 N CHURCH LANE BROOMALL, PA 19008	23-6050744	501(C)(3)	6,130.	0.			FOR UNRESTRICTED USE
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	5,000.	0.			DONOR ADVISED-\$2,500 CHANCELLOR'S CIRCLE AND \$2,500 LEADERSHIP INSTITUTE
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR THE JIM MUHLFELDER LECTURE SERIES
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE ANNUAL FUND
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE

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THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	352.	0.			FOR THE GIRLS ACADEMY
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	939.	0.			FOR THE BOYS ACADEMY
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,200.	0.			FOR UNRESTRICTED USE
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	10,000.	0.			FOR CHANGING THE STANDARD OF DENTAL CARE FOR CAPITAL REGION INDIVIDUALS WITH
THE CENTER FOR DISABILITY SERVICES, INC. - 314 SOUTH MANNING BLVD. - ALBANY, NY 12208	14-1425851	501(C)(3)	5,000.	0.			FOR THE CENTER FOR DISABILITY SERVICES
THE CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	5,000.	0.			MAKING CONNECTIONS
THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE, 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	500.	0.			DONOR ADVISED-FOR THE WOMEN'S LEADERSHIP INSTITUTE. PLEASE LIST DONORS AS STEVE AND
THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE, 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,500.	0.			DONOR ADVISED-FOR THE MASSRY VETERAN SCHOLARSHIP IN MEMORY OF MORRIS MASSRY

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THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE, 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	7,500.	0.			DONOR ADVISED-FOR MEN'S BASKETBALL-RYAN VENTER
THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE, 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE, 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,000.	0.			FOR AN EMERALD CIRCLE SPONSORSHIP FOR THE MASSRY CENTER FOR THE ARTS EVENT
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE GEORGE GIOKAS PALLIATIVE CARE EDUCATION FUND
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	100.	0.			DONOR ADVISED-IN MEMORY OF MICHELINO MICCO
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR THE PALLIATIVE CARE CAMPAIGN
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE PALLIATIVE CARE EDUCATION FUND
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	400.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	100.	0.			DONOR ADVISED-WITH GRATITUDE FOR GRIEF SUPPORT SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY HOSPICE FOUNDATION ST. PETER'S HEALTH PARTNERS - CENTER FOR PHILANTHROPY, 310 S. MANNING BLVD.	22-2692940	501(C)(3)	25,000.	0.			TO ADVANCE THE CAUSE OF PALLIATIVE CARE EDUCATION, CERTIFICATION AND PRACTICE IN OUR
THE CORPORATION OF YADDO PO BOX 395 SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	15,000.	0.			DONOR ADVISED-FOR THE MARTHA WALSH PULVER POET IN RESIDENCE
THE CORPORATION OF YADDO PO BOX 395 SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	7,811.	0.			FOR UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	501(C)(3)	12,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
THE SAGE COLLEGES PRESIDENT'S OFFICE, 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	1,200.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
THE SAGE COLLEGES PRESIDENT'S OFFICE, 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE HELEN UPTON CENTER FOR WOMEN'S STUDIES
THE SAGE COLLEGES PRESIDENT'S OFFICE, 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	7,000.	0.			WHICH WNT LIGANDS ARE RESPONSIBLE FOR ORIENTED PARIETAL ENDODERM MIGRATION DURING YOLK SAC
THE SOCIETY OF THE SISTERS OF ST. JOSEPH - 385 WATERVLIET SHAKER ROAD - LATHAM, NY 12110	14-1340108	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE NYS WRITERS INSTITUTE ALBANY FILM FESTIVAL FROM THE LASCH FAMILY

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THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR THE NYS WRITER'S INSTITUTE ALBANY BOOK FESTIVAL
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	2,000.	0.			DONOR ADVISED-FOR THE UNIVERSITY ART MUSEUM
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	75,000.	0.			DONOR ADVISED-FOR THE WRITERS INSTITUTE FILM FESTIVAL - PROJECTION MAPPING PROJECT
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	1,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	500.	0.			DONOR ADVISED-FOR THE UNIVERSITY ART MUSEUM FOR COLLECTIONS CARE AND MAINTENANCE
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	5,000.	0.			FOR THE ENLA BOARD DIVERSITY PROJECT
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE, UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	8,647.	0.			WEATHER AND CLIMATE CAMP 2020
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	3,000.	0.			DONOR ADVISED-FOR SUPPORT AT THE DIRECTOR'S SILVER SOCIETY LEVEL
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	3,000.	0.			FOR THE DIRECTOR'S SILVER SOCIETY

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THINGS OF MY VERY OWN, INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	18,800.	0.			DONOR ADVISED-FOR COMPLETION OF THE ROOFTOP HEATING UNIT
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	1,500.	0.			DONOR ADVISED-FOR HOLIDAY HELP
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR THE RACE TO 10,000 PROJECT
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE RACE TO 10,000 PROGRAM
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE CARE AFTER SCHOOL AND SUMMER PROGRAM
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR URBAN GRIEF
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	70,000.	0.			DONOR ADVISED-FOR RCHPP
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	150,000.	0.			WELLNESS ADVOCATES LINKING COMMUNITIES

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TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	25,000.	0.			FOR CONSTRUCTION GRANT MATCHING FUNDS
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	26,875.	0.			FOR UNRESTRICTED USE
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	250.	0.			FOR ANNUAL SUPPORT
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION - 194 LIVINGSTON AVENUE - ALBANY, NY 12210	56-2389806	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE ABOLITIONIST TEEN SCHOLARS INSTITUTE
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE ROY M. HERSHEY '68 ENDOWED LEGACY SCHOLARSHIP
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	2,158.	0.			THE UNION COLLEGE ABBOTT S. WEINSTEIN '46 SCHOLARSHIP FUND
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	12,278.	0.			PEPTOID MEDIATED ASSEMBLY OF GOLD NANOPARTICLES AT FLUID INTERFACES
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK - THE GOLUB CENTER, 184 WASHINGTON AVE. EXT. - ALBANY, NY 12203	22-2805163	501(C)(3)	21,300.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE COURT ADVOCACY SERVICE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	300.	0.			DONOR ADVISED-FOR THE HONORARY COMMITTEE ANNUAL AWARD
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	15,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION, INC. - ONE UNITED WAY - ALBANY, NY 12205	14-1364505	501(C)(3)	11,000.	0.			FOR UNRESTRICTED USE
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	250.	0.			DONOR ADVISED-FOR THE FOOD PROGRAMS
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE FROM ANN AND JIM SIDFORD
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	100,000.	0.			DONOR ADVISED-FOR SUPPORT OF THE MAKING CHILD CARE AFFORDABLE AND THE DEUTERONOMY FUND
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	6,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	1,500.	0.			DONOR ADVISED-FOR HOLIDAY HELP
UNITY HOUSE OF TROY, INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	2,875.	0.			FOR UNRESTRICTED USE

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UNIVERSAL PRESERVATION HALL 3 FRANKLIN SQUARE SUITE 2 SARATOGA SPRINGS, NY 12866	32-0033321	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE ALLERDICE FOYER OF THE RENOVATION PROJECT
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 217 WATERMAN BUILDING, 85 SOUTH PROSPECT STREET - BURLINGTON, VT	03-0179440	501(C)(3)	19,021.	0.			DONOR ADVISED-FOR IDENTIFYING FACTORS THAT MEDIATE SENSITIVITY TO NEW MESOTHELIOMA
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	10,000.	0.			DONOR ADVISED-FOR THE SECURITY PROGRAM AND UPGRADES
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	4,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE CAMPAIGN TO RAISE ONE YEAR'S EMERGENCY BUDGET
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	352.	0.			FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	5,000.	0.			FOR THE CAPITAL CAMPAIGN 2019 GIFT
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,000.	0.			MATCHING GIFT CHALLENGE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	200.	0.			FOR THE END OF YEAR APPEAL

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UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,000.	0.			FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,500.	0.			FROM DENISE GONICK (\$750) AND FROM STEVE GONICK (\$750)
URJ CAMP HARLAM 301 CITY AVENUE, SUITE 110 BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	5,000.	0.			BURNING BUSH SCULPTURE
WALDORF SCHOOL OF SARATOGA SPRINGS 122 REGENT STREET SARATOGA SPRINGS, NY 12866	14-1707552	501(C)(3)	18,150.	0.			DONOR ADVISED-TO BE USED TO MAINTAIN AND BUILD DIVERSITY IN THE SCHOOL
WALDORF SCHOOL OF SARATOGA SPRINGS 122 REGENT STREET SARATOGA SPRINGS, NY 12866	14-1707552	501(C)(3)	250.	0.			FOR "THE IMPACT OF PLASTICS IN THE CARIBBEAN AND ATLANTIC ECOSYSTEMS"
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	2,500.	0.			DONOR ADVISED-FOR SUPPORT OF PROGRAM SPACE AND EXPANDED SERVICES
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	1,500.	0.			DONOR ADVISED-FOR HOLIDAY HELP
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR THE CAMPAIGN FOR WELLSPRING
WELLSPRING 480 BROADWAY, LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	1,500.	0.			FOR THE CHANGEMAKERS CHAMPION FROM CINDY AND DUANE BALL

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WESLEY HEALTH CARE CENTER, INC. 131 LAWRENCE STREET SARATOGA SPRINGS, NY 12866	22-2467092	501(C)(3)	8,000.	0.			MEDICATION DISPENSING EQUIPMENT
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	3,446.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	1,554.	0.			DONOR ADVISED-FOR THE PURCHASE OF TWO ACRES AT THE WILD ANIMAL REFUGE (FOUNDING MEMBER LAND
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
WILTON YOUTH BASEBALL, INC. PO BOX 2269 WILTON, NY 12831	35-2256176	501(C)(3)	25,000.	0.			DONOR ADVISED-FOR THE PURCHASE AND INSTALLATION OF LIGHTS FOR THE MAJORS FIELD AT THE EAST SIDE
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	6,850.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	150.	0.			DONOR ADVISED-FOR A 2019 GIFT
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	2,300.	0.			FOR UNRESTRICTED USE
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	12,500.	0.			INNOVATION HALL

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WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	7,500.	0.			RISE
WOODLAND HILLS MONTESSORI SCHOOL 100 MONTESSORI PLACE RENSSELAER, NY 12144	14-1495852	501(C)(3)	7,500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
YALE UNIVERSITY DEVELOPMENT OFFICE, PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	25.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	500.	0.			DONOR ADVISED-FOR UNRESTRICTED USE
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	5,000.	0.			DONOR ADVISED-FOR WOMENS RESIDENTS KITCHEN REMODEL
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139	501(C)(3)	3,000.	0.			DONOR ADVISED-TO PROVIDE SUPPORT AND SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE WHO RESIDE IN
FREEDOM FORUM/NEWSEUM, INC. 300 NEW JERSEY AVENUE, N.W. WASHINGTON, DC 20009	20-3985447	501(C)(3)	5,000.	0.			DONOR ADVISED-\$1,000 CHIPS QUINN SCHOLARS PROGRAM AND \$4,000 FRIENDS OF THE FIRST
FREEDOM FORUM/NEWSEUM, INC. 300 NEW JERSEY AVENUE, N.W. WASHINGTON, DC 20009	20-3985447	501(C)(3)	7,811.	0.			DONOR ADVISED-FOR THE FREEDOM FORUM INSTITUTE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	214	640,193.	0.	APPLIED TUITION	

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

PART I, LINE 2:

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



**Part IV** Supplemental Information

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

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

CFGCR REQUIRES ALL GRANT RECIPIENTS TO SIGN AND RETURN A GRANT AGREEMENT, GRANT PROVISIONS AND A CHECK ACKNOWLEDGEMENT FORM.

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AGRICULTURAL STEWARDSHIP ASSOCIATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE "COMMUNITY FOREST" PROJECT TO BE USED FOR ACQUISITION AND/OR STEWARDSHIP ENDOWMENT AS NEEDED

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE JOHN H. CARTER MD

SCHOLARSHIP FUND EXCLUSIVELY DESIGNATED FOR SCHOLARSHIPS FOR THE STUDENTS  
OF ALBANY MEDICAL COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR DR. SALMAN'S STUDY  
OF PLATELET FACTOR 4 AND HEMODIALYSIS ACCESS FAILURE

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR DR. HIGGINS' WORK  
WITH TARGETING CLINICALLY-RELEVANT GENES AND PATHWAYS FOR THE TREATMENT  
OF MESOTHELIOMA

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DR. CONTI'S PROJECT: THE  
RELATIONSHIP OF BELATACEPT IMMUNOSUPPRESSIVE THERAPY AND SERIOUS VIRAL  
INFECTIONS AFTER RENAL AND PANCREAS TRANSPLANTATION

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL REGION SPONSOR-A-SCHOLAR, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE DEBORAH WHITE  
FUND/ENDOWMENT TO HONOR DEB WHITE, JT WHITE, BILL BARNET AND CHARLES  
BUCHANAN

NAME OF ORGANIZATION OR GOVERNMENT:

COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR A TRIP TO

**Part IV** Supplemental Information

PHILADELPHIA FOR STUDENTS IN THE TROY CITY SCHOOL DISTRICT ALTERNATE  
LIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR A TRIP TO NYC FOR  
STUDENTS IN THE TROY CITY SCHOOL DISTRICT ALTERNATIVE LIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH EMETH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-IN LOVING MEMORY OF  
ROBERTA KAUFMAN FROM STEVE AND DENISE GONICK. PLEASE NOTIFY THE FAMILY  
OF BRET KAUFMAN.

NAME OF ORGANIZATION OR GOVERNMENT: EMPIRE STATE COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-\$25,000 FOR GRADUATE  
DEGREE SCHOLARSHIPS AND \$20,000 FOR UNDERGRADUATE DEGREES FOR COMMUNITY  
COLLEGE GRADUATES

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY AND CHILD SERVICE OF SCHENECTADY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TRAINING FOR PERSONAL CARE  
AIDES AND THE ADDITION OF HOME CARE SERVICES TO SENIOR SERVICES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HUDSON CROSSING PARK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR OPERATING (\$1,000)  
AND INTERN PROGRAM ENDOWMENT (\$5,000) IN HONOR OF JULIE STOKES

NAME OF ORGANIZATION OR GOVERNMENT: HYDE COLLECTION, THE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR SUPPORT OF  
CHILDREN'S PROGRAMS AND FREE ADMISSION FOR CHILDREN, VETS, SENIORS AND  
TEACHERS

NAME OF ORGANIZATION OR GOVERNMENT:  
JUVENILE DIABETES RESEARCH FOUNDATION/ NORTHEASTERN NY CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE OUTREACH  
PROGRAMS INCLUDING THE SUGAR FREE GANG, BACK TO SCHOOL FAMILY PICNIC AND  
THE BAG OF HOPE

NAME OF ORGANIZATION OR GOVERNMENT:  
PROCTORS, ARTS CENTER & THEATRE OF SCHENECTADY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-TO SUPPORT THE  
IMMIGRANT BALL. PLEASE LIST AS STEVE AND DENISE GONICK IN THE  
PUBLICATION

NAME OF ORGANIZATION OR GOVERNMENT:  
RACE TRACK CHAPLAINCY OF AMERICA NEW YORK DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR SENDING RACETRACK  
BACKSTRETCH WORKERS' CHILDREN TO BEAVER CROSS CAMP IN GREENWICH, NY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-TO UNDERWRITE THE FALL  
"CULTIVATE" PROGRAM SERIES FEATURING REGIONAL AGRICULTURAL RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: SIENA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR SUPPORT OF THE  
DISTINGUISHED VISITING PROFESSOR OF PUBLIC SERVICE LEADERSHIP PROGRAM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-TO PROMOTE THE  
CONTINUATION AND EXPANSION FOR LOCAL TRAINING PROGRAMS FOR ATHLETES  
RESIDING IN THE TOWN OF NISKAYUNA

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT NEEDS FUND - SCHOLARSHIPS  
FOR POST-STROKE THERAPY SOCIAL/RECREATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ST. PETER'S HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE  
SAMARITAN-RENSSELAER CHILDREN'S CENTER IN TROY TO BE USED IN SUPPORT OF  
UNDER-SERVED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: SUNY GENESEO

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR SPONSOR-A-SCHOLAR  
FOR TAYLOR HOTMER (FALL 2017 AND SPRING 2018 SEMESTERS)

NAME OF ORGANIZATION OR GOVERNMENT:

THE CENTER FOR DISABILITY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHANGING THE STANDARD OF DENTAL  
CARE FOR CAPITAL REGION INDIVIDUALS WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE COLLEGE OF SAINT ROSE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE WOMEN'S  
LEADERSHIP INSTITUTE. PLEASE LIST DONORS AS STEVE AND DENISE GONICK.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY HOSPICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE THE CAUSE OF PALLIATIVE  
CARE EDUCATION, CERTIFICATION AND PRACTICE IN OUR REGION

NAME OF ORGANIZATION OR GOVERNMENT: THE SAGE COLLEGES

(H) PURPOSE OF GRANT OR ASSISTANCE: WHICH WNT LIGANDS ARE RESPONSIBLE  
FOR ORIENTED PARIETAL ENDODERM MIGRATION DURING YOLK SAC FORMATION?

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR IDENTIFYING  
FACTORS THAT MEDIATE SENSITIVITY TO NEW MESOTHELIOMA THERAPIES

NAME OF ORGANIZATION OR GOVERNMENT: WILD ANIMAL SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE PURCHASE OF  
TWO ACRES AT THE WILD ANIMAL REFUGE (FOUNDING MEMBER LAND CERTIFICATE IN  
RECOGNITION OF LAURA HERSHEY GALVIN)

NAME OF ORGANIZATION OR GOVERNMENT: WILTON YOUTH BASEBALL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-FOR THE PURCHASE AND  
INSTALLATION OF LIGHTS FOR THE MAJORS FIELD AT THE EAST SIDE REC

NAME OF ORGANIZATION OR GOVERNMENT: YWCA NORTHEASTERN NY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-TO PROVIDE SUPPORT AND  
SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE WHO RESIDE IN THE TOWN OF  
NISKAYUNA

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM FORUM/NEWSEUM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED-\$1,000 CHIPS QUINN

SCHOLARS PROGRAM AND \$4,000 FRIENDS OF THE FIRST AMENDMENT SOCIETY

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

**2019**

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**14-1505623**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019



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)	171,546.	0.	0.	8,420.	11,274.	191,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

14-1505623

**Part III** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 420 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 \$91.3 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2019, THE FOUNDATION GRANTED AND FACILITATED NEARLY \$6.5 MILLION IN 1,374 GRANTS. OF THESE GRANTS, 176 NONPROFIT PROGRAMS RECEIVED OVER \$5,000 EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2019 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 2019, THE PED SCHOLARSHIP GRANTED MORE THAN \$451,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$640,000 GRANTED THROUGH 214 SCHOLARSHIPS.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.	Employer identification number 14-1505623
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FORM 990, PART VI, SECTION B, LINE 15A:

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

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

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

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFCR REAL PROPERTY TRANSACTIONS, LLC - 14-1505623, 2 TOWER PLACE/EXECUTIVE PARK DRIVE, ALBANY, NY 12203	TO MANAGE REAL PROPERTY INTENDED TO BE DONATED TO COMMUNITY FOUNDATION.	NEW YORK			COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WILLIAM AND MARY BARNET FOUNDATION - 14-1835725, 2 TOWER PLACE/EXECUTIVE PARK DRIVE, ALBANY, NY 12203	CHARITABLE GIVING	NEW YORK	501(C)(3)	LINE 12D, III-0	THE COMMUNITY FOUNDATION FOR THE GREATER	X	

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



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

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

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

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

**Part VII** Supplemental Information

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

**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))

## 2019

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2 TOWER PLACE, EXECUTIVE PARK</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ALBANY, NY 12203</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>14-1505623</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
--	------------------------------	--	--

<p><b>C</b> Book value of all assets at end of year  <b>89,501,792.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **FLOW THROUGH INVESTMENT**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**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 ▶ **TERRY D. MARIANO, CFO** Telephone number ▶ **518-446-9638**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 13,453.		13,453.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> -21,747.	STMT 1	-21,747.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -8,294.		-8,294.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		904.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		
<b>22</b> Depletion	<b>22</b>		
<b>23</b> Contributions to deferred compensation plans	<b>23</b>		
<b>24</b> Employee benefit programs	<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>		904.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>		-9,198.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>		-9,198.

<b>Part III Total Unrelated Business Taxable Income</b>			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-9,198.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) <b>STMT 2 STMT 3</b>	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-9,198.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-9,198.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-9,198.

<b>Part IV Tax Computation</b>			
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

<b>Part V Tax and Payments</b>			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	9.
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	9.
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	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
59	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.

<b>Signature of officer</b>	_____		<b>Date</b>	_____		<b>Title</b>	PRESIDENT & CEO		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	JUDY A. CAHEE			10/02/20			JUDY A. CAHEE			
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>		<b>Preparer's signature</b>		<b>Date</b>		<b>Check <input type="checkbox"/> if self-employed</b>		<b>PTIN</b>	
	JUDY A. CAHEE		JUDY A. CAHEE		10/02/20		<input type="checkbox"/>		P00281935	
	<b>Firm's name</b> ▶ BST & CO. CPAS, LLP		<b>Firm's EIN</b> ▶ 14-1442607		<b>Firm's address</b> ▶ 26 COMPUTER DRIVE WEST		<b>Phone no.</b> (518) 459-6700			
		ALBANY, NY 12205								

**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	<b>Cost of goods sold.</b> 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	<b>Total.</b> 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)		%		
<b>Totals</b> .....			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.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

THE COMMUNITY FOUNDATION FOR THE GREATER

Form 990-T (2019) 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).
<b>Totals</b>			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).
<b>Totals</b>		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 25.
<b>Totals</b>		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)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.

THE COMMUNITY FOUNDATION FOR THE GREATER

Form 990-T (2019) 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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2019)

The Community Foundation For The Greater Capital Region, Inc.  
Form 1118 Attachment  
990-T Foreign Tax Credit Carryforward

The amounts reported on Form 1118 are derived from a K-1 received from  
Perennial Real Estate Fund II, LP (EIN 27-0749535)



**Foreign Tax Credit - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form1118](http://www.irs.gov/Form1118) for instructions and the latest information.

For calendar year **2019**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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 (see instructions).

- a Separate Category (Enter code - see instructions.) . . . . . ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) . . . . . ▶
- c If code RBT is entered on line a, enter the country code for the treaty country (see instructions) . . . . . ▶

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

1. EIN or Reference ID Number (see instructions)*	2. Foreign Country or U.S. Possession (enter two-letter code - use a separate line for each) (see instructions)	Gross Income or (Loss) From Sources Outside the United States				5. Interest
		3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)		4. Dividends (see instructions)		
		(a) Exclude Gross-Up	(b) Gross-Up (section 78)	(a) Exclude Gross-Up	(b) Gross-Up (section 78)	
<b>A</b>						
<b>B</b>						
<b>C</b>						

**Totals** (add lines A through C) . . . . . ▶

6. Gross Rents, Royalties, and License Fees	7. Sales	8. Gross Income From Performance of Services	9. Section 986(c) Gain or Loss	10. Section 987 Gain or Loss	11. Section 988 Gain or Loss	12. Other (attach schedule)
<b>A</b>						49.00
<b>B</b>						
<b>C</b>						
<b>Totals</b>						49.00

13. Total (add columns 3(a) through 12)	14. Allocable Deductions					(f) Expenses Allocable to Sales Income
	(a) Dividends Received Deduction (see instructions)	(b) Deduction Allowed Under Section 250(a)(1)(A)-Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B)-Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses		
				(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses	
<b>A</b> 49.00						
<b>B</b>						
<b>C</b>						
<b>Totals</b> 49.00						

14. Allocable Deductions (continued)			15. Apportioned Share of Deductions (enter amount from applicable line of Schedule H, Part II, column (d))	16. Net Operating Loss Deduction	17. Total Deductions (add columns 14(i) through 16)	18. Total Income or (Loss) Before Adjustments (subtract column 17 from column 13)
(g) Expenses Allocable to Gross Income From Performance of Services	(h) Other Allocable Deductions	(i) Total Allocable Deductions (add columns 14(a) through 14(h))				
<b>A</b>	158.00	158.00			158.00	-109.00
<b>B</b>						
<b>C</b>						
<b>Totals</b>	158.00	158.00			158.00	-109.00

\* For section 863(b) income, NOLs, income from RICs, high-taxed income, section 965, and section 951A, use a single line (see instructions).

For Paperwork Reduction Act Notice, see separate instructions.

**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)					
<input type="checkbox"/> Paid <input checked="" type="checkbox"/> Accrued		Tax Withheld at Source on:					
Date Paid	Date Accrued	(a) Dividends	(b) Distributions of Previously Taxed Income	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees	(f) Other
A	12/31						
B							
C							
<b>Totals</b> (add lines A through C) . . . . .							

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)				3. Tax Deemed Paid (see instructions)
Other Foreign Taxes Paid or Accrued on:			(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
(g) Sales	(h) Services Income	(i) Other		
A				
B				
C				
<b>Totals</b>				

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

<b>1a</b> Total foreign taxes paid or accrued (total from Part I, column 2(j)) . . . . .		
<b>b</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) . . . . .		
<b>2</b> Total taxes deemed paid (total from Part I, column 3) . . . . .		
<b>3</b> Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G) . . . . .	( )	
<b>4</b> Taxes reclassified under high-tax kickout . . . . .		
<b>5</b> 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. . . . .		
<b>6</b> Total foreign taxes (combine lines 1a through 5). . . . .		
<b>7</b> Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is <b>not</b> required to be completed, enter the result from the "Totals" line of column 18 of the applicable Schedule A . . . . .		
<b>8a</b> Total taxable income from all sources (enter taxable income from the corporation's tax return) . . . . .	-9,198.00	
<b>b</b> Adjustments to line 8a (see instructions) . . . . .		
<b>c</b> Subtract line 8b from line 8a . . . . .		-9,198.00
<b>9</b> 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 . . . . .		
<b>10</b> Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit). . . . .		
<b>11</b> Credit limitation (multiply line 9 by line 10) (see instructions) . . . . .		
<b>12 Separate foreign tax credit</b> (enter the smaller of line 6 or line 11). Enter here and on the appropriate line of Part III . . . . .		

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

**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 section 951A category income . . . . .	
2	Credit for taxes on foreign branch category income . . . . .	
3	Credit for taxes on passive category income . . . . .	
4	Credit for taxes on general category income . . . . .	
5	Credit for taxes on section 901(j) category income (combine all such credits on this line) . . . . .	
6	Credit for taxes on income re-sourced by treaty (combine all such credits on this line) . . . . .	
7	Total (add lines 1 through 6) . . . . .	
8	Reduction in credit for international boycott operations (see instructions) . . . . .	
9	<b>Total foreign tax credit</b> (subtract line 8 from line 7). Enter here and on the appropriate line of the corporation's tax return. . . . . ▶	

**Schedule C Tax Deemed Paid With Respect to Section 951(a)(1) Inclusions by Domestic Corporation Filing Return (Section 960(a))**

Use this schedule to report the tax deemed paid by the corporation with respect to section 951(a)(1) inclusions of earnings from foreign corporations under section 960(a).

1a. Name of Foreign Corporation	1b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code - see instructions)	4. E&P for Tax Year Indicated (in functional currency)	5. Foreign Taxes Paid for Tax Year Indicated (see instructions)	6. Section 951(a)(1) Inclusions		7. Tax Deemed Paid (see instructions)
						(a) Functional Currency	(b) U.S. Dollars	

**Total** (add amounts in column 7). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 . . . . . ▶

# Foreign Tax Credit - Corporations

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form1118](http://www.irs.gov/Form1118) for instructions and the latest information.

For calendar year **2019**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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 (see instructions).

- a Separate Category (Enter code - see instructions.) . . . . . ▶ PAS
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) . . . . . ▶
- c If code RBT is entered on line a, enter the country code for the treaty country (see instructions) . . . . . ▶

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

1. EIN or Reference ID Number (see instructions)*	2. Foreign Country or U.S. Possession (enter two-letter code - use a separate line for each) (see instructions)	Gross Income or (Loss) From Sources Outside the United States				5. Interest
		3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)		4. Dividends (see instructions)		
		(a) Exclude Gross-Up	(b) Gross-Up (section 78)	(a) Exclude Gross-Up	(b) Gross-Up (section 78)	
<b>A</b>						
<b>B</b>						
<b>C</b>						

**Totals** (add lines A through C) . . . . . ▶

6. Gross Rents, Royalties, and License Fees	7. Sales	8. Gross Income From Performance of Services	9. Section 986(c) Gain or Loss	10. Section 987 Gain or Loss	11. Section 988 Gain or Loss	12. Other (attach schedule)
<b>A</b>						2,075.00
<b>B</b>						
<b>C</b>						
<b>Totals</b>						2,075.00

13. Total (add columns 3(a) through 12)	14. Allocable Deductions					(f) Expenses Allocable to Sales Income
	(a) Dividends Received Deduction (see instructions)	(b) Deduction Allowed Under Section 250(a)(1)(A)-Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B)-Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses		
				(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses	
<b>A</b> 2,075.00						
<b>B</b>						
<b>C</b>						
<b>Totals</b> 2,075.00						

14. Allocable Deductions (continued)			15. Apportioned Share of Deductions (enter amount from applicable line of Schedule H, Part II, column (d))	16. Net Operating Loss Deduction	17. Total Deductions (add columns 14(i) through 16)	18. Total Income or (Loss) Before Adjustments (subtract column 17 from column 13)
(g) Expenses Allocable to Gross Income From Performance of Services	(h) Other Allocable Deductions	(i) Total Allocable Deductions (add columns 14(a) through 14(h))				
<b>A</b>	-559.00	-559.00			-559.00	2,634.00
<b>B</b>						
<b>C</b>						
<b>Totals</b>	-559.00	-559.00			-559.00	2,634.00

\* For section 863(b) income, NOLs, income from RICs, high-taxed income, section 965, and section 951A, use a single line (see instructions).

For Paperwork Reduction Act Notice, see separate instructions.

**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)					
<input type="checkbox"/> Paid <input checked="" type="checkbox"/> Accrued		Tax Withheld at Source on:					
Date Paid	Date Accrued	(a) Dividends	(b) Distributions of Previously Taxed Income	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees	(f) Other
A	12/31						
B							
C							
<b>Totals</b> (add lines A through C)							

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)				3. Tax Deemed Paid (see instructions)
Other Foreign Taxes Paid or Accrued on:			(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
(g) Sales	(h) Services Income	(i) Other		
A			9.00	9.00
B				
C				
<b>Totals</b>			9.00	9.00

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

<b>1a</b> Total foreign taxes paid or accrued (total from Part I, column 2(j))	9.00	
<b>b</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)		
<b>2</b> Total taxes deemed paid (total from Part I, column 3)		
<b>3</b> Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G)	( )	
<b>4</b> Taxes reclassified under high-tax kickout		
<b>5</b> 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		
<b>6</b> Total foreign taxes (combine lines 1a through 5)		9.00
<b>7</b> 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 18 of the applicable Schedule A		1,406.00
<b>8a</b> Total taxable income from all sources (enter taxable income from the corporation's tax return)	-9,198.00	
<b>b</b> Adjustments to line 8a (see instructions)		
<b>c</b> Subtract line 8b from line 8a		-9,198.00
<b>9</b> 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		1.00
<b>10</b> Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit)		0.00
<b>11</b> Credit limitation (multiply line 9 by line 10) (see instructions)		0.00
<b>12 Separate foreign tax credit</b> (enter the smaller of line 6 or line 11). Enter here and on the appropriate line of Part III		0.00

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

**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 section 951A category income . . . . .		
2	Credit for taxes on foreign branch category income . . . . .		
3	Credit for taxes on passive category income . . . . .		
4	Credit for taxes on general category income . . . . .		
5	Credit for taxes on section 901(j) category income (combine all such credits on this line) . . . . .		
6	Credit for taxes on income re-sourced by treaty (combine all such credits on this line) . . . . .		
7	Total (add lines 1 through 6) . . . . .		
8	Reduction in credit for international boycott operations (see instructions) . . . . .		
9	<b>Total foreign tax credit</b> (subtract line 8 from line 7). Enter here and on the appropriate line of the corporation's tax return. . . . .		

**Schedule C Tax Deemed Paid With Respect to Section 951(a)(1) Inclusions by Domestic Corporation Filing Return (Section 960(a))**

Use this schedule to report the tax deemed paid by the corporation with respect to section 951(a)(1) inclusions of earnings from foreign corporations under section 960(a).

1a. Name of Foreign Corporation	1b. EIN or Reference ID Number of the Foreign Corporation (see instructions)	2. Tax Year End (Year/Month) (see instructions)	3. Country of Incorporation (enter country code - see instructions)	4. E&P for Tax Year Indicated (in functional currency)	5. Foreign Taxes Paid for Tax Year Indicated (see instructions)	6. Section 951(a)(1) Inclusions		7. Tax Deemed Paid (see instructions)
						(a) Functional Currency	(b) U.S. Dollars	

**Total** (add amounts in column 7). Enter the result here and include on the "Totals" line of Schedule B, Part I, column 3 . . . . .

**Schedule J  
(Form 1118)**

(Rev. December 2018)

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**

OMB No. 1545-0123

For calendar year 20 19, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Attach to Form 1118.**

Name of corporation

THE COMMUNITY FOUNDATION FOR 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) Section 951A income	(ii) Foreign branch income	(iii) Passive category income	(iv) General category income	(v) Other income*	(vi) U.S. income
<b>1</b> Income or (loss) before adjustments			1,516.00	-110.00		-10,604.00
<b>2</b> Allocation of separate limitation losses:						
<b>a</b> Section 951A income	( )	( )	( )	( )	( )	
<b>b</b> Foreign branch income	( )	( )	( )	( )	( )	
<b>c</b> Passive category income	( )	( )	( )	( )	( )	
<b>d</b> General category income	( )	( )	110.00	110.00	( )	
<b>e</b> Other income*	( )	( )	( )	( )	( )	
<b>3</b> <b>Subtotal</b> - Combine lines 1 through 2e.			1,406.00			-10,604.00
<b>4</b> Allocation of overall foreign losses						( )
<b>5</b> Allocation of domestic losses	( )	( )	( )	( )	( )	( )
<b>6</b> <b>Subtotal</b> - Combine lines 3 through 5.			1,406.00			-10,604.00
<b>7</b> Recapture of overall foreign losses	( )	( )	( )	( )	( )	
<b>8</b> <b>Subtotal</b> - Combine lines 6 and 7.			1,406.00			-10,604.00
<b>9</b> Recharacterization of separate limitation income:						
<b>a</b> Section 951A income	( )					
<b>b</b> Foreign branch income		( )				
<b>c</b> Passive category income			( )			
<b>d</b> General category income				( )		
<b>e</b> Other income*					( )	
<b>10</b> Recapture of overall domestic losses						( )
<b>11</b> <b>Numerator of Limitation Fraction</b> - Combine lines 8 through 10. Enter each result here and on Schedule B, Part II, line 7, of corresponding Form 1118.			1,406.00			

\* **Important:** See **Computer-Generated Schedule J** in instructions.

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

Schedule J (Form 1118) (Rev. 12-2018)

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

	(i) Section 951A income	(ii) Foreign branch income	(iii) Passive category income	(iv) General category income	(v) Other income*	(vi) U.S. income
<b>a</b> Section 951A income						
<b>b</b> Foreign branch income						
<b>c</b> Passive category income						
<b>d</b> General category income						
<b>e</b> Other income*						

**Part III Overall Foreign Loss Account Balances (section 904(f)(1))** Complete for each separate limitation income category.

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

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

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

\* Important: See **Computer-Generated Schedule J** in instructions.



The Community Foundation For The Greater Capital Region, Inc.  
Election to waive net operating loss carryback attachment

For the tax year ending December 31, 2019 the organization is electing to apply IRC Sec. 172(b)(3) under Revenue Procedure 2020-24.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-6,632.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE INCOME	-9,305.
PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME	440.
PERENNIAL REAL ESTATE FUND II, LP - DIVIDEND INCOME	11.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	-1.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)	-239.
ROCKET INTERNET CAPITAL PARTNERS SCS - INTEREST INCOME	145.
ROCKET INTERNET CAPITAL PARTNERS SCS - OTHER PORTFOLIO INCOME (LOSS)	-16.
ROCKET INTERNET CAPITAL PARTNERS SCS - OTHER INCOME (LOSS)	-3,601.
GEM REALTY FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-88.
GEM REALTY FUND VI, L.P. - NET RENTAL REAL ESTATE INCOME	-2,461.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-21,747.

FORM 990-T

CONTRIBUTIONS

STATEMENT 2

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CHARITABLE CONTRIBUTIONS	N/A	81.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		81.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2014  
 FOR TAX YEAR 2015  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	81	
TOTAL CONTRIBUTIONS AVAILABLE	81	
TAXABLE INCOME LIMITATION AS ADJUSTED	0	
EXCESS CONTRIBUTIONS	81	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	81	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0