

Part III **Statement of Program Service Accomplishments**

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

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 \$ 7,092,984	including grants of \$ 3,429,430) (Revenue \$ 37,939)
FOR NEARLY 50 YEARS, THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION HAS WORKED TO IMPROVE THE QUALITY OF LIFE IN THE REGION BY PROMOTING AND FACILITATING EFFECTIVE PHILANTHROPY. OUR SUCCESS IS DIRECTLY RELATED TO OUR GENEROUS DONORS WHO INVEST THROUGH THE COMMUNITY FOUNDATION IN OUR AREA'S MOST EFFECTIVE NONPROFIT ORGANIZATIONS. CURRENTLY, THE FOUNDATION ADMINISTERS MORE THAN 400 SEPARATE CHARITABLE FUNDS, WITH ASSETS TOTALING NEARLY \$65 MILLION. THE FOUNDATION PROVIDES HIGH-IMPACT, FLEXIBLE GIVING OPPORTUNITIES FOR DONORS, MAJOR FUNDING FOR NONPROFIT ORGANIZATIONS, AND SCHOLARSHIPS FOR LOCAL STUDENTS, LEADERSHIP AROUND KEY COMMUNITY ISSUES, AND UNSURPASSED KNOWLEDGE OF COMMUNITY NEEDS AND TRENDS. IN 2015, THE COMMUNITY FOUNDATION AWARDED NEARLY \$4 MILLION TO MORE THAN 1,300 NONPROFIT ORGANIZATIONS AND SCHOLARSHIP RECIPIENTS IN THE CAPITAL REGION AND ACROSS THE COUNTRY. SINCE INCEPTION, WE HAVE INVESTED MORE THAN \$60 MILLION IN OUR COMMUNITIES THROUGH GRANT AND SCHOLARSHIP FUNDING. OUR GRANT FUNDING ACHIEVES MEANINGFUL, MEASURABLE RESULTS AND LEVERAGES SIGNIFICANT INVESTMENTS FROM OTHER FOUNDATIONS, DONORS, AND GOVERNMENT SOURCES.				

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

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

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

4e	Total program service expenses ▶	7,092,984
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Part IV

Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	20	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No		
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<table><tr><td>1a</td><td>21</td></tr></table>	1a	21		
1a	21				
b Enter the number of voting members included in line 1a, above, who are independent	<table><tr><td>1b</td><td>21</td></tr></table>	1b	21		
1b	21				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No		
6 Did the organization have members or stockholders?	6		No		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a The governing body?	8a	Yes			
b Each committee with authority to act on behalf of the governing body?	8b	Yes			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
LAURA YAUN 6 TOWER PLACE ALBANY, NY 12203 (518) 446-9638

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

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

Form **990** (2015)

Part VIII 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								134,634	0	7,918

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 ► 1

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

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
MCKINSEY & COMPANY PO BOX 7247-7255 PHILADELPHIA, PA 19170	CONSULTING	1,428,970
CENTER FOR ECONOMIC GROWTH 39 N PERAL STREET STE 100 ALBANY, NY 12207	CONSULTING	400,759

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 ▶ 2

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a _____	8,058,680				
	b	Membership dues	1b _____					
	c	Fundraising events	1c _____ 125,030					
	d	Related organizations	1d _____					
	e	Government grants (contributions)	1e _____					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f _____ 7,933,650					
	g	Noncash contributions included in lines 1a-1f \$	_____ 1,891,552					
	h	Total. Add lines 1a-1f	▶					
Program Service Revenue	2a	MANAGEMENT FEES	Business Code _____ 561000	37,939	37,939			
		b _____						
		c _____						
		d _____						
		e _____						
		f	All other program service revenue					
		g	Total. Add lines 2a-2f	▶	37,939			
		Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	1,668,634		45,205
4	Income from investment of tax-exempt bond proceeds		▶					
5	Royalties		▶					
6a	Gross rents		(i) Real (ii) Personal					
	b		Less rental expenses					
	c		Rental income or (loss)					
	d		Net rental income or (loss)					▶
7a	Gross amount from sales of assets other than inventory		(i) Securities (ii) Other					
	b		Less cost or other basis and sales expenses					
	c		Gain or (loss)					
	d		Net gain or (loss)					▶
8a	Gross income from fundraising events (not including \$ _____ 125,030 of contributions reported on line 1c) See Part IV, line 18		a _____ 26,262	-39,670			-39,670	
	b		Less direct expenses					b _____ 65,932
	c		Net income or (loss) from fundraising events					▶
9a	Gross income from gaming activities See Part IV, line 19		a _____					
	b		Less direct expenses					b _____
	c		Net income or (loss) from gaming activities					▶
10a	Gross sales of inventory, less returns and allowances		a _____					
	b		Less cost of goods sold					b _____
	c		Net income or (loss) from sales of inventory					▶
Miscellaneous Revenue			Business Code					
11a	_____		_____					
b	_____	_____						
c	_____	_____						
d	All other revenue	_____						
e	Total. Add lines 11a-11d	▶						
12	Total revenue. See Instructions	▶	9,516,911	37,939	45,205	1,375,087		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,872,555	2,872,555		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	485,638	485,638		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	71,237	71,237		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	142,550	62,180	61,625	18,745
7	Other salaries and wages	431,495	178,630	213,545	39,320
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,732	1,616	1,909	207
9	Other employee benefits	18,667	6,890	10,640	1,137
10	Payroll taxes	44,774	19,449	21,446	3,879
11	Fees for services (non-employees)				
a	Management				
b	Legal	16,176		16,176	
c	Accounting	24,950		24,950	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	364,556	361,024	3,532	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,743,840	2,740,300	3,070	470
12	Advertising and promotion	13,571		13,571	
13	Office expenses	14,657	2,027	12,226	404
14	Information technology	2,488		2,488	
15	Royalties				
16	Occupancy	53,882	23,405	25,809	4,668
17	Travel	3,711		3,711	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,328	6,220	5,172	936
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,966	3,027	3,335	604
23	Insurance	15,068	1,409	13,378	281
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PASSTHROUGH GRANTS	236,388	235,812	576	
b	EQUIPMENT LEASES/MAINTENANCE	35,393	15,374	16,953	3,066
c	ANNUAL REPORT/NEWSLETTER	20,650		20,650	
d	PROFESSIONAL DEVELOPMENT	14,314	6,191	6,888	1,235
e	All other expenses	7,034		7,034	
25	Total functional expenses. Add lines 1 through 24e	7,656,620	7,092,984	488,684	74,952
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		184,606	1	1,058,145
	2	Savings and temporary cash investments		1,730,126	2	840,822
	3	Pledges and grants receivable, net		88,050	3	903,430
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,191	9	11,855
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 220,838			
	b	Less: accumulated depreciation	10b 209,686	13,143	10c	11,152
	11	Investments—publicly traded securities		51,563,593	11	38,315,369
	12	Investments—other securities. See Part IV, line 11		8,845,335	12	20,326,650
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,094,581	15	1,855,007
	16	Total assets. Add lines 1 through 15 (must equal line 34)		64,532,625	16	63,322,430
Liabilities	17	Accounts payable and accrued expenses		19,917	17	903,587
	18	Grants payable		343,380	18	222,225
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		3,550,040	25	2,971,398
	26	Total liabilities. Add lines 17 through 25		3,913,337	26	4,097,210
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		37,133,550	27	36,249,769
	28	Temporarily restricted net assets		5,776,354	28	4,881,764
	29	Permanently restricted net assets		17,709,384	29	18,093,687
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		60,619,288	33	59,225,220
	34	Total liabilities and net assets/fund balances		64,532,625	34	63,322,430

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,516,911
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,656,620
3	Revenue less expenses Subtract line 2 from line 1	3	1,860,291
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,619,288
5	Net unrealized gains (losses) on investments	5	-3,254,359
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,225,220

Part XII

Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 14-1505623

Name: THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN SAX CHAIR	1 00	X		X				0	0	0
SUSAN C PICOTTE ESQ FIRST VICE CHAIR	1 00	X		X				0	0	0
CHRISTINE L STANDISH SECOND VICE CHAIR	1 00	X		X				0	0	0
DEBORAH ONSLOW IMMEDIATE PAST CHAIR	1 00	X		X				0	0	0
KEVIN O'BRYAN SECRETARY	1 00	X		X				0	0	0
JEFFREY M ROSENBAUM JD CPA TREASURER	1 00	X		X				0	0	0
VIRGINIA C GREGG ASSISTANT TREASURER	1 00	X		X				0	0	0
WILLIAM M KAHN CPA ASSISTANT TREASURER	1 00	X		X				0	0	0
MATTHEW BENDER IV BOARD MEMBER	1 00	X						0	0	0
GARY C DAKE BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLORIA DESOLE BOARD MEMBER	1 00	X						0	0	0
MARK EAGAN BOARD MEMBER	1 00	X						0	0	0
NANCY E HOFFMAN ESQ BOARD MEMBER	1 00	X						0	0	0
PAUL M HOHENBERG BOARD MEMBER	1 00	X						0	0	0
STEVEN E LOBEL BOARD MEMBER	1 00	X						0	0	0
AMY S O'CONNOR ESQ BOARD MEMBER	1 00	X						0	0	0
FRANCIS M PITTS FAIA BOARD MEMBER	1 00	X						0	0	0
ANN SHARPE ESQ BOARD MEMBER	1 00	X						0	0	0
JAMES A SIDFORD RHU BOARD MEMBER	1 00	X						0	0	0
FRANK SLINGERLAND BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAN SMITH BOARD MEMBER	1 00	X						0	0	0
C WAYNE WILLIAMS BOARD MEMBER	1 00	X						0	0	0
DORCEY L APPLYRS DRPH MPH BOARD MEMBER	1 00	X						0	0	0
VICTOR A OBERTING III BOARD MEMBER	1 00	X						0	0	0
G NEIL ROBERTS BOARD MEMBER	1 00	X						0	0	0
JOHN W RODAT BOARD MEMBER	1 00	X						0	0	0
KAREN L BILOWITH PRESIDENT & CEO	37 50			X				134,634	0	7,910

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 11, 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 or 990-EZ))

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 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)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,694,842	3,973,306	2,764,052	3,872,719	8,058,680	21,363,599
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,694,842	3,973,306	2,764,052	3,872,719	8,058,680	21,363,599
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,537,099
6 Public support. Subtract line 5 from line 4						19,826,500

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	2,694,842	3,973,306	2,764,052	3,872,719	8,058,680	21,363,599
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	746,821	690,383	2,231,609	2,447,653	1,623,429	7,739,895
9 Net income from unrelated business activities, whether or not the business is regularly carried on			10,527	59,957	38,492	108,976
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						29,212,470

12 Gross receipts from related activities, etc (see instructions)

12

139,481

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

☐

☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	67.870 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	60.660 %

16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☒

b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

☐

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

☐

18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

☐

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

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>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></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION INC	Employer identification number 14-1505623
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	154
2	Aggregate value of contributions to (during year)	3,074,682
3	Aggregate value of grants from (during year)	1,765,199
4	Aggregate value at end of year	28,207,498
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	24,068,612	23,758,562	20,387,421	18,219,155	18,197,026
b Contributions	546,372	777,507	896,482	539,462	1,207,890
c Net investment earnings, gains, and losses	-836,623	501,443	3,256,845	2,392,790	-458,091
d Grants or scholarships					
e Other expenditures for facilities and programs	1,252,004	968,900	782,187	763,986	727,670
f Administrative expenses					
g End of year balance	22,526,357	24,068,612	23,758,562	20,387,421	18,219,155

2

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

a

Board designated or quasi-endowment ▶ 5 350 %

b

Permanent endowment ▶ 80 320 %

c

Temporarily restricted endowment ▶ 14 330 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to 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		220,838	209,686	11,152
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				11,152

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) ALTERNATIVE INVESTMENTS	6,950,079	F
(B) LTD PTNRSHIP INTERESTS	1,569,725	F
(C) COMMON COLLECTIVE TRUSTS	11,806,846	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	20,326,650	

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
Total. (Column (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
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
Federal income taxes		
CHARITABLE REMAINDER TRUST LIABILITY	125,588	
CHARITABLE GIFT ANNUITY LIABILITY	315,527	
AGENCY ENDOWMENTS	2,530,283	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,971,398	

2. Liability for uncertain tax positions

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENTS OVERSEEN BY THE INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. ENDOWMENTS FUNDS ARE USED TO SUPPORT THE COMMUNITY FOUNDATION, AND ITS PROGRAM SERVICES, AS WELL AS TO SUPPORT OTHER ORGANIZATIONS AND SCHOLARS WITHIN THE GREATER CAPITAL REGION.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTS		12,137
(2) SUB-SAHARAN AFRICA			GRANTS		59,100
(3)					
(4)					
(5)					
3a Sub-total	0	0			71,237
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			71,237

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	FOR UNRESTRICTED USE	50,100	ELECTRONIC FUND TRANSFER			
(2)			EUROPE (INCLUDING ICELAND & GREENLAND)	FOR UNRESTRICTED USE	12,137	ELECTRONIC FUND TRANSFER			
(3)			SUB-SAHARAN AFRICA	FOR UNRESTRICTED USE	9,000	ELECTRONIC FUND TRANSFER			
(4)									

2

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

3

3

Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	EXPENDITURE RESPONSIBILITY IS A SET OF PROCEDURES DESIGNED TO ENSURE THAT GRANTS ARE USED FOR CHARITABLE PURPOSES AND IS MANDATED FOR GRANTS FROM ADVISED FUNDS TO NON-CHARITABLE OR GANIZATIONS OR TO ORGANIZATIONS THAT HAVE NOT YET RECEIVED THEIR CHARITABLE DESIGNATION T HE EXERCISE OF EXPENDITURE RESPONSIBILITY ENSURES THAT THE FOUNDATION MAINTAINS APPROPRIAT E OVERSIGHT AND DOCUMENTATION OF THE GRANT GRANTS TO ORGANIZATIONS NOT DESCRIBED IN 170(B)(1)(A) OF THE INTERNAL REVENUE CODE SUCH AS NON CHARITIES, PRIVATE NON-OPERATING FOUNDATI ONS, OR CERTAIN SUPPORTING ORGANIZATIONS OF PUBLIC CHARITIES ALL REQUIRE EXPENDITURE RESPO NSIBILITY IF THE FOUNDATION DETERMINES THAT EXPENDITURE RESPONSIBILITY IS REQUIRED, IT WI LL PERFORM THE FOLLOWING STEPS 1 THE FOUNDATION WILL CONDUCT A PRE-GRANT INQUIRY TO DETE RMINE WHETHER THE PROPOSED GRANTEE IS REASONABLY LIKELY TO USE THE GRANT FOR THE SPECIFIED PURPOSES 2 THE FOUNDATION AND GRANTEE WILL SIGN A WRITTEN GRANT AGREEMENT WITH SPECIFIC TERMS REQUIRED BY LAW 3 THE GRANTEE WILL MAINTAIN THE GRANT FUNDS IN A SEPARATE ACCOUNT ON THE GRANTEE'S BOOKS 4 THE GRANTEE WILL REPORT TO THE GRANTOR, IN WRITING, NOT LESS T HAN EVERY SIX MONTHS DURING THE TERM OF THE GRANT, EXPLAINING HOW IT USED THE FUNDS AND DE SCRIBING ITS COMPLIANCE WITH THE GRANT TERMS AND ITS PROGRESS TOWARD THE GRANT PURPOSES 5 REPORT TO IRS ON THE TAX RETURN

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
14-1505623

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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.

Revenue		(a)Event #1 <u>ANNUAL LUNCHEON</u> (event type)	(b)Event #2 <u>WOMENS FUND LUNCH</u> (event type)	(c)Other events <u>2</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	84,100	34,215	32,977	151,292
	2	Less Contributions	74,200	27,010	23,820	125,030
	3	Gross income (line 1 minus line 2)	9,900	7,205	9,157	26,262
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	12,415	5,772	10,413	28,600
	8	Entertainment				
	9	Other direct expenses	7,592	1,925	27,815	37,332
	10	Direct expense summary Add lines 4 through 9 in column (d) ►				
11	Net income summary Subtract line 10 from line 3, column (d) ►					-39,670

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 _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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.**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue Service

2015

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?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes☐ No

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.

[illegible]

- | | | | |
|----------|---|---|-----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | 169 |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | |

Part IIIGrants 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 non-cash assistance
(1) COLLEGE SCHOLARSHIPS	233	485,638		APPLIED TUITION	

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

Return Reference	Explanation
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. ALL GRANT RECIPIENTS MUST QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A NON-PROFIT ORGANIZATION OR OPERATE UNDER THE FISCAL SPONSORSHIP OF AN ORGANIZATION THAT DOES. ALL GRANT FUNDS MUST BE USED FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY, CULTURAL, OR OTHER PURPOSES PERMITTED OF A PUBLIC CHARITY (INCLUDING ANY COMBINATION OF SUCH PURPOSES AND ADMINISTRATIVE SUPPORT). CFGCR REQUIRES ALL GRANT RECIPIENTS TO SIGN AND RETURN A GRANT AGREEMENT, GRANT PROVISIONS AND A CHECK ACKNOWLEDGEMENT FORM. FOR GRANTS MADE FROM CFGCR'S COMMUNITY IMPACT FUNDS, ALL GRANT RECIPIENTS MUST SERVE RESIDENTS OF AND BE LOCATED WITHIN THE 10 COUNTY CAPITAL REGION OF NEW YORK STATE. FOR THESE GRANTS, CFGCR REQUESTS A SIX MONTH AND A FINAL REPORT FROM EACH GRANT RECIPIENT. THIS REPORT INCLUDES A COMPLETE FINANCIAL STATEMENT SHOWING ALL FUNDS RECEIVED AND EXPENDED FOR THE PROGRAMS COVERED BY THE GRANT, AND A NARRATIVE REPORT ON THE PROJECT AND ITS SIGNIFICANCE AND SUCCESS. THE FINANCIAL AND NARRATIVE REPORTS COMPARE ACTUAL EXPENDITURES AND ACCOMPLISHMENTS WITH THE BUDGET AND OBJECTIVES CITED IN THE ORIGINAL PROPOSAL. IN ADDITION, A SITE VISIT MAY BE REQUESTED BY CFGCR DURING THE GRANT PERIOD. THE GRANTEEES ARE GIVEN ADVANCE NOTICE OF SUCH A REQUEST.

Additional Data

Software ID:
Software Version:
EIN: 14-1505623
Name: THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A DIFFERENT WAY IN READING CENTER INC 8 NORTH CHURCH STREET SCHENECTADY, NY 12305	26-2947784	501(C)(3)	7,000				FOR UNRESTRICTED USE
AFRICAN AMERICAN CULTURAL CENTER OF THE CAPITAL REGION INC 135 SOUTH PEARL STREET ALBANY, NY 12202	90-0799855	501(C)(3)	6,000				FOR UNRESTRICTED USE
AFRICAN REFLECTIONS FOUNDATION INC 14 NORTH MANNING BLVD APT C43 ALBANY, NY 12206	20-1621143	501(C)(3)	37,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS COUNCIL OF NENY 927 BROADWAY ALBANY, NY 12207	22-2684595	501(C)(3)	5,000				FOR UNRESTRICTED USE
ALBANY BARN INC 56 SECOND STREET ALBANY, NY 12210	74-3186476	501(C)(3)	6,295				FOR UNRESTRICTED USE
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	21,503				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY COUNTY HISTORICAL ASSOCIATION 9 TEN BROECK PLACE ALBANY, NY 12210	14-6048668	501(C)(3)	48,360				FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	48,097				FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	66,178				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	26,250				FOR UNRESTRICTED USE
AMERICAN CANCER SOCIETY EASTERN DIVISION ONE PENNY LANE LATHAM, NY 12210	16-0743902	501(C)(3)	5,100				FOR UNRESTRICTED USE
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	6,750				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF NORTHEASTERN NEW YORK 33 EVERETT ROAD ALBANY, NY 12205	53-0196605	501(C)(3)	13,000				FOR UNRESTRICTED USE
AMERICAN SWEDISH INSTITUTE 2600 PARK AVENUE MINNEAPOLIS, MN 55407	41-0711603	501(C)(3)	7,000				FOR UNRESTRICTED USE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY INC 53 MAPLE AVENUE SCOTIA, NY 12302	14-0472728	501(C)(3)	5,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART RESOURCE TRANSFER 526 WEST 26TH STREET SUITE 614 NEW YORK, NY 10001	95-4124438	501(C)(3)	5,000				FOR UNRESTRICTED USE
ASANTE SANA FOR EDUCATION INC 89 SUNSET FARM ROAD WEST HARTFORD, CT 06107	27-1689100	501(C)(3)	7,800				FOR UNRESTRICTED USE
BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 700 DELAWARE AVENUE DELMAR, NY 12054	14-6001259	PUBLIC SCHOOL	12,790				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION 1698 CENTRAL AVENUE ALBANY, NY 12205	14-6035512	501(C)(3)	5,400				FOR UNRESTRICTED USE
BOSTON COLLEGE TRUSTEES OFFICE OF UNIVERSITY ADVANCEMENT 140 COMMONWEALTH AVE CADIGAN ALUMNI CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	5,000				FOR UNRESTRICTED USE
BOYS & GIRLS CLUB OF ALBANY 21 DELAWARE AVENUE ALBANY, NY 12210	14-1338303	501(C)(3)	5,804				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURNT HILLS BALLSTON LAKE HOUSING DEVELOPMENT FUND CO INC 15 APPLE STREET BALLSTON SPA, NY 12019	14-1613620	501(C)(3)	10,000				FOR UNRESTRICTED USE
BUXTON SCHOOL 291 SOUTH STREET WILLIAMSTOWN, MA 01267	04-2219425	501(C)(3)	20,000				FOR UNRESTRICTED USE
CAFFE LENA 47 PHILA STREET PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA COUNCIL OF CHURCHES 646 STATE STREET ALBANY, NY 12203	14-1338400	501(C)(3)	9,000				FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	21,908				FOR UNRESTRICTED USE
CAPITAL DISTRICT CHILD CARE COUNCIL 91 BROADWAY MENANDS, NY 12204	14-1648493	501(C)(3)	21,150				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL DISTRICT COMMUNITY GARDENS INC CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	46,350				FOR UNRESTRICTED USE
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT 24 AVIATION ROAD ALBANY, NY 12203	13-3841519	501(C)(3)	5,000				FOR UNRESTRICTED USE
CAPITAL REGION SPONSOR-A-SCHOLAR INC 1 UNITED WAY ALBANY, NY 12205	14-1823014	501(C)(3)	9,817				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL REGION YOUTH TENNIS FOUNDATION 785 WASHINGTON AVENUE ALBANY, NY 12206	14-1733312	501(C)(3)	9,500				FOR UNRESTRICTED USE
CAPITAL REPERTORY COMPANY C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	8,506				FOR UNRESTRICTED USE
CAPTAIN YOUTH & FAMILY SERVICES INC 5 MUNICIPAL PLAZA SUITE 3 CLIFTON PARK, NY 12065	14-1637304	501(C)(3)	6,590				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARES INC 200 HENRY JOHNSON BLVD SUITE 4 ALBANY, NY 12210	14-1731746	501(C)(3)	30,150				FOR UNRESTRICTED USE
CAZENOVIA COLLEGE DEVELOPMENT OFFICE 22 SULLIVAN STREET CAZENOVIA, NY 13035	15-0543658	501(C)(3)	5,000				FOR UNRESTRICTED USE
CELEBRANT USA FOUNDATION INC 93 VALLEY ROAD MONTCLAIR, NJ 07042	13-4230096	501(C)(3)	5,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO CIVICO HISPANOAMERICANO 230 GREEN STREET ALBANY, NY 12202	22-2877236	501(C)(3)	10,000				FOR UNRESTRICTED USE
COLONIE SENIOR SERVICE CENTERS INC SIX WINNERS CIRCLE COLONIE, NY 12205	22-2366576	501(C)(3)	13,100				FOR UNRESTRICTED USE
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	RELIGIOUS ORG	8,650				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	RELIGIOUS ORG	11,000				FOR UNRESTRICTED USE
CONGREGATION RODETH SHALOM 615 NORTH BROAD STREET PHILADELPHIA, PA 19123	23-1365228	RELIGIOUS ORG	5,000				FOR UNRESTRICTED USE
COUNCIL ON FOUNDATIONS PO BOX 75661 BALTIMORE, MD 21275	13-6068327	501(C)(3)	5,340				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT 24 SUNSET BLVD COXSACKIE,NY 12051	14-6001390	PUBLIC SCHOOL	9,237				FOR UNRESTRICTED USE
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE,NY 12846	14-1752888	501(C)(3)	15,500				FOR UNRESTRICTED USE
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD,NJ 07631	22-1487165	501(C)(3)	5,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST SIDE NEIGHBORHOOD RECREATION CENTER INC HOPE 7 COMMUNITY CENTER 596 PAWLING AVENUE TROY, NY 12180	14-1503403	501(C)(3)	11,000				FOR UNRESTRICTED USE
ECONOMIC VENTURES INC 222 EAST 56 STREET SUITE 2H NEW YORK, NY 10022	90-0607567	501(C)(3)	6,667				FOR UNRESTRICTED USE
EDMUND NILES HUYCK PRESERVE INC PO BOX 189 RENSSELAERVILLE, NY 12147	14-1338387	501(C)(3)	12,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELECTRONIC BODY ARTS INC 351 HUDSON AVENUE ALBANY, NY 12210	23-7401865	501(C)(3)	7,500				FOR UNRESTRICTED USE
ELLIS HOSPITAL FOUNDATION INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	20,000				FOR UNRESTRICTED USE
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	25,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUESTRIAN OUTREACH CENTER 9551 SUTFIN ROAD JEROME, MI 49249	20-4039856	501(C)(3)	5,000				FOR UNRESTRICTED USE
EQUINOX INC 95 CENTRAL AVENUE ALBANY, NY 12206	14-1437421	501(C)(3)	8,250				FOR UNRESTRICTED USE
FAMILY AND CHILD SERVICE OF SCHENECTADY 246 UNION STREET SCHENECTADY, NY 12305	14-1338397	501(C)(3)	12,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	208,000				FOR UNRESTRICTED USE
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY 405 WASHINGTON AVE ALBANY, NY 12206	14-1509821	501(C)(3)	11,000				FOR UNRESTRICTED USE
FOOD PANTRIES FOR THE CAPITAL DISTRICT 32 ESSEX STREET ALBANY, NY 12206	14-1752164	501(C)(3)	8,250				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF CAMP LITTLE NOTCH INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	27-0210079	501(C)(3)	10,000				FOR UNRESTRICTED USE
FULTON COUNTY YMCA 213 HARRISON STREET JOHNSTOWN, NY 12095	14-1374493	501(C)(3)	50,000				FOR UNRESTRICTED USE
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157	501(C)(3)	19,669				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRAND STREET COMMUNITY ARTS INC 68 GRAND STREET ALBANY, NY 12202	30-0195212	501(C)(3)	7,000				FOR UNRESTRICTED USE
HABITAT FOR HUMANITY CAPITAL DISTRICT INC 200 HENRY JOHNSON BLVD SUITE 1 ALBANY, NY 12210	14-1708404	501(C)(3)	16,399				FOR UNRESTRICTED USE
HABITAT FOR HUMANITY INTERNATIONAL INC PO BOX 6196 SHERIDAN, WY 82801	91-1914868	501(C)(3)	35,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY OF SCHENECTADY COUNTY INC PO BOX 848 SCHENECTADY, NY 12301	14-1765200	501(C)(3)	12,700				FOR UNRESTRICTED USE
HISTORIC ALBANY FOUNDATION 89 LEXINGTON AVENUE ALBANY, NY 12206	23-7380514	501(C)(3)	5,000				FOR UNRESTRICTED USE
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION 80 VANDENBURGH AVENUE TROY, NY 12180	22-2427015	501(C)(3)	48,800				FOR UNRESTRICTED USE

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INDEPENDENT LIVING CENTER OF HUDSON VALLEY INC 15-17 THIRD STREET TROY, NY 12180	22-2875911	501(C)(3)	10,000				FOR UNRESTRICTED USE
INDIAN RIVER MEDICAL CENTER FOUNDATION 1000 36TH STREET VERO BEACH, FL 32960	59-0760215	501(C)(3)	5,000				FOR UNRESTRICTED USE
INNOVATIVE CHARITABLE INITIATIVES INC 272 BROADWAY ALBANY, NY 12204	14-1813190	501(C)(3)	10,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	11,075				FOR UNRESTRICTED USE
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	7,512				FOR UNRESTRICTED USE
JEWISH FEDERATION OF SARASOTAMANATEE 580 MCINTOSH ROAD SARASOTA, FL 34232	59-1227747	501(C)(3)	11,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOSEPH'S HOUSE & SHELTER INC 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	7,750				FOR UNRESTRICTED USE
KUPONA FOUNDATION 12 BENSONHURST AVENUE SARATOGA SPRINGS, NY 12866	26-4371825	501(C)(3)	5,000				FOR UNRESTRICTED USE
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK INC 55 COLVIN AVENUE ALBANY, NY 12206	14-1338448	501(C)(3)	9,425				FOR UNRESTRICTED USE

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LIFETIME CARE INC 3111 WINTON ROAD SOUTH ROCHESTER, NY 14623	22-2221158	501(C)(3)	5,000				FOR UNRESTRICTED USE
LITERACY NEW YORK GREATER CAPITAL REGION INC 99 CLINTON STREET 2ND FLOOR SCHENECTADY, NY 12305	23-7409758	501(C)(3)	7,776				FOR UNRESTRICTED USE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	6,534				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOHAWK AND HUDSON RIVER HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459	501(C)(3)	17,000				FOR UNRESTRICTED USE
MOHAWK HUDSON LAND CONSERVANCY PO BOX 567 SLINGERLANDS, NY 12159	14-1754157	501(C)(3)	90,506				FOR UNRESTRICTED USE
MORGAN STATE UNIVERSITY FOUNDATION INC INSTITUTE FOR ADVANCED JOURNALIST STUDIES 1700 EAST COLD SPRING LANE BALTIMORE, MD 21251	23-7089143	501(C)(3)	5,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSEUM OF INNOVATION AND SCIENCE (MISCI) 15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	14-1275432	501(C)(3)	14,168				FOR UNRESTRICTED USE
MUSIC MOBILE INC PO BOX 6024 ALBANY, NY 12206	14-1610149	501(C)(3)	18,000				FOR UNRESTRICTED USE
NATIONAL WOMEN'S HISTORY MUSEUM 205 SOUTH WHITING STREET SUITE 254 ALEXANDRIA, VA 22304	54-1801426	501(C)(3)	5,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEWSEUM INC NEWSEUM DEVELOPMENT OFFICE 555 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20001	20-3985447	501(C)(3)	5,000				FOR UNRESTRICTED USE
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	PUBLIC SCHOOL	7,500				FOR UNRESTRICTED USE
NISKAYUNA REFORMED CHURCH 3041 TROY ROAD NISKAYUNA, NY 12309	14-1416685	RELIGIOUS ORG	6,000				FOR UNRESTRICTED USE

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NORTHEAST HEALTH FOUNDATION 2224 BURDETT AVENUE TROY, NY 12180	22-2743478	501(C)(3)	47,500				FOR UNRESTRICTED USE
NORTHEAST KIDNEY FOUNDATION 501 NEW KARNER ROAD SUITE 6 ALBANY, NY 12205	14-1559082	501(C)(3)	5,000				FOR UNRESTRICTED USE
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY INC 301 WASHINGTON AVENUE ALBANY, NY 12206	14-1338302	501(C)(3)	6,609				FOR UNRESTRICTED USE

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NORTHERN WYOMING COMMUNITY COLLEGE FOUNDATION PO BOX 6328 SHERIDAN, WY 82801	83-6006226	501(C)(3)	20,000				FOR UNRESTRICTED USE
ONRUST PROJECT INC PO BOX 1710 SCHENECTADY, NY 12301	20-3741378	501(C)(3)	5,000				FOR UNRESTRICTED USE
OPEN SPACE INSTITUTE LAND TRUST INC 291 HUDSON AVENUE SUITE B ALBANY, NY 12210	13-3028060	501(C)(3)	32,500				FOR UNRESTRICTED USE

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OUR TOWNS HABITAT FOR HUMANITY PO BOX 1088 DAVIDSON, NC 28036	56-1733643	501(C)(3)	5,000				FOR UNRESTRICTED USE
PALACE THEATRE 19 CLINTON AVENUE ALBANY, NY 12207	14-1708151	501(C)(3)	15,000				FOR UNRESTRICTED USE
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	17,900				FOR UNRESTRICTED USE

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PINE HOLLOW ARBORETUM 34 PINE HOLLOW ROAD SLINGERLANDS, NY 12159	26-1815321	501(C)(3)	8,500				FOR UNRESTRICTED USE
PRIDE CENTER OF THE CAPITAL REGION CAPITAL DISTRICT GAY AND LESBIAN COMMUNITY COUNCIL 332 HUDSON AVENUE ALBANY, NY 12210	14-1605106	501(C)(3)	8,700				FOR UNRESTRICTED USE
PROCTORS ARTS CENTER & THEATRE OF SCHENECTADY INC 432 STATE STREET SCHENECTADY, NY 12305	14-1602083	501(C)(3)	29,785				FOR 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)	5,000				FOR UNRESTRICTED USE
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885	501(C)(3)	9,500				FOR UNRESTRICTED USE
RENSSELAER COUNTY HISTORICAL SOCIETY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	8,250				FOR UNRESTRICTED USE

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RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE 90 FOURTH STREET SUITE 200 TROY, NY 12180	14-1127090	501(C)(3)	15,000				FOR UNRESTRICTED USE
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	14-1340095	501(C)(3)	15,000				FOR UNRESTRICTED USE
RENSSELAER POLYTECHNIC INSTITUTE TROY BUILDING 3RD FLOOR TROY, NY 12180	14-1340095	501(C)(3)	27,500				FOR UNRESTRICTED USE

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ROBERT C PARKER SCHOOL 4254 ROUTE 43 WYNANTSKILL, NY 12198	14-1729589	501(C)(3)	26,172				FOR UNRESTRICTED USE
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION INC 139 SOUTH LAKE AVENUE ALBANY, NY 12208	22-2356004	501(C)(3)	10,000				FOR UNRESTRICTED USE
ROSEMARY FARM SANCTUARY INC 1646 ROSES BROOK ROAD SOUTH KORTRIGHT, NY 13842	45-5185301	501(C)(3)	17,000				FOR UNRESTRICTED USE

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SARATOGA ARTS INC 320 BROADWAY SARATOGA SPRINGS, NY 12866	14-1632037	501(C)(3)	5,000				FOR UNRESTRICTED USE
SARATOGA HOSPITAL 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1338547	501(C)(3)	10,000				FOR UNRESTRICTED USE
SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1775218	501(C)(3)	10,000				FOR UNRESTRICTED USE

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SARATOGA INSTITUTE INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	5,000				FOR UNRESTRICTED USE
SARATOGA PLAN 112 SPRING STREET ROOM 202 SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	13,000				FOR UNRESTRICTED USE
SARATOGA PERFORMING ARTS CENTER INC 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	10,100				FOR UNRESTRICTED USE

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SARATOGA SPRINGS HIGH SCHOOL 1 BLUE STREAK BLVD SARATOGA SPRINGS, NY 12866	14-6004187	PUBLIC SCHOOL	10,000				FOR UNRESTRICTED USE
SCHENECTADY COMMUNITY HOME THE JOAN NICOLE PRINCE HOME 22 GLENVIEW DRIVE PO BOX 2122 SCOTIA, NY 12302	01-0566111	501(C)(3)	12,650				FOR UNRESTRICTED USE
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION 78 WASHINGTON AVENUE SCHENECTADY, NY 12305	23-7194187	501(C)(3)	20,000				FOR UNRESTRICTED USE

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SCHENECTADY INNER CITY MINISTRY 1055 WENDELL AVENUE SCHENECTADY, NY 12308	14-1548263	501(C)(3)	5,200				FOR UNRESTRICTED USE
SCHOHARIE RIVER CENTER INC 2047 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	8,000				FOR UNRESTRICTED USE
SCOTIA-GLENNVILLE CENTRAL SCHOOL DISTRICT 900 PREDDICE PARKWAY SCOTIA, NY 12302	14-6001946	PUBLIC SCHOOL	5,350				FOR UNRESTRICTED USE

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SENIOR SERVICE CENTERS OF THE ALBANY AREA INC 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	21,200				FOR UNRESTRICTED USE
SHAKER HERITAGE SOCIETY 25 MEETING HOUSE ROAD ALBANY, NY 12211	22-2186087	501(C)(3)	10,277				FOR UNRESTRICTED USE
SHERIDAN COMMUNITY LAND TRUST PO BOX 7185 SHERIDAN, WY 82801	20-4385635	501(C)(3)	10,000				FOR UNRESTRICTED USE

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SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	13,500				FOR UNRESTRICTED USE
SOUTH END IMPROVEMENT CORPORATION 38 CATHERINE STREET ALBANY, NY 12202	14-1604145	501(C)(3)	5,000				FOR UNRESTRICTED USE
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT 58200 STATE HIGHWAY 10 PO BOX 113 SOUTH KORTRIGHT, NY 13842	15-6002380	PUBLIC SCHOOL	15,000				FOR UNRESTRICTED USE

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ST CATHERINE'S CENTER FOR CHILDREN 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1338455	501(C)(3)	6,100				FOR UNRESTRICTED USE
ST JOHN'S UNIVERSITY SCHOOL OF LAW 8000 UTOPIA PARKWAY QUEENS, NY 11439	11-1630830	501(C)(3)	5,000				FOR UNRESTRICTED USE
ST PATRICKS CATHEDRAL 460 MADISON AVENUE NEW YORK, NY 10022	13-3089351	501(C)(3)	5,000				FOR UNRESTRICTED USE

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ST PETER'S HEALTH PARTNERS - ST PETER'S HOSPITAL 315 SOUTH MANNING BOULEVARD ALBANY, NY 12208	14-1348692	501(C)(3)	10,000				FOR UNRESTRICTED USE
ST PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 1270 BELMONT AVENUE SCHENECTADY, NY 12308	22-2505127	501(C)(3)	7,200				FOR UNRESTRICTED USE
ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BOULEVARD SUITE 114 ALBANY, NY 12208	22-2262982	501(C)(3)	12,630				FOR UNRESTRICTED USE

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ST PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	10,000				FOR UNRESTRICTED USE
SYRACUSE UNIVERSITY 200 ARCHBOLD NORTH SYRACUSE, NY 13244	15-0532081	501(C)(3)	10,000				FOR UNRESTRICTED USE
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	5,000				FOR UNRESTRICTED USE

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THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	16,272				FOR UNRESTRICTED USE
THE CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	33,495				FOR UNRESTRICTED USE
THE COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	16,300				FOR UNRESTRICTED USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONKLING CENTER INC PO BOX 2088 79 WARREN STREET GLENS FALLS,NY 12801	14-1340067	501(C)(3)	10,000				FOR UNRESTRICTED USE
THE CORPORATION OF YADDO PO BOX 395 SARATOGA SPRINGS,NY 12866	14-1343055	501(C)(3)	22,636				FOR UNRESTRICTED USE
THE FIRST REFORMED CHURCH OF SCHENECTADY 8 NORTH CHURCH STREET SCHENECTADY,NY 12305	14-1364528	RELIGIOUS ORG	12,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACK AND JILL LATE STAGE CANCER FOUNDATION INC 3282 NORTHSIDE PARKWAY SUITE 100 ATLANTA,GA 30327	20-4415512	501(C)(3)	5,000				FOR UNRESTRICTED USE
THE LAMPLIGHTER FOUNDATION INC C/O FORT ORANGE CLUB 110 WASHINGTON AVENUE ALBANY,NY 12210	26-2199680	501(C)(3)	5,000				FOR UNRESTRICTED USE
THE RENSSELAERVILLE INSTITUTE 2 OAKWOOD PLACE DELMAR,NY 12054	14-6027612	501(C)(3)	11,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAGE COLLEGES 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	9,100				FOR UNRESTRICTED USE
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	5,000				FOR UNRESTRICTED USE
TRINITY ALLIANCE OF THE CAPITAL DISTRICT 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	55,625				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY REHABILITATION & IMPROVEMENT PROGRAM INC 415 RIVER STREET TROY, NY 12180	14-1503655	501(C)(3)	5,000				FOR UNRESTRICTED USE
TROY SAVINGS BANK MUSIC HALL CORP 30 SECOND STREET TROY, NY 12180	22-2270512	501(C)(3)	22,750				FOR UNRESTRICTED USE
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION PO BOX 10851 ALBANY, NY 12201	56-2389806	501(C)(3)	8,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITARIAN UNIVERSALIST ROWE CAMP & CONFERENCE CENTER PO BOX 273 ROWE,MA 01367	04-2162408	501(C)(3)	25,000				FOR UNRESTRICTED USE
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK THE GOLUB CENTER 184 WASHINGTON AVE EXT ALBANY,NY 12203	22-2805163	501(C)(3)	6,000				FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION INC ONE UNITED WAY ALBANY,NY 12205	14-1364505	501(C)(3)	21,500				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY HOUSE OF TROY INC 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	18,500				FOR UNRESTRICTED USE
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE ALBANY, NY 12206	14-6000805	501(C)(3)	33,597				FOR UNRESTRICTED USE
USS ALBANY ASSOCIATION INC PO BOX 515 RENSSELAER, NY 12144	14-1836598	501(C)(3)	5,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE SERVICE OF NORTHEASTERN NEW YORK 108 ERIE BOULEVARD SCHENECTADY, NY 12305	14-1338478	501(C)(3)	12,700				FOR UNRESTRICTED USE
WAMC FM 318 CENTRAL AVENUE PO BOX 66600 ALBANY, NY 12206	22-2400593	501(C)(3)	5,300				FOR UNRESTRICTED USE
WATER TO THRIVE 8701 NORTH MOPAC HIGHWAY SUITE 105 AUSTIN, TX 78759	26-2213782	501(C)(3)	20,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERVLIET CIVIC CHEST INC POST OFFICE BOX 164 14TH STREET 1ST AVENUE WATERVLIET,NY 12189	14-1387856	501(C)(3)	6,150				FOR UNRESTRICTED USE
WELFARE RESEARCH INC 14 COLUMBIA CIRCLE SUITE 104 ALBANY,NY 12203	14-6046778	501(C)(3)	5,000				FOR UNRESTRICTED USE
WHEELLOCK COLLEGE 200 THE RIVERWAY BOSTON,MA 02215	04-2103639	501(C)(3)	5,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDWOOD FOUNDATION 2995C CURRY ROAD EXTENSION SCHENECTADY, NY 12303	22-2132752	501(C)(3)	43,000				FOR UNRESTRICTED USE
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000				FOR UNRESTRICTED USE
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	14-1400177	501(C)(3)	17,100				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER 133 PARK STREET VIENNA,VA 22180	23-7423496	501(C)(3)	5,000				FOR UNRESTRICTED USE
X-QUEST INC C/O ST JOSEPHS CHURCH 225 LAFAYETTE STREET SCHENECTADY,NY 12305	13-3862213	501(C)(3)	16,769				FOR UNRESTRICTED USE
YALE UNIVERSITY DEVELOPMENT OFFICE PO BOX 2038 NEW HAVEN,CT 06521	06-0646973	501(C)(3)	40,000				FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA NORTHEASTERN NY 44 WASHINGTON AVE SCHENECTADY, NY 12305	14-1340139	501(C)(3)	8,119				FOR UNRESTRICTED USE

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

► **Attach to Form 990.**

► **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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
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Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	1,891,552	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

2015

**Open to Public
Inspection**

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

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

Employer identification number

14-1505623

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 VI, SECTION B, LINE 11	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 P REPAIRED BY CFGCR'S AUDITING FIRM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD, COMMITTEE VOLUNTEERS AND STAFF ARE REQUIRED TO COMPLETE THE CODE OF ETHICAL CONDUCT & ANNUAL POTENTIAL CONFLICTS DISCLOSURE STATEMENT ANNUALLY THE DOCUMENTS ARE DISTRIBUTED PRIOR TO THE FIRST MEETING OF THE BOARD TERM AND ARE KEPT ON FILE AT THE CFGCR OFFICES CFGCR STAFF MONITOR COMPLIANCE WITH THIS REQUIREMENT
FORM 990, PART VI, SECTION B, LINE 15	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 CEO'S FROM THE COUNCIL ON FOUNDATION'S COMPENSATION SUMMARY THE COMMITTEE REVIEWS THE INFORMATION PROVIDED AND COMPLETES A REVIEW OF THE CEO THIS EVALUATION IS SHARED WITH THE CEO AND THE ENTIRE BOARD THE BOARD CONFIRMS ANY CHANGES TO SALARY AND BENEFITS BASED ON THE EVALUATION AND BUDGET CONSIDERATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 IX, LINE 11G	PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 9,117 MANAGEMENT AND GENERAL EXPENSES 3,070 FUNDRAISING EXPENSES 470 TOTAL EXPENSES 12,657 CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 2,731,183 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,731,183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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
(1) CFCR REAL PROPERTY TRANSACTIONS LLC 6 TOWER PLACE/EXECUTIVE PARK DRIVE ALBANY, NY 12203 14-1505623	TO MANAGE REAL PROPERTY INTENDED TO BE DONATED TO COMMUNITY FOUNDATION	NY	0	0	COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION INC

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE WILLIAM AND MARY BARNET FOUNDATION 6 TOWER PLACE/EXECUTIVE PARK DRIVE ALBANY, NY 12203 14-1835725	CHARITABLE GIVING	NY	501(C)(3)	LINE 11C, III-FI	N/A		No

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

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

1a

No

b

Gift, grant, or capital contribution to related organization(s)

1b

No

c

Gift, grant, or capital contribution from related organization(s)

1c

No

d

Loans or loan guarantees to or for related organization(s)

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k

Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o

Sharing of paid employees with related organization(s)

1o

No

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

Yes

r

Other transfer of cash or property to related organization(s)

1r

No

s

Other transfer of cash or property from related organization(s)

1s

No

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

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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