

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** 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>53,661,102.</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 2021 (Part V, line 2a)	<b>5</b>	<b>10</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>10,061.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>1,766.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 6,061,253.	<b>Current Year</b> 18,220,903.
	<b>9</b> Program service revenue (Part VIII, line 2g)	130,190.	160,070.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,369,133.	6,481,692.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	23,087.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,560,576.	24,885,752.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,692,475.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		896,625.	888,601.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>173,119.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		849,161.	1,095,093.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,438,261.	9,254,221.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,877,685.	15,631,531.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 95,693,381.	<b>End of Year</b> 120,227,075.
	<b>21</b> Total liabilities (Part X, line 26)	4,788,204.	4,434,543.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	90,905,177.	115,792,532.

**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>10/05/22</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.

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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 \$ 7,748,053. including grants of \$ 7,270,527.) (Revenue \$ 160,070.)

**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 **▶ 7,748,053.**

Form **990** (2021)

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

**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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<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 line 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>	
<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 on 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>	3
<b>b</b> Enter the number of Forms W-2G included on 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		10
<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?		
<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 the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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 on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>			<b>X</b>
If "Yes" to line 15a or 15b, describe the process on 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN G. EBERLE PRESIDENT & CEO	40.00			X				196,246.	0.	21,463.
(2) TERRY D. MARIANO CFO	40.00			X				138,173.	0.	17,327.
(3) MARK EAGAN CHAIR	2.00	X		X				0.	0.	0.
(4) KEVIN M. O'BRYAN IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(5) ROBERT T. HENNES TREASURER	1.00	X		X				0.	0.	0.
(6) JAN SMITH SECRETARY	1.00	X		X				0.	0.	0.
(7) ALICIA LASCH FIRST VICE CHAIR	1.00	X		X				0.	0.	0.
(8) HON. DORCEY APPLYS, DRPH, MPH DIRECTOR	1.00	X						0.	0.	0.
(9) CHRISTOPHER L. CIMIJOTTI, CPA DIRECTOR	1.00	X						0.	0.	0.
(10) BELINDA HILTON DIRECTOR	1.00	X						0.	0.	0.
(11) AIMEE DAKE DIRECTOR	1.00	X						0.	0.	0.
(12) MURRAY CARL MASSRY DIRECTOR	1.00	X						0.	0.	0.
(13) EILEEN MCLOUGHLIN DIRECTOR	1.00	X						0.	0.	0.
(14) MEAGHAN E. MURPHY, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(15) VICTOR A. OBERTING III, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(16) CHESTER OPALKA DIRECTOR	1.00	X						0.	0.	0.
(17) ROBERT S. REYNOLDS, ESQ. DIRECTOR	1.00	X						0.	0.	0.

**THE COMMUNITY FOUNDATION FOR THE GREATER  
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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEIDI KNOBLAUCH, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(19) JOHN W. RODAT DIRECTOR	1.00	X					0.	0.	0.	
(20) ROBERT F. AUDI, CPA DIRECTOR	1.00	X					0.	0.	0.	
(21) FRANK M. SLINGERLAND DIRECTOR	1.00	X					0.	0.	0.	
(22) JESSICA BACKER BRAND, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(23) DR. FREDERICK WETZEL DIRECTOR	1.00	X					0.	0.	0.	
(24) FRAN'CEE BROWN-MCCLURE, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(25) DAVID CRAFT, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							334,419.	0.	38,790.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							334,419.	0.	38,790.	

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

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

**Section B. Independent Contractors**

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

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

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



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>	31,180.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	137,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,052,223.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			18,220,903.			
Program Service Revenue	<b>2 a</b> FEES FOR SERVICE	<b>Business Code</b>					
		561000	160,070.	160,070.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			160,070.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,406,076.		10,061.	1396015.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	33,822,783.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	28,747,167.				
	<b>c</b> Gain or (loss)	<b>7c</b>	5,075,616.				
<b>d</b> Net gain or (loss)			5,075,616.		5075616.		
<b>8 a</b> Gross income from fundraising events (not including \$ 31,180. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		51,270.				
<b>b</b> Less: direct expenses	<b>8b</b>	28,183.					
<b>c</b> Net income or (loss) from fundraising events			23,087.		23,087.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			24,885,752.	160,070.	10,061.	6494718.	

**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 ...	6,672,364.	6,672,364.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	598,163.	598,163.		
<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 .....	373,209.	79,619.	239,163.	54,427.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	427,817.	213,221.	144,924.	69,672.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,948.	10,079.	4,754.	2,115.
<b>9</b> Other employee benefits .....	14,177.	10,592.	1,728.	1,857.
<b>10</b> Payroll taxes .....	56,450.	23,109.	25,801.	7,540.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,351.		3,351.	
<b>c</b> Accounting .....	35,800.		35,800.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	701,559.		701,559.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	37,700.	26,886.	9,525.	1,289.
<b>12</b> Advertising and promotion .....	16,971.		16,971.	
<b>13</b> Office expenses .....	16,110.	3,833.	11,026.	1,251.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	117,674.	48,171.	53,786.	15,717.
<b>17</b> Travel .....	1,194.	489.	546.	159.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	9,644.	6,521.	1,977.	1,146.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	24,219.	9,914.	11,070.	3,235.
<b>23</b> Insurance .....	19,739.	711.	18,796.	232.
<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>	55,063.	22,541.	25,168.	7,354.
<b>b</b> <b>PROF. DEVELOPMENT</b>	53,350.	21,840.	24,385.	7,125.
<b>c</b> <b>FILING FEES</b>	2,719.		2,719.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	9,254,221.	7,748,053.	1,333,049.	173,119.
<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 .....	771,666.	<b>1</b>	660,000.	
	<b>2</b> Savings and temporary cash investments .....	2,090,065.	<b>2</b>	1,290,291.	
	<b>3</b> Pledges and grants receivable, net .....	427,434.	<b>3</b>	876,337.	
	<b>4</b> Accounts receivable, net .....	1,000.	<b>4</b>	3,500.	
	<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 .....	21,356.	<b>9</b>		36,112.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	205,341.			
	<b>b</b> Less: accumulated depreciation .....	141,933.			
	<b>11</b> Investments - publicly traded securities .....	83,608.	<b>10c</b>		63,408.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	44,273,158.	<b>11</b>		68,341,230.
	<b>13</b> Investments - other securities. See Part IV, line 11 .....	46,002,816.	<b>12</b>		47,292,634.
	<b>14</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>15</b> Intangible assets .....		<b>14</b>		
<b>16</b> Other assets. See Part IV, line 11 .....	2,022,278.	<b>15</b>		1,663,563.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	95,693,381.	<b>16</b>		120,227,075.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	52,663.	<b>17</b>	42,524.	
	<b>18</b> Grants payable .....	1,068,161.	<b>18</b>	296,327.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,667,380.	<b>25</b>		4,095,692.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,788,204.	<b>26</b>		4,434,543.
<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 .....	44,774,948.	<b>27</b>	50,451,319.	
	<b>28</b> Net assets with donor restrictions .....	46,130,229.	<b>28</b>	65,341,213.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	90,905,177.	<b>32</b>		115,792,532.
<b>33</b> Total liabilities and net assets/fund balances .....	95,693,381.	<b>33</b>		120,227,075.	

Form **990** (2021)

**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>24,885,752.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>9,254,221.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>15,631,531.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>90,905,177.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>9,255,824.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>0.</b>
<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>115,792,532.</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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 checked="" type="checkbox"/> Separate basis <input 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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5266819.	8154930.	6452428.	5742558.	18220903.	43837638.
<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 .....	5266819.	8154930.	6452428.	5742558.	18220903.	43837638.
<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) .....						4038045.
<b>6 Public support.</b> Subtract line 5 from line 4.						39799593.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5266819.	8154930.	6452428.	5742558.	18220903.	43837638.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1963806.	1365665.	1477719.	1162813.	1406076.	7376079.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				1,990.	10,061.	12,051.
<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						51225768.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	634,552.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input checked="" type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.69 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	75.24 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

<b>Section A - Adjusted Net Income</b>		(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	

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

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

Employer identification number

**14-1505623**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <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>501,546.</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>11,677,238.</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>1,000,000.</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>1,000,000.</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>464,651.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

**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
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Employer identification number 14-1505623

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service. 2: Reporting requirements for financial gain.

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  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	51,222,338.	46,290,439.	39,269,103.	40,098,853.	35,099,337.
b Contributions	13,062,621.	1,079,063.	1,461,773.	4,635,854.	760,157.
c Net investment earnings, gains, and losses	8,911,821.	5,662,341.	7,212,076.	-3,858,565.	5,435,210.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,911,930.	1,809,505.	1,652,513.	1,607,039.	1,195,851.
f Administrative expenses					
g End of year balance	71,284,850.	51,222,338.	46,290,439.	39,269,103.	40,098,853.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  24.3500 %
  - b Permanent endowment  64.1800 %
  - c Term endowment  11.4700 %
- 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		205,341.	141,933.	63,408.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				63,408.

**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>	47,292,634.	<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.) ▶	47,292,634.	

**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>	42,718.
(4) <b>CHARITABLE GIFT ANNUITY LIABILITY</b>	226,584.
(5) <b>AGENCY ENDOWMENTS</b>	3,826,390.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,095,692.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	33,468,200.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,255,824.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,255,824.	
3	Subtract line 2e from line 1		3	24,212,376.
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	701,559.	
b	Other (Describe in Part XIII.)	4b	-28,183.	
c	Add lines 4a and 4b	4c	673,376.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	24,885,752.

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

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

1	Total expenses and losses per audited financial statements		1	8,580,845.
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	28,183.	
e	Add lines 2a through 2d	2e	28,183.	
3	Subtract line 2e from line 1		3	8,552,662.
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	701,559.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	701,559.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,254,221.

**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, 2021.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT -28,183.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 28,183.



**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

**2021**

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.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		12,192,730.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		2,699,227.
<b>3 a</b> Subtotal .....	0	0			14,891,957.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			14,891,957.





THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

**Part IV Foreign Forms**

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



SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number 14-1505623

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	82,450.		82,450.
	2	Less: Contributions	31,180.		31,180.
	3	Gross income (line 1 minus line 2)	51,270.		51,270.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,850.		2,850.
	7	Food and beverages	10,566.		10,566.
	8	Entertainment	400.		400.
	9	Other direct expenses	14,367.		14,367.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				23,087.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

THE COMMUNITY FOUNDATION FOR THE GREATER 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 providing supplemental information.





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	65,995.	0.			FOR SCIENCE EQUIPMENT, GALA SUPPORT, THE SCIENCE DEPARTMENT, AND UNRESTRICTED USE.
AFFORDABLE HOUSING PARTNERSHIP OF THE CAPITAL REGION INC. - 255 ORANGE STREET - ALBANY, NY 12210	14-1724900	501(C)(3)	15,000.	0.			FOR GHHI
AFRICAN REFLECTIONS FOUNDATION INC. - 87 CHANCELLOR DRIVE - GUILDERLAND, NY 12084	20-1621143	501(C)(3)	37,300.	0.			AFRICAN REFLECTION FOUNDATION
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	8,780.	0.			FOR INTERNS AND UNRESTRICTED USE.
ALBANY COUNTY HISTORICAL ASSOCIATION - 9 TEN BROECK PLACE - ALBANY, NY 12210	14-6048668	501(C)(3)	60,527.	0.			FOR NEIGHBORHOOD GARDENING, THE WELCOME VIDEO AND UNRESTRICTED USE
ALBANY FUND FOR EDUCATION PO BOX 3110 ALBANY, NY 12203	14-1810885	501(C)(3)	20,000.	0.			FOR WORK WITH RUTH PELHAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 179.**

**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) 2021

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

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	37,468.	0.			FOR MARKETING SUPPORT, VISUALLY IMPAIRED AUDIENCE ACCESSABILITY, THE LIBRARY, AND
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	5,877.	0.			FOR PLASTIC SURGERY, THE PEDIATRIC EMERGENCY ROOM, AND THE JOHN H. CARTER SCHOLARSHIP FUND
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	312,227.	0.			FOR EDUCATIONAL ENRICHMENT, THE PEDIATRIC EMERGENCY FUND, DR. SALMAN'S RESEARCH, THE
ALBANY RURAL CEMETERY ALBANY CEMETERY ASSOCIATION CEMETERY AVENUE - MENANDS, NY 12204	14-0461448	501(C)(3)	5,100.	0.			FOR UNRESTRICTED USE
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	33,327.	0.			FOR THE ACCISIBILITY INITIATIVE, THE AMERICAN MUSIC FESTIVAL, AND UNRESTRICTED USE.
ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501(C)(3)	6,000.	0.			FOR THE HIV & AGING PROGRAMS AND UNRESTRICTED USE.
ALPHEIOS PROJECT LTD. 15465 MACDONALD GRASS VALLEY, CA 95949	27-2248757	501(C)(3)	40,000.	0.			FOR GENERAL FUNDING
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION OF NORTHEAS - PINE WEST PLAZA BLDG. 4 SUITE 405 - ALBANY, NY 12205	52-1196162	501(C)(3)	7,099.	0.			FOR UNRESTRICTED USE
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK - 33 EVERETT ROAD - ALBANY, NY 12205	53-0196605	501(C)(3)	15,300.	0.			FOR HURRICAN LAURA EFFORTS, THE GENERAL FUND, A BODY TEMPERATURE KIOSK, AND UNRESTRICTED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

14-1505623

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S VETDOGS 371 EAST JERICHO TURNPIKE SMITHTOWN, NY 11787	20-8814368	501(C)(3)	8,275.	0.			FOR UNRESTRICTED USE
AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	52-0851555	501(C)(3)	5,500.	0.			FOR UNRESTRICTED USE AND THE \$200,000 MATCH.
ANIMAL PROTECTIVE FOUNDATION OF SCHEENECTADY INC. - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728	501(C)(3)	5,200.	0.			FOR UNRESTRICTED USE
AVILLAGE INC. PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	50,500.	0.			FOR THE TAP RETAINER AND FOR BUILDING WEALTH IN THE SOUTH END
BABY INSTITUTE INC. P.O. BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	20,000.	0.			FOR PROGRAMMING SUPPORT
BASSETT HEALTHCARE NETWORK ONE ATWELL ROAD COOPERSTOWN, NY 13326	13-5596796	501(C)(3)	100,000.	0.			FOR UV DISINFECTION TECHNOLOGY AND SCHOOL BASED PROGRAMS
BENNINGTON COLLEGE ONE COLLEGE DRIVE BENNINGTON, VT 05201	03-0179414	501(C)(3)	10,000.	0.			FOR BEYOND PLASTICS
BETHLEHEM CENTRAL SCHOOL DISTRICT DISTRICT OFFICE 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	13,463.	0.			FOR SCHOLARSHIPS, INNOVATION GRANTS
BEYOND MY BATTLE INC P.O. BOX 161 SARATOGA SPRINGS, NY 12866	82-3338879	501(C)(3)	5,500.	0.			FOR UNRESTRICTED USE AND GIVING TUESDAY

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUELIGHT DEVELOPMENT GROUP 135 SOUTH PEARL STREET FLOOR 2 ALBANY, NY 12202	81-3475487	501(C)(3)	77,750.	0.			FOR UNRESTRICTED USE AND THE ALBANY GROCERY PROJECT
BOYS & GIRLS CLUB OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595	501(C)(3)	73,600.	0.			HATS AND MITTENS, THE YOUTH FUND, CAMPSHIP CAMPAIGN, COVID 19 RESPONSE SERVICE
BOYS & GIRLS CLUBS OF THE CAPITAL AREA - 21 DELAWARE AVENUE - ALBANY, NY 12210	14-1338303	501(C)(3)	38,949.	0.			FOOD ACCESS, SUMMER CAMP PROGRAM
BRIGHTSIDE UP INC. 91 BROADWAY MENANDS, NY 12204	14-1648493	501(C)(3)	10,000.	0.			THE HAPPY BABY CAMPAIGN
CAFFE LENA 47 PHILA STREET PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	22,552.	0.			FOR THE FACILITATED DRUMMING PROJECT AND FOR UNRESTRICTED USE
CAPITAL DISTRICT BLACK CHAMBER OF COMMERCE INC. - 90 STATE STREET 7TH FLOOR - ALBANY, NY 12207	11-3819812	501(C)(3)	200,000.	0.			FOR UNRESTRICTED USE
CAPITAL DISTRICT LATINOS INC. 160 CENTRAL AVENUE ALBANY, NY 12206	45-3647494	501(C)(3)	250,000.	0.			FOR THE CAPITAL PROJECT
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT - 24 AVIATION ROAD SUITE 101 - ALBANY, NY 12203	13-3841519	501(C)(3)	12,500.	0.			FOR THE LEGAL CLINIC PROGRAM AND FOR UNRESTRICTED USE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL REGION FRIENDSHIP CIRCLE 44 ROSE COURT ALBANY, NY 12209	20-8064475	501(C)(3)	8,810.	0.			GENERAL OPERATING SUPPORT
CAPITAL REGION SPONSOR-A-SCHOLAR INC. - 1218 CENTRAL AVENUE SUITE 203 - ALBANY, NY 12205	14-1823014	501(C)(3)	25,551.	0.			FOR PATHWAYS TO COLLEGE AND UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION - 785 WASHINGTON AVENUE - ALBANY, NY 12206	14-1733312	501(C)(3)	53,700.	0.			FOR THE CAPITAL PROJECT, ANNUAL FUND, SUMMER PROGRAMMING, CATALYST FOR CHANGE
CAPITAL REPERTORY COMPANY INC. C/O PROCTOR'S THEATRE 432 STATE STR SCHENECTADY, NY 12305	13-2894677	501(C)(3)	21,767.	0.			FOR STORY HOUR - SEASON TWO, THE RESTART EFFORT, THE CAPITAL CAMPAIGN AND GROUND BREAKING
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	27,883.	0.			FOR UNRESTRICTED USE AND THE CAPITAL CAMPAIGN
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	20,500.	0.			FOR NONPROFIT TRAINING, SARATOGA COUNTY EMERGENCY FUNDING, PEACE CAMP, AND FOR UNRESTRICTED USE
CARES OF NY INC. 200 HENRY JOHNSON BLVD. SUITE 4 ALBANY, NY 12210	14-1731746	501(C)(3)	26,000.	0.			THE REGIONAL JUSTICE ADVISORY COMMITTEE AND FOR HOMELESS AWARENESS MONTH
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033	501(C)(3)	5,600.	0.			FOR THE CAPITAL CAMPAIGN
CAZENOVIA COLLEGE DEVELOPMENT OFFICE 22 SULLIVAN STRE CAZENOVIA, NY 13035-9903	15-0543658	501(C)(3)	10,000.	0.			FOR THE NANCY KELLY HERSHEY '67 SCHOLARSHIP FUND

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CFES PATHWAYS 2303 MAIN STREET PO BOX 247 ESSEX, NY 12936	22-3159630	501(C)(3)	15,000.	0.			FOR SUPPORT OF 15 ESSEX COUNTY SCHOOLS
CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY - 250 JORDAN ROAD - TROY, NY 12180	14-1443197	501(C)(3)	7,750.	0.			IN SUPPORT OF THE CMOST AND CMAS AFFILIATION AND UNRESTRICTED USE
CHRIST THE KING SPIRITUAL LIFE CENTER - 580 BURTON ROAD - GREENWICH, NY 12834	14-1338382	501(C)(3)	10,000.	0.			FOR BEAVER CROSS CAMP
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DRIVE ALBANY, NY 12205	14-1340037	501(C)(3)	11,000.	0.			FOR THE FACILITY AND FIELD CAMPAIGN AND UNRESTRICTED USE
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652	501(C)(3)	7,700.	0.			FOR COVID-19 RESPONSE SERVICES AND UNRESTRICTED USE
CITY OF ALBANY RECREATION DEPARTMENT - 7 HOFFMAN AVENUE - ALBANY, NY 12209	14-6002058	501(C)(3)	7,000.	0.			FOR THE PHILIP STREET PLAYGROUND
COLONIE SENIOR SERVICE CENTERS INC. - SIX WINNERS CIRCLE - COLONIE, NY 12205	22-2366576	501(C)(3)	5,100.	0.			BRIGHT HORIZONS ADULT DAY SERVICE SCHOLARSHIPS AND SENIOR TRANSPORTATION
COMFORT FOOD OF WASHINGTON COUNTY PO BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	41,571.	0.			COMMUNITY HEALTH WORKER
COMMUNITY CAREGIVERS INC. 2021 WESTERN AVENUE SUITE 104 ALBANY, NY 12203	14-1778951	501(C)(3)	16,429.	0.			FOR NONPROFIT TRAINING, DELIVERY OF ESSENTIALS, AND UNRESTRICTED USE

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COMMUNITY FOUNDATION OF WEST TEXAS 6102 82ND STREET LUBBOCK, TX 79424	75-1709180	501(C)(3)	56,413.	0.			TO TRANSFER THE PRONET FUND FROM THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION TO
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	13,410.	0.			FOR THE RABBI SHPEEN RABBINIC CHAIR ENDOWMENT FUND IN HONOR OF HIS YEARS OF STEWARDSHIP,
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	7,800.	0.			FOR THE RABBI BRENNER GLICKMAN RABBINIC FUND, STARFISH FUND, AND UNRESTRICTED USE
CONGREGATION RODEPH SHALOM 615 NORTH BROAD STREET PHILADELPHIA, PA 19123	23-1365228	501(C)(3)	51,000.	0.			FOR UNRESTRICTED USE
CROSSROADS CENTER FOR CHILDREN 1136 NORTH WESTCOTT ROAD SUITE 100 SCHENECTADY, NY 12306	14-1809027	501(C)(3)	13,360.	0.			THE HEALTHY FOOD PROGRAM AND HEALTH-RELATED STAFF TRAINING, BUTTERFLY GARDEN, AND GENERAL
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	20,000.	0.			FOR THE RESTRICTED SCHOLARSHIP - MINORITY FELLOWSHIP
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	18,600.	0.			FOR THE NISKAYUNA SUMMER CAMP AND FOR UNRESTRICTED USE
EAST SIDE NEIGHBORHOOD RECREATION CENTER INC. - HOPE 7 COMMUNITY CENTER 596 PAWLING AVENUE - TROY, NY 12180	14-1503403	501(C)(3)	6,583.	0.			FOR ADOPT-A-CAMPER, NONPROFIT TRAINING, AND UNRESTRICTED USE
ELLIS HOSPITAL FOUNDATION INC. 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	15,000.	0.			FOR COVID FLOOR DINNERS, MENTAL HEALTH SUPPORTS, AND UNRESTRICTED USE

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EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	12,000.	0.			TO FULFILL OUR COMMITMENT FOR THE STUDENT HEALTH INITIATIVE AND UNRESTRICTED USE
EMPIRE STATE COLLEGE 1 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-6013200	501(C)(3)	45,000.	0.			\$20,000 FOR UNDERGRADUATE SCHOLARSHIPS AND \$25,000 FOR GRADUATE SCHOLARSHIPS
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET AT PROCTOR'S THEAT SCHENECTADY, NY 12305	22-2317557	501(C)(3)	5,300.	0.			FOR SUPPORT OF ANNUAL OPERATIONS AND UNRESTRICTED USE
EQUINOX INC. 500 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	51,940.	0.			FOR NONPROFIT TRAINING, ESSENTIAL NEEDS, DOMESTIC VIOLENCE OUTREACH, AND FOR UNRESTRICTED USE
FAITH BAPTIST CHURCH FOOD PANTRY 11 GLENRIDGE ROAD REXFORD, NY 12148	14-6048062	501(C)(3)	10,000.	0.			FOR REPAIRS TO THE DELIVERY VEHICLE AND UNRESTRICTED USE
FAMILY AND CHILD SERVICE OF SCHENECTADY - 1007 MARYLAND AVENUE - SCHENECTADY, NY 12308	14-1338397	501(C)(3)	11,810.	0.			FOR THE INTEGRATED BEHAVIOR AND FAMILY THERAPY INTERVENTION PROGRAM, AND TRAINING
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164	501(C)(3)	22,800.	0.			FOR FOOD AS MEDICINE AND UNRESTRICTED USE
FOUNDATION FOR QUALITY CARE 33 ELK STREET SUITE 300 ALBANY, NY 12207	10-0004451	501(C)(3)	5,231.	0.			FOR UNRESTRICTED USE
FOY FOUNDATION ADVISED FUND 192 HOLMES DALE ALBANY, NY 12208	14-1505623	501(C)(3)	10,000.	0.			FOY - ADME - COMM

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FRANKLIN COMMUNITY CENTER 95 WASHINGTON STREET SARATOGA SPRINGS, NY 12866	14-1667397	501(C)(3)	21,600.	0.			FOR THE EXPANSION CAMPAIGN, PROJECT LIFT, AND FOR UNRESTRICTED USE
GLENS FALLS HOSPITAL FOUNDATION 126 SOUTH STREET GLENS FALLS, NY 12801	14-1790805	501(C)(3)	77,500.	0.			FOR SUPPORT OF THE PALLIATIVE CARE PROGRAM AND UNRESTRICTED USE
GRASSROOT GIVERS INC. 522 WASHINGTON AVENUE ALBANY, NY 12203	80-0267317	501(C)(3)	7,250.	0.			FOR THE BOOK PROJECT AND UNRESTRICTED USE
GREATER JOHNSTOWN SCHOOL DISTRICT 400 SOUTH PERRY STREET JOHNSTOWN, NY 12095	14-6001599	501(C)(3)	5,500.	0.			THE GUST PROJECT
HABITAT FOR HUMANITY CAPITAL DISTRICT INC. - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404	501(C)(3)	6,446.	0.			FOR UNRESTRICTED USE
HISTORIC CHERRY HILL 523 1/2 SOUTH PEARL STREET ALBANY, NY 12202-1111	14-1482741	501(C)(3)	5,500.	0.			FOR THE MASTER BEDROOM AND UNRESTRICTED USE
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	20,000.	0.			FOR THE FEED AND READ PROGRAM
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	501(C)(3)	50,000.	0.			FOR THE CAPITAL CAMPAIGN AT HVCC NORTH AND NAMING OF THE AUDITORIUM
IBERO-AMERICAN ACTION LEAGUE INC 817 EAST STREET ROCHESTER, NY 14605	16-0954745	501(C)(3)	15,136.	0.			FOR DISTANCE LEARNING AND ASSESSMENT TECHNOLOGY AND UNRESTRICTED USE

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IBI SEMPER TRAINING INC. 25 DUBLIN DRIVE NISKAYUNA, NY 12309	84-4282620	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
IMMIGRANT ADVOCATES RESPONSE COLLABORATIVE INC. - 333 EAST 14TH STREET APT. 7H - NEW YORK, NY 10003	85-0595592	501(C)(3)	176,000.	0.			FOR UNRESTRICTED USE
IMPACT CHURCH 13802 N. SCOTTSDALE ROAD SCOTTSDALE, AZ 85254	20-2273300	501(C)(3)	15,250.	0.			FOR WELLS IN ZIMBABWE
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321	501(C)(3)	137,100.	0.			FOR UNRESTRICTED USE, COMMUNITY CONNECTIONS, HEALTH CONNECTIONS, EMERGENCY SHELTER
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	7,907.	0.			UNRESTRICTED USE
JOSEPH'S HOUSE & SHELTER INC. 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	33,143.	0.			FOR THE REPAIR OF THE WALK IN FREEZER, PRISON RE ENTRY PROGRAM, RN SERVICES, THE NETWORK
JUNIOR LEAGUE OF ALBANY INC. P.O. BOX 5533 ALBANY, NY 12205	14-1431718	501(C)(3)	5,084.	0.			UNRESTRICTED USE
KOINONIA PRIMARY CARE INC. 553 CLINTON AVENUE ALBANY, NY 12206	45-3448794	501(C)(3)	100,000.	0.			IN HONOR OF ARNOLD COGSWELL
KUPONA FOUNDATION 4801 QUEENS CHAPEL TERRACE NE WASHINGTON, DC 20017	26-4371825	501(C)(3)	6,000.	0.			FOR THE CCBRT/MABINTI CENTER

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LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK INC. - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	60,000.	0.			MEDICAL LEGAL PARTNERSHIP AND EVICTION PREVENTION
LIFEPATH 28 COLVIN AVE SUITE 2 ALBANY, NY 12206	14-1392442	501(C)(3)	6,200.	0.			THE PASST PROGRAM, MEALS ON WHEELS, AND UNRESTRICTED USE
LIVING RESOURCES CORPORATION 300 WASHINGTON AVENUE EXT. ALBANY, NY 12203	14-1564208	501(C)(3)	7,890.	0.			FOR UNRESTRICTED USE AND A SAFE GREENSPACE
LOOK MEDIA RESOURCE INC 18 ROOSEVELT AVENUE GLENS FALLS, NY 12801	85-2367153	501(C)(3)	8,031.	0.			GENERAL OPERATING SUPPORT
LUZERNE MUSIC CENTER INC. PO BOX 39 203 LAKE TOUR ROAD LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE FACULTY AND STUDENT CABINS
MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1703503	501(C)(3)	10,825.	0.			FOR GALA SUPPORT, WORKSHOP OF WISHES, AND UNRESTRICTED USE
MARIA COLLEGE BUSINESS OFFICE 700 NEW SCOTLAND AV ALBANY, NY 12208	14-1463151	501(C)(3)	16,381.	0.			SIMULATION LAB TECHNOLOGY AND SCHOLAR TUITION
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA TROY, NY 12181	11-2538804	501(C)(3)	13,500.	0.			FOR THE NEIGHBORHOOD HEALTH CENTER AT THE NATURE LAB, AND ECONOMIC AID
MOM STARTS HERE INC. 154 N. LAKE AVENUE TROY, NY 12180	81-1682516	501(C)(3)	7,500.	0.			BOARD DEVELOPMENT AND GENERAL SUPPORT

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MORGAN STATE UNIVERSITY FOUNDATION INC. - 1700 E. COLD SPRING LANE TRUTH HALL - ROOM 201 - BALTIMORE, MD 21251	23-7089143	501(C)(3)	20,000.	0.			FOR THE SCHOOL OF GLOBAL JOURNALISM AND COMMUNICATION'S NEXT GENERATION SCHOLARSHIP
MR. & MRS. JOHN F. MURRAY JR. 10 NAPLES CT. TROY, NY 12180	14-1505623	501(C)(3)	10,000.	0.			MURRAY - ADME - COMM
MUSICIANS OF MA'ALWYCK INC. 511 MOHAWK AVENUE SCOTIA, NY 12302	05-0532851	501(C)(3)	5,541.	0.			A MUSICAL LOOK AT FOUR UNIQUE HERITAGE SITES
NISKAYUNA CENTRAL SCHOOL DISTRICT 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309-5317	14-6009381	501(C)(3)	10,000.	0.			FOR THE COLLEGE PROMISE SCHOLARSHIP AND OTHER SCHOLARSHIP PROGRAMS AND THE 2021 MURRAY AWARD
NORTH COUNTRY CHILDREN'S MUSEUM 10 RAYMOND STREET POTSDAM, NY 13676	90-0905305	501(C)(3)	25,000.	0.			THE EXPANDED CLASSROOM
NORTHEAST HEALTH FOUNDATION 310 SOUTH MANNING BOULEVARD ALBANY, NY 12208	22-2743478	501(C)(3)	21,583.	0.			FOR THE CAMPAIGN FOR MEMORY CARE AT THE GLEN AT HILAND MEADOWS AND UNRESTRICTED USE
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	15,000.	0.			PATIENT EMERGENCY FUNDS
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY INC. - 301 WASHINGTON AVENUE - ALBANY, NY 12206	14-1338302	501(C)(3)	40,080.	0.			FOR THE RENOVATION OF THE ROOF, NONPROFIT TRAINING, KIDSIGHT, AND UNRESTRICTED USE
OAKWOOD COMMUNITY CENTER INC. 313 10TH STREET TROY, NY 12180	45-3980699	501(C)(3)	20,000.	0.			FOOD ACCESS

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OPERA SARATOGA 19 ROOSEVELT DRIVE SUITE 215 SARATOGA SPRINGS, NY 12866	13-2505803	501(C)(3)	5,100.	0.			FOR SARATOGA OPERA AND UNRESTRICTED USE
OSWEGO HEALTH FOUNDATION INC. 110 WEST SIXTH STREET OSWEGO, NY 13126	80-0822020	501(C)(3)	25,000.	0.			FOR HOSPITAL RENOVATIONS OF THE 3RD AND 4TH FLOORS
PALACE THEATRE 19 CLINTON AVENUE ALBANY, NY 12207	14-1708151	501(C)(3)	35,000.	0.			FOR THE MARQUEE PROJECT
PARK PLAYHOUSE 58 REMSEN STREET COHOES, NY 12047	14-1717464	501(C)(3)	6,500.	0.			FOR THE 33RD SEASON PROGRAMMING AND UNRESTRICTED USE
PHILMONT BEAUTIFICATION INC. 113 MAIN ST. PO BOX 1072 PHILMONT, NY 12565	20-5877789	501(C)(3)	17,000.	0.			TEACHING GARDEN
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	71,106.	0.			POLE BARN FUND, INTERNSHIP AND APPRENTICESHIP PROGRAM, TRAINING AND COACHING,
PROCTORS ARTS CENTER & THEATRE OF SCHENECTADY INC. - SCHENECTADY, NY 12304	14-1602083	501(C)(3)	13,527.	0.			FOR ANNUAL BOARD MEMBER COMMITMENT, THE RESTART CAMPAIGN, AND UNRESTRICTED USE
REACH OUT AND READ INC. 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	12,460.	0.			RX FOR SUCCESS GREATER CAPITAL REGION
RED BOOKSHELF INC. 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	11,525.	0.			FOR THE WRITER'S WALKTHROUGH SESSIONS AND UNRESTRICTED USE

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REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS INC. - 715 MORRIS STREET - ALBANY, NY 12208	27-4809744	501(C)(3)	5,100.	0.			FOR UNRESTRICTED USE
REFUGEE WELCOME CORPORATION 488 ELK STREET ALBANY, NY 12206	81-2233661	501(C)(3)	30,000.	0.			FOR PATH TO ENTREPRENEURSHIP AMONG REFUGEES
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER ROAD - LATHAM, NY 12110	22-2470885	501(C)(3)	150,726.	0.			FOR THE YOM KIPPUR APPEAL, HUNGER ISSUES, METAL TABLES, AND UNRESTRICTED USE
RENSSELAER HISTORICAL SOCIETY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	32,380.	0.			FOR UNRESTRICTED USE, CURATORIAL SERVICE, REDC WINDOW RESTORATION PROJECT, AND BOOK
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION INC. - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004	501(C)(3)	34,608.	0.			FOR THE BACKYARD UPGRADE, JONATHAN KIRK, AND UNRESTRICTED USE
SAFE INC. OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT, NONPROFIT TRAINING, AND YOUTH SERVICES
SARATOGA ARTS INC. 320 BROADWAY SARATOGA SPRINGS, NY 12866	14-1632037	501(C)(3)	5,658.	0.			TO SUPPORT ART CLASSES FOR UNDERPRIVILEGED CHILDREN IN THE SARATOGA SPRINGS AREA AND
SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	14-1604339	501(C)(3)	10,500.	0.			MENTAL HEALTH TREATMENT AND NONPROFIT TRAINING
SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1775218	501(C)(3)	30,575.	0.			THE EXPANSION OF CLINICAL EDUCATION RESOURCES AND CAPACITY, LEAD ANALYZERS, PEDIATRIC SCREENING, AND

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SARATOGA P.L.A.N. 112 SPRING STREET ROOM 202 SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	11,000.	0.			FOR THE SARATOGA COUNTY COMMUNITY FORESTAND AND UNRESTRICTED USE
SARATOGA PERFORMING ARTS CENTER INC. - 108 AVENUE OF THE PINES - SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	10,000.	0.			FOR THE CLASSICAL KIDS PROGRAM AND UNRESTRICTED USE
SARATOGA SENIOR CENTER 5 WILLIAMS STREET SARATOGA SPRINGS, NY 12866	14-1458762	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT, SENIOR LIFE TRANSITIONS PROGRAM, AND FOOD DELIVERY
SARATOGA SPRINGS HIGH SCHOOL 1 BLUE STREAK BLVD. SARATOGA SPRINGS, NY 12866	14-6004187	501(C)(3)	20,000.	0.			FOR THE ANNUAL PULVER SCHOLARSHIP AWARD (\$10,000 EACH FOR THE FEMALE AND MALE WINNER OF
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI - 78 WASHINGTON AVENUE - SCHENECTADY, NY 12305	23-7194187	501(C)(3)	8,000.	0.			FOR THE ROYAL CARE CENTER
SCHOHARIE RIVER CENTER INC. 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	19,500.	0.			THE AMSTERDAM AND SCHENECTADY ENVIRONMENTAL STUDY TEAMS
SENIOR HOPE COUNSELING INC. 650 WARREN STREET ALBANY, NY 12208	02-0570419	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES
SERVING CHRIST MINISTRIES INC. PO BOX 1195 TUTTLE, OK 73089	45-3792761	501(C)(3)	40,300.	0.			FOR WELLS IN GHANA, ANIMALS, THE NURSES FUND, AND NURSE TUITION
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	14,223.	0.			FOR THE MUSEUM EXHIBIT AND FOR UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD - LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	48,000.	0.			FOR THE SIENA COLLEGE ANNUAL FUND, SCHOLARSHIP FUND, LIVING MUSEUM PROJECT, ANNUAL FUND, AND
SOUTH END CHILDREN'S CAFE PO BOX 10581 ALBANY, NY 12201	82-3434643	501(C)(3)	18,750.	0.			FOR THE SOUTH END CHILDREN'S CAFE IN ALBANY, NY
SOUTH END NEIGHBORHOOD TUTORS INC. 20 RENSSELAER STREET ALBANY, NY 12202	47-5260073	501(C)(3)	14,500.	0.			THE STEM CHALLENGE AND TUTORING
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT - 58200 STATE HIGHWAY 10 PO BOX 113 - SOUTH KORTRIGHT, NY 13842	15-6002380	501(C)(3)	30,000.	0.			FOR THE YOUTH ASSOCIATION AND THE BAND
SPECIAL OLYMPICS NEW YORK 94 KARNER ROAD ALBANY ROAD ALBANY, NY 12203	23-7061382	501(C)(3)	8,810.	0.			RETURN TO PLAY
ST. ANNE INSTITUTE FOUNDATION 160 NORTH MAIN AVENUE ALBANY, NY 12206	14-1340098	501(C)(3)	101,000.	0.			FOR THE CAPITAL CAMPAIGN AND ANNUAL FUND
ST. PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1341173	501(C)(3)	16,000.	0.			TO BE USED TOWARD THE ANNUAL PLEDGE AND UNRESTRICTED USE
ST. PETER'S HOSPITAL FOUNDATION INC. - 310 S. MANNING BOULEVARD - ALBANY, NY 12208	22-2262982	501(C)(3)	314,500.	0.			COMMUNITY HEALTH PROGRAMS, COVID TRANSPORTATION, COLON CANCER OUTREACH, THE
ST. PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE

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STISSING CENTER PO BOX 1024 PINE PLAINS PINE PLAINS, NY 12567	47-3035907	501(C)(3)	10,000.	0.			FOR THE PURCHASE OF A PROJECTOR, LENS AND SCREEN
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION - 1270 BELMONT AVENUE - SCHENECTADY, NY 12308	22-2505127	501(C)(3)	8,700.	0.			FOR LYMPHEDEMA BANDAGING FOR PATIENTS AND UNRESTRICTED USE
SUSTAINABLE SARATOGA P.O BOX 454 SARATOGA SPRINGS, NY 12866	27-4191724	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
TEMPLE SHOLOM IN BROOMALL 55 N CHURCH LANE BROOMALL, PA 19008	23-6050744	501(C)(3)	8,180.	0.			FOR UNRESTRICTED USE
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	9,331.	0.			FOR THE BOYS ACADEMY, GIRLS ACADEMY, THE ANNUAL FUND, AND UNRESTRICTED USE
THE CENTER FOR COMMUNITY JUSTICE INC - 144 BARRETT ST - SCHENECTADY, NY 12305	23-7391116	501(C)(3)	15,000.	0.			RETURNING CITIZEN LIFE LINK
THE CHARLTON SCHOOL PO BOX 47 BURNT HILLS, NY 12027	14-1416732	501(C)(3)	6,812.	0.			ASSESSING WATER QUALITY
THE COLLEGE OF SAINT ROSE BURSAR'S OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	63,800.	0.			FOR THE ANNUAL FUND, LAB EQUIPMENT, SPONSOR A SCHOLAR, AND RENOVATIONS
THE COMMUNITY BUILDERS 185 DARTMOUTH ST. 8TH FLOOR BOSTON, MA 02116	04-2324773	501(C)(3)	30,000.	0.			COMMUNITY-EMBEDDED HOUSING STABILITY SERVICES

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THE CORPORATION OF YADDO 312 UNION AVENUE SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	149,094.	0.			FOR THE MARTHA WALSH PULVER POET IN RESIDENCE (\$15,000) AND FOR YADDO METAL (\$1,000), THE
THE ELLEN SINOPOLI DANCE COMPANY INC. - PO BOX 775 - TROY, NY 12181	14-1744836	501(C)(3)	20,500.	0.			FOR UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY - 8 NORTH CHURCH STREET - SCHENECTADY, NY 12305	14-1364528	501(C)(3)	10,000.	0.			FOR UNRESTRICTED USE
THE HYDE COLLECTION 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	25,250.	0.			FOR THE REIMAGINE PROJECT AND UNRESTRICTED USE
THE MENTAL HEALTH ASSOCIATION IN NEW YORK STATE INC. - 194 WASHINGTON AVENUE SUITE 415 - ALBANY, NY 12210	13-1654023	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE SERVICES
THE RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM ST. - ALBANY, NY 12202	24-1216514	501(C)(3)	90,250.	0.			INNOVATION BLOCKS, SOUTH END MARKET, YOUTH GARDENING, AND THE RADIX CENTER
THE SAGE COLLEGES PRESIDENT'S OFFICE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	57,500.	0.			FOR OPALKA SCHOLARSHIPS, CORPORATE CONNECTIONS, THE OPALKA GALLER, AND FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVENUE UNH 305 - ALBANY, NY 12222	14-1503972	501(C)(3)	14,675.	0.			THE EMERGING NONPROFIT LEADERSHIP ACCELERATOR, NYS WRITERS INSTITUTE, THE ART MUSEUM, AND
THINGS OF MY VERY OWN INC. 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	5,425.	0.			FOR UNRESTRICTED USE

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TOWN OF NISKAYUNA ONE NISKAYUNA CIRCLE NISKAYUNA, NY 12309-4381	14-6002340	501(C)(3)	8,189.	0.			FOR THE TOWN - CONSERVATION ADVISORY COUNCIL, NEW BOCCO COURT, METAL BENCHES, BIKE
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122	501(C)(3)	32,017.	0.			THE WALC PROGRAM, HOLIDAY HELP, URBAN GRIEF, SNUG, COMMUNITY GRIEF SUPPORT, AND UNRESTRICTED USE
TROY ARCHITECTURAL PROGRAM INC. 210 RIVER STREET TROY, NY 12180	23-7029088	501(C)(3)	107,000.	0.			FOR RENT RELIEF, THE ENDOWMENT FUND, AND UNRESTRICTED USE
TROY PUBLIC LIBRARY FOUNDATION 258 HOOSICK ST. SUITE 201 TROY, NY 12180	22-3118742	501(C)(3)	6,000.	0.			FOR UNRESTRICTED USE AND THE PERATING ACCOUNT
TROY SAVINGS BANK MUSIC HALL CORP. 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	11,000.	0.			FOR UNRESTRICTED USE
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION - 194 LIVINGSTON AVENUE - ALBANY, NY 12210	56-2389806	501(C)(3)	8,000.	0.			FOR THE ABOLITIONIST TEEN SCHOLARS AND LEADERSHIP INSTITUTE
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	24,784.	0.			FOR THE ROY M. HERSHEY '68 ENDOWED LEGACY SCHOLARSHIP, THE DEVELOPMENT OF WS2 BASED
UNITED AGAINST POVERTY 2050 40TH AVENUE BEACH, FL 32960	11-3697936	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE STEP PROGRAM
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	23,250.	0.			FOR COVID RELIEF EFFORTS, CATALYST FOR CHANGE PROGRAM, RENT RELIEF, AND UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE GREATER CAPITAL REGION INC - 1 STEUBEN PL. - ALBANY, NY 12207	14-1364505	501(C)(3)	16,000.	0.			FOR THE SUMMER FOOD COLLABORATIVE AND UNRESTRICTED USE
UNITY HOUSE OF TROY INC. 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	87,323.	0.			FOR THE CAMPAIGN FOR THE WORKING POOR, CHILDRENS HOLIDAY PROGRAM, UNITY LAW PROJECT, DOMESTIC
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	47,863.	0.			LEADERSHIP CIRCLE, MENTAL HEALTH COUNSELING, TELEHEALTH, PATIENT ACCESS, CAPITAL CAMPAIGN
US COMMITTEE FOR REFUGEES AND IMMIGRANTS - 99 PINE STREET SUITE 101 - ALBANY, NY 12207	13-1878704	501(C)(3)	36,100.	0.			FOR UNRESTRICTED USE, DIABETES SCREENING, AND HELPING AN AFGHANI FAMILY RELOCATE
WARRIORS ON WHEELS 32 MARWOOD STREET ALBANY ALBANY, NY 12209	14-1759164	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WATERVLIET CIVIC CHEST INC. POST OFFICE BOX 164 14TH STREET & 1ST. AVENUE - WATERVLIET, NY 12189-0164	14-1387856	501(C)(3)	29,000.	0.			FOOD IS FUEL, AFTER SCHOOL AND HYDROPONICS PROJECT
WELLSPRING 2816 STATE HIGHWAY 9 MALTA, NY 12020	14-1644567	501(C)(3)	311,000.	0.			FOR THE BUILDING CAMPAIGN AND HOLIDAY HELP
WILDWOOD FOUNDATION 1190 TROY SCHENECTADY ROAD LATHAM, NY 12110	22-2132752	501(C)(3)	119,000.	0.			STAFF TRAINING, THE ANNUAL FUND, AND UNRESTRICTED USE
WMHT EDUCATIONAL TELECOMMUNICATIONS - 4 GLOBAL VIEW - TROY, NY 12180	14-1400177	501(C)(3)	21,500.	0.			RISE, RADIO PROGRAMS, AND UNRESTRICTED USE

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WOODLAND HILL MONTESSORI SCHOOL 100 MONTESSORI PLACE RENSSELAER, NY 12144	14-1495852	501(C)(3)	7,500.	0.			FOR UNRESTRICTED USE
X-QUEST INC. 826 STATE STREET SCHENECTADY, NY 12307	13-3862213	501(C)(3)	7,500.	0.			HANDICAP PICNIC AND PLAYGROUND EQUIPMENT, SUMMER PROGRAMMING, AND UNRESTRICTED USE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	189	598,163.	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 11 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 GRANTEES ARE GIVEN ADVANCE NOTICE OF SUCH A REQUEST.

PART II, LINE 1, COLUMN (H):

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MARKETING SUPPORT, VISUALLY IMPAIRED AUDIENCE ACCESSABILITY, THE LIBRARY, AND UNRESTRICTED USE.

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY LAW SCHOOL



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE WOMEN'S LEADERSHIP  
INITIATIVE ENDOWED FUND (\$2,500) & THE WOMEN'S LEADERSHIP OPERATING FUND  
(\$2,500)

NAME OF ORGANIZATION OR GOVERNMENT: ALBANY MEDICAL CENTER FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EDUCATIONAL ENRICHMENT, THE  
PEDIATRIC EMERGENCY FUND, DR. SALMAN'S RESEARCH, THE ANNUAL FUND, AND  
UNRESTRICTED USE.

NAME OF ORGANIZATION OR GOVERNMENT:  
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HURRICAN LAURA EFFORTS, THE  
GENERAL FUND, A BODY TEMPERATURE KIOSK, AND UNRESTRICTED USE.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF WEST TEXAS  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRANSFER THE PRONET FUND FROM THE  
COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION TO THE COMMUNITY  
FOUNDATION OF WEST TEXAS

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH EMETH  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE RABBI SHPEEN RABBINIC CHAIR  
ENDOWMENT FUND IN HONOR OF HIS YEARS OF STEWARDSHIP, GONICK LEGACY FUND,  
AND CANTOR KUDI MUSIC FUND

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS CENTER FOR CHILDREN  
(H) PURPOSE OF GRANT OR ASSISTANCE: THE HEALTHY FOOD PROGRAM AND  
HEALTH-RELATED STAFF TRAINING, BUTTERFLY GARDEN, AND GENERAL OPERATING  
SUPPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH PARTNERSHIP FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED USE, COMMUNITY CONNECTIONS, HEALTH CONNECTIONS, EMERGENCY SHELTER PAINTING PROJECT, AND THE SISTER MAVIS JEWELL MEDICAL RESPITE PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE REPAIR OF THE WALK IN FREEZER, PRISON RE ENTRY PROGRAM, RN SERVICES, THE NETWORK UPGRADE, AND DIVERSION TRAINING

NAME OF ORGANIZATION OR GOVERNMENT:

MORGAN STATE UNIVERSITY FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHOOL OF GLOBAL JOURNALISM AND COMMUNICATION'S NEXT GENERATION SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: PITNEY MEADOWS COMMUNITY FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: POLE BARN FUND, INTERNSHIP AND APPRENTICESHIP PROGRAM, TRAINING AND COACHING, AND INFRASTRUCTURE

NAME OF ORGANIZATION OR GOVERNMENT: RENSSELAER HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED USE, CURATORIAL SERVICE, REDC WINDOW RESTORATION PROJECT, AND BOOK REPRINTING

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA ARTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ART CLASSES FOR UNDERPRIVILEGED CHILDREN IN THE SARATOGA SPRINGS AREA AND SURROUNDING

**Part IV** Supplemental Information

COUNTIES AND UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EXPANSION OF CLINICAL EDUCATION  
RESOURCES AND CAPACITY, LEAD ANALYZERS, PEDIATRIC SCREENING, AND  
UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: SARATOGA SPRINGS HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: SIENA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SIENA COLLEGE ANNUAL FUND,  
SCHOLARSHIP FUND, LIVING MUSEUM PROJECT, ANNUAL FUND, AND UNRESTRICTED  
USE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY HEALTH PROGRAMS, COVID  
TRANSPORTATION, COLON CANCER OUTREACH, THE ANNAL FUND, AND UNRESTRICTED  
USE

NAME OF ORGANIZATION OR GOVERNMENT: THE CORPORATION OF YADDO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MARTHA WALSH PULVER POET IN  
RESIDENCE (\$15,000) AND FOR YADDO METAL (\$1,000), THE CAPITAL CAMPAIGN,  
AND UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY AT ALBANY FOUNDATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EMERGING NONPROFIT LEADERSHIP  
ACCELERATOR, NYS WRITERS INSTITUTE, THE ART MUSEUM, AND RESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF NISKAYUNA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TOWN - CONSERVATION ADVISORY  
COUNCIL, NEW BOCCE COURT, METAL BENCHES, BIKE REPAIR STAND

NAME OF ORGANIZATION OR GOVERNMENT: UNION COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ROY M. HERSHEY '68 ENDOWED  
LEGACY SCHOLARSHIP, THE DEVELOPMENT OF WS2 BASED ELECTROCHEMICAL SENSOR  
FOR VOCS DETECTION, AND UNRESTRICTED USE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CAMPAIGN FOR THE WORKING  
POOR, CHILDRENS HOLIDAY PROGRAM, UNITY LAW PROJECT, DOMESTIC VIOLENCE,  
AFFORDABLE HOUSING, AND UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: UPPER HUDSON PLANNED PARENTHOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: LEADERSHIP CIRCLE, MENTAL HEALTH  
COUNSELING, TELEHEALTH, PATIENT ACCESS, CAPITAL CAMPAIGN AND UNRESTRICTED  
USE

SCHEDULE I, PART III:

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

THE COMMUNITY FOUNDATION FOR THE GREATER  
CAPITAL REGION, INC.

14-1505623

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN G. EBERLE PRESIDENT & CEO	(i)	174,042.	22,204.	0.	9,020.	12,443.	217,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY D. MARIANO CFO	(i)	130,032.	8,141.	0.	6,750.	10,577.	155,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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 470 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 \$109.9 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2021, THE FOUNDATION GRANTED AND FACILITATED NEARLY \$7.9 MILLION IN 1,400 GRANTS. OF THESE GRANTS, 205 NONPROFIT PROGRAMS RECEIVED OVER \$5,000 EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2021 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 2021, THE PED SCHOLARSHIP GRANTED MORE THAN \$379,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$598,000 GRANTED THROUGH 189 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

**2021**

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

**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?

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

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

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

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

















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

## 2021

For calendar year 2021 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) <input type="checkbox"/> 529A</p>	Print or Type	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>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 TOWER PLACE, EXECUTIVE PARK</b>  City or town, state or province, country, and ZIP or foreign postal code <b>ALBANY, NY 12203</b>  <b>C</b> Book value of all assets at end of year ..... ▶ <b>120,227,075.</b>	<p><b>D</b> Employer identification number <b>14-1505623</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
---	---------------------	---	---

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

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

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

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

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

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

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	2,853.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	2,853.
4 Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	4	87.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	2,766.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	2,766.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	1,766.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	371.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	371.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
b Other credits (see instructions) ..... <b>SEE STATEMENT 3</b>	<b>1b</b>	<b>4.</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>	<b>4.</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>	<b>367.</b>		
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>			
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>	<b>367.</b>		
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>	<b>0.</b>		
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
b 2021 estimated tax payments. Check if section 643(g) election applies ..... <input type="checkbox"/>	<b>6b</b>			
c Tax deposited with Form 8868 .....	<b>6c</b>			
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
e Backup withholding (see instructions) .....	<b>6e</b>			
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 ..... <input type="checkbox"/> Form 4136 ..... <input type="checkbox"/> Other ..... Total ▶	<b>6g</b>			
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... <input type="checkbox"/>	<b>8</b>			
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	<b>367.</b>		
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>			
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> ▶ ..... <b>Refunded</b> ▶	<b>11</b>			

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ .....		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year ..... ▶ \$ .....			
4 Enter available pre-2018 NOL carryovers here ▶ \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
525990	\$ 7,208.		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<b>Signature of officer</b> ▶ _____	Date	<b>PRESIDENT &amp; CEO</b>	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JUDY A. CAHEE	JUDY A. CAHEE	10/05/22		P00281935
	Firm's name ▶ BST & CO. CPAS, LLP	Firm's EIN ▶		14-1442607	
Firm's address ▶ 26 COMPUTER DRIVE WEST	Firm's address ▶ ALBANY, NY 12205		Phone no. (518) 459-6700		

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

<u>DESCRIPTION/KIND OF PROPERTY</u>	<u>METHOD USED TO DETERMINE FMV</u>	<u>AMOUNT</u>
CHARITABLE CONTRIBUTIONS - PERENNIAL REAL ESTATE FUND II, LP	N/A	6.
TOTAL TO FORM 990-T, PART I, LINE 4		6.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019 81  
 FOR TAX YEAR 2020

TOTAL CARRYOVER 81  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 6

TOTAL CONTRIBUTIONS AVAILABLE 87  
 TAXABLE INCOME LIMITATION AS ADJUSTED 185

EXCESS CONTRIBUTIONS 0  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 0

ALLOWABLE CONTRIBUTIONS DEDUCTION 87

TOTAL CONTRIBUTION DEDUCTION 87



FORM 990-T

OTHER CREDITS

STATEMENT 3

DESCRIPTION

AMOUNT

FOREIGN TAX CREDIT

4.

TOTAL TO FORM 990-T, PAGE 2, PART III, LINE 1B

4.

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

Department of the Treasury  
Internal Revenue Service

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

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

1  
OMB No. 1545-0047

**2021**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4a</b>	16,815.		16,815.
<b>c</b> Capital loss deduction for trusts	<b>4b</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b>	<b>4c</b>			
<b>6</b> Rent income (Part IV)	<b>5</b>	-6,467.		-6,467.
<b>7</b> Unrelated debt-financed income (Part V)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>7</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>9</b>			
<b>11</b> Advertising income (Part IX)	<b>10</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>11</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>12</b>	10,348.		10,348.
	<b>13</b>			

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				287.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement)				
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			287.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			10,061.
<b>17</b> Deduction for net operating loss. See instructions <b>STATEMENT 5</b>	<b>17</b>			7,208.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			2,853.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

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

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

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

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

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



FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION		NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		329.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE INCOME		-1,841.
PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME		580.
PERENNIAL REAL ESTATE FUND II, LP - DIVIDEND INCOME		1.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)		3.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)		-73.
ROCKET INTERNET CAPITAL PARTNERS SCS - INTEREST INCOME		8.
ROCKET INTERNET CAPITAL PARTNERS SCS - OTHER INCOME (LOSS)		-132.
GEM REALTY FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-6.
GEM REALTY FUND VI, L.P. - NET RENTAL REAL ESTATE INCOME		-2,935.
NEWBURY EQUITY PARTNERS V L.P - ORDINARY BUSINESS INCOME (LOSS)		-137.
NEWBURY EQUITY PARTNERS V L.P - INTEREST INCOME		38.
NEWBURY EQUITY PARTNERS V L.P - DIVIDEND INCOME		136.
NEWBURY EQUITY PARTNERS V L.P - OTHER PORTFOLIO INCOME (LOSS)		14.
NEWBURY EQUITY PARTNERS V L.P - OTHER INCOME (LOSS)		-2,529.
LEGACY VENTURE X, LLC - OTHER INCOME (LOSS)		77.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-6,467.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
7,208.	7,208.	0.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	9,198.	1,990.	7,208.	7,208.
NOL CARRYOVER AVAILABLE THIS YEAR			7,208.	7,208.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2021**

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>513.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>513.</b>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>2,663.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>13,639.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>16,302.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>513.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>16,302.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>16,815.</b>

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







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

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

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

Identifying number

**14-1505623**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	PERENNIAL REAL ESTATE FUND II, LP						13,639.

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

**3**  
**4**  
**5**  
**6**  
**7** **13,639.**

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

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

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

**8**  
**9** **13,639.**

**Part II Ordinary Gains and Losses** (see instructions)

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



- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
  - a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
  - b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**11** ( )  
**12**  
**13**  
**14**  
**15**  
**16**  
**17**  
**18a**  
**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2021**

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				<b>513.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation)			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			<b>7</b>	<b>513.</b>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>2,663.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9			<b>11</b>	<b>13,639.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824			<b>13</b>	
<b>14</b> Capital gain distributions			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			<b>15</b>	<b>16,302.</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b>	<b>513.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b>	<b>16,302.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	<b>18</b>	<b>16,815.</b>

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





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

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

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

Identifying number

**14-1505623**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>PERENNIAL REAL ESTATE FUND II, LP</b>						<b>13,639.</b>

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

**3**

**4**

**5**

**6**

**7**

**13,639.**

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

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

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

**8**

**9**

**13,639.**

**Part II Ordinary Gains and Losses** (see instructions)

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



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

**11**

**12**

**13**

**14**

**15**

**16**

**17**

( )

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

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

**18a**

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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



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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

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

Filer's address (if you aren't filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <b>B</b> Filer's tax year beginning <b>JAN 1</b> , 2021, and ending <b>DEC 31</b> , 2021
---	---

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

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

Name	EIN
Address	

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

**F** Information about certain other partners (see instructions)

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

<b>G1</b> Name and address of foreign partnership <b>DIGITAL ALPHA FUND, LP</b>  <b>3535 EXECUTIVE TERMINAL DR, STE 110</b> <b>HENDERSON, NV 89052</b>	<b>2(a)</b> EIN (if any) <b>98-1350296</b> <b>2(b)</b> Reference ID number  <b>3</b> Country under whose laws organized <b>CAYMAN ISLANDS</b>
--	--

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

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

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

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

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

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

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

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

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

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

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

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Date

Signature of general partner or limited liability company member

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

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

a  Owns a direct interest      b  Owns a constructive interest

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

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

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

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

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

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

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

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

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor <b>THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION, INC.</b>	Filer's identifying number <b>14-1505623</b>
Name of foreign partnership <b>DIGITAL ALPHA FUND, LP</b>	EIN (if any) <b>98-1350296</b>
Reference ID number (see instr)	

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	10/07/21		189,823.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>189,823.</b>				

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

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

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

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

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

Schedule O (Form 8865) 10-2021

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 7

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

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

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

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

Name of partnership	EIN of partnership

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

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

<b>4</b> Name of transferee (foreign corporation) <b>DKIP (CAYMAN) II L.P.</b>	<b>5a</b> Identifying number, if any
---	--------------------------------------

<b>6</b> Address (including country) <b>190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CJ**

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

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

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

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		1,494,704.		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .026 % (b) After .100 %
- 17 Type of nonrecognition transaction (see instructions) ► 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

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

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

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

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

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

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

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



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

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/04/2021		146,984.		

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

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

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

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

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

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

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

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

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .151 % (b) After .149 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

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

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

Name of partnership	EIN of partnership

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

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

<b>4</b> Name of transferee (foreign corporation) <b>NITORUM OFFSHORE FUND, LTD</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CJ**

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

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

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

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/01/2021		1,000,000.		

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

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

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

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

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

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

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

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

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .120 % (b) After .220 %
- 17 Type of nonrecognition transaction (see instructions) ► 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

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

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

Name of partnership	EIN of partnership

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

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

<b>4</b> Name of transferee (foreign corporation) <b>THE CANYON VALUE REALIZATION FUND, LTD</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CJ**

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

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

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

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/01/2021		750,000.		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .017 % (b) After .070 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No



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

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

Name of partnership	EIN of partnership

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

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

<b>4</b> Name of transferee (foreign corporation) <b>SAMLYN OFFSHORE, LTD.</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>GOLDMAN SACHS, P.O. BOX 896, GARDENIA COURT, SUITE 3307 CAMANA BAY, GRAND CAYMAN CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
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**7** Country code of country of incorporation or organization  
**CJ**

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

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

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

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/01/2021		750,000.		

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

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

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

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

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

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

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

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

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .050 % (b) After .111 %
- 17 Type of nonrecognition transaction (see instructions) ► 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No