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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2 TOWER PLACE EXECUTIVE PARK

City or town, state or province, country, and ZIP or foreign postal code
ALBANY, NY 12203

F Name and address of principal officer:
JOHN EBERLE
2 TOWER PLACE EXECUTIVE PARK
ALBANY, NY 12203

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
14-1505623

E Telephone number
(518) 446-9638

G Gross receipts \$ 14,186,999

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFGCR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1968

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.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.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶165,064

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

JOHN EBERLE PRESIDENT & CEO
Type or print name and title

2020-10-02
Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ BST & CO CPAS LLP

Firm's address ▶ 26 COMPUTER DRIVE WEST
ALBANY, NY 12205

Preparer's signature

Firm's EIN ▶ 14-1442607

Phone no. (518) 459-6700

Date
2020-09-29

Check ☐ if self-employed

PTIN
P00281935

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 7,011,910 including grants of \$ 5,955,206) (Revenue \$ 124,298)
See Additional Data	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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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 ▶ 7,011,910
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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)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4 Yes	
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15	No
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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 Yes	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	No
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 Yes	
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	No
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 ComplianceCheck 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	1a 11	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9			
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	
9 Sponsoring organizations maintaining donor advised funds.				
a 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?				
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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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	22	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	No
	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-A 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:
TERRY D MARIANO CFO 2 TOWER PLACE EXECUTIVE PARK ALBANY, NY 12203 (518) 446-9638

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) KEVIN M O'BRYAN CHAIR	1.00	X		X				0	0	0
(2) MARK EAGAN FIRST VICE CHAIR	1.00	X		X				0	0	0
(3) JAN SMITH SECRETARY	1.00	X		X				0	0	0
(4) ALICIA LASCH TREASURER	1.00	X		X				0	0	0
(5) SUSAN C PICOTTE ESQ IMMEDIATE PAST CHAIR	1.00	X		X				0	0	0
(6) CHRISTOPHER CIMIJOTTI DIRECTOR	1.00	X						0	0	0
(7) VIRGINIA C GREGG DIRECTOR	1.00	X						0	0	0
(8) ROBERT T HENNES DIRECTOR	1.00	X						0	0	0
(9) HYACINTH MASON PHD DIRECTOR	1.00	X						0	0	0
(10) MURRAY CARL MASSRY DIRECTOR	1.00	X						0	0	0
(11) VICTOR A OBERTING III DIRECTOR	1.00	X						0	0	0
(12) G NEIL ROBERTS DIRECTOR	1.00	X						0	0	0
(13) JOHN W RODAT DIRECTOR	1.00	X						0	0	0
(14) ANN M SHARPE ESQ DIRECTOR	1.00	X						0	0	0
(15) JAMES A SIDFORD DIRECTOR	1.00	X						0	0	0
(16) FRANK M SLINGERLAND DIRECTOR	1.00	X						0	0	0
(17) CHESTER OPALKA DIRECTOR	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) EILEEN MCLOUGHLIN DIRECTOR	1.00	X						0	0	0
(19) M CHRISTIAN BENDER DIRECTOR	1.00	X						0	0	0
(20) ROBERT REYNOLDS DIRECTOR	1.00	X						0	0	0
(21) MICHAEL R BREault DIRECTOR	1.00	X						0	0	0
(22) JESSICA BACKER BRAND ESQ DIRECTOR	1.00	X						0	0	0
(23) JOHN G EBERLE PRESIDENT & CEO	50.00			X				171,546	0	19,694
(24) TERRY D MARIANO CFO	40.00			X				108,151	0	11,483
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								279,697	0	31,177

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	Yes	
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>		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

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

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c	174,729									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	6,277,699									
	g Noncash contributions included in lines 1a - 1f: \$		1g										
	h Total. Add lines 1a-1f ▶		6,452,428										
Program Service Revenue	2a FEES FOR SERVICE		Business Code		124,298		124,298						
			561000										
	b												
	c												
	d												
	e												
	f All other program service revenue												
	g Total. Add lines 2a-2f. ▶		124,298										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				1,477,719				1,477,719				
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real		(ii) Personal								
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) ▶												
			(i) Securities		(ii) Other								
	7a Gross amount from sales of assets other than inventory		7a		6,088,598								
	b Less: cost or other basis and sales expenses		7b		5,589,447								
	c Gain or (loss)		7c		499,151								
	d Net gain or (loss) ▶				499,151				499,151				
	8a Gross income from fundraising events (not including \$ 174,729 of contributions reported on line 1c). See Part IV, line 18		8a		43,956								
	b Less: direct expenses		8b		89,650								
	c Net income or (loss) from fundraising events ▶				-45,694				-45,694				
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities ▶												
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory ▶													
Miscellaneous Revenue		Business Code											
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶													
12 Total revenue. See instructions ▶				8,507,902		124,298		0					
								1,931,176					
Form 990 (2019)													

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		856,283	1	353,232	
	2	Savings and temporary cash investments		1,997,882	2	3,066,127	
	3	Pledges and grants receivable, net		1,203,185	3	684,531	
	4	Accounts receivable, net		1,359,088	4	1,011,443	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		20,137	9	21,713	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	197,773			
	b	Less: accumulated depreciation	10b	94,583	126,254	10c	103,190
	11	Investments—publicly traded securities		19,606,075	11	22,562,766	
	12	Investments—other securities. See Part IV, line 11		49,409,944	12	59,787,309	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,762,794	15	1,911,481	
16	Total assets. Add lines 1 through 15 (must equal line 34)		76,341,642	16	89,501,792		
Liabilities	17	Accounts payable and accrued expenses		44,558	17	48,734	
	18	Grants payable		265,829	18	239,306	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,973,681	25	3,366,595	
	26	Total liabilities. Add lines 17 through 25		3,284,068	26	3,654,635	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		36,769,362	27	43,569,309	
	28	Net assets with donor restrictions		36,288,212	28	42,277,848	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		73,057,574	32	85,847,157		
33	Total liabilities and net assets/fund balances		76,341,642	33	89,501,792		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,507,902
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,786,053
3	Revenue less expenses. Subtract line 2 from line 1	3	721,849
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,057,574
5	Net unrealized gains (losses) on investments	5	12,067,734
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,847,157

Part XII Financial Statements and ReportingCheck 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 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.THE FOUNDATION ADMINISTERS MORE THAN 420 CHARITABLE FUNDS, AND IN PARTNERSHIP WITH OUR DONORS, PROVIDES LEADERSHIP AND SUPPORT FOR SOME OF THE CAPITAL REGION'S MOST IMPORTANT HUMAN SERVICE, EDUCATION, ARTS/CULTURE, COMMUNITY IMPROVEMENT AND HOUSING/SHELTER INITIATIVES.SINCE OUR FOUNDING IN 1968, THE FOUNDATION HAS AWARDED MORE THAN \$91.3 MILLION TO SUPPORT THE CAPITAL REGION AND BEYOND. IN 2019, THE FOUNDATION GRANTED AND FACILITATED NEARLY \$6.5 MILLION IN 1,374 GRANTS. OF THESE GRANTS, 176 NONPROFIT PROGRAMS RECEIVED OVER \$5,000 EACH. THE TOP FOCUS AREAS TO WHICH GRANTS WERE AWARDED IN 2019 WERE HUMAN SERVICES, EDUCATION, ARTS/CULTURE/HUMANITIES, HOUSING AND SHELTER, AND COMMUNITY IMPROVEMENT/CAPACITY BUILDING.THE FOUNDATION MAINTAINS A FOCUS ON INVESTING IN THE CAPACITY OF LOCAL NONPROFITS, IN ORDER TO HELP THEM OPERATE AND SERVE THEIR POPULATIONS MORE EFFECTIVELY. WE ACCOMPLISH THIS THROUGH MODEST GRANT AWARDS TO SUPPORT INFRASTRUCTURE, HUMAN RESOURCES, AND MANAGEMENT/BOARD TRAINING UPGRADES, AS WELL AS OUR SUPPORT FOR, AND COORDINATION OF, THE CAPACITY BUILDING MINI-GRANT PROGRAM. THIS PROGRAM, OFFERED FREE EACH YEAR, CONSISTS OF A SERIES OF HALF-DAY WORKSHOPS FOR NONPROFIT LEADERS AND THEIR BOARD MEMBERS ON A WIDE RANGE OF TOPICS, SUCH AS PERSONNEL RISK MANAGEMENT, REGULATORY CHANGES AFFECTING THE NONPROFIT FIELD, DEVELOPMENT AND COMMUNICATIONS, AND TECHNOLOGY SOLUTIONS.THE FOUNDATION AWARDS GRADE SCHOOL, COLLEGE, AND CONTINUING EDUCATION SCHOLARSHIPS TO HUNDREDS OF LOCAL SCHOLARS EACH YEAR. THE FOUNDATION'S LARGEST SCHOLARSHIP FUND IS THE PHYLLIS E. DAKE "MAKE YOUR OWN" SCHOLARSHIP FUND (PED), WHICH PROVIDES COLLEGE FUNDING FOR CHILDREN OF STEWART'S SHOPS EMPLOYEES. IN 2019, THE PED SCHOLARSHIP GRANTED MORE THAN \$451,000, COMBINED WITH THE FOUNDATION'S OTHER SCHOLARSHIP FUNDS, RESULTED IN DISTRIBUTING MORE THAN \$640,000 GRANTED THROUGH 214 SCHOLARSHIPS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
14-1505623

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	8,058,680	15,639,595	5,266,819	8,154,930	6,452,428	43,572,452
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	8,058,680	15,639,595	5,266,819	8,154,930	6,452,428	43,572,452
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) . .						3,614,988
6	Public support. Subtract line 5 from line 4.						39,957,464

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	8,058,680	15,639,595	5,266,819	8,154,930	6,452,428	43,572,452
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	1,623,429	2,332,783	1,963,806	1,365,665	1,477,719	8,763,402
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .	907	11,355				12,262
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						52,348,116
12	Gross receipts from related activities, etc. (see instructions)						12 479,843
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	76.330 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	74.940 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
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>		
2		
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>		
3a		
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>		
3b		
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>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
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>		
4b		
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>		
4c		
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>		
5a		
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?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
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>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 14-1505623

Name: THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION INC

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	PAYMENT TO A THIRD PARTY FOR LOBBYING SERVICES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
14-1505623

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	235	
2 Aggregate value of contributions to (during year)	4,778,147	
3 Aggregate value of grants from (during year)	4,015,384	
4 Aggregate value at end of year	29,601,594	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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

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

☐

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

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

39,269,103

40,098,853

35,099,337

21,665,864

24,068,612

1,461,773

4,635,854

760,157

12,658,868

546,372

7,212,076

-3,858,565

5,435,210

1,955,236

-836,623

1,652,513

1,607,039

1,195,851

1,180,631

1,252,004

46,290,439

39,269,103

40,098,853

35,099,337

22,526,357

2

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

a

Board designated or quasi-endowment ▶ 17.100 %

b

Permanent endowment ▶ 69.860 %

c

Temporarily restricted endowment ▶ 13.040 %

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

b

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

Yes

No

3a(i)

No

3a(ii)

No

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property

(a)

Cost or other basis (investment)

(b)

Cost or other basis (other)

(c)

Accumulated depreciation

(d)

Book value

1a

Land

b

Buildings

c

Leasehold improvements

d

Equipment

e

Other

197,773

94,583

103,190

Total.

Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

103,190

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COMMINGLED/OTHER INVESTMENTS	59,787,309	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	59,787,309	

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	3,366,595

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	20,099,354
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	12,067,734
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	83,938
e	Add lines 2a through 2d	2e	12,151,672
3	Subtract line 2e from line 1	3	7,947,682
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	649,870
b	Other (Describe in Part XIII.)	4b	-89,650
c	Add lines 4a and 4b	4c	560,220
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,507,902

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

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

1	Total expenses and losses per audited financial statements	1	7,244,523
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	108,340
e	Add lines 2a through 2d	2e	108,340
3	Subtract line 2e from line 1	3	7,136,183
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	649,870
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	649,870
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,786,053

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENTS OVERSEEN BY THE FINAN CE COMMITTEE OF THE BOARD OF DIRECTORS AND MANAGED BY AN INDEPENDENT ADVISOR. ENDOWMENT FU NDS 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.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE COMMUNITY FOUNDATION FILES FORM 990 ANNUALLY WITH THE INTERNAL REVENUE SERVICE. WHEN ANNUAL RETURNS ARE FILED, SOME TAX POSITIONS TAKEN ARE HIGHLY CERTAIN TO BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHER TAX POSITIONS ARE SUBJECT TO UNCERTAINTY ABOUT THE TECHNICAL MERITS OF THE POSITION OR AMOUNT OF THE POSITION'S TAX BENEFIT THAT WOULD ULTIMATELY BE SUSTAINED. MANAGEMENT EVALUATED THE COMMUNITY FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE COMMUNITY FOUNDATION HAS TAKEN NO TAX POSITIONS THAT REQUIRED ADJUSTMENT IN THEIR FINANCIAL STATEMENTS AS OF DECEMBER 31, 2019. THE COMMUNITY FOUNDATION HAS TAXABLE UNRELATED BUSINESS INCOME RELATED TO INVESTMENT HOLDINGS.</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE ALLOCATED TO THE WILLIAM AND MARY BARNET FOUNDATION 83,938.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE -89,650.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE 89,650. EXPENSES ALLOCATED TO THE WILLIAM AND MARY BARNET FOUNDATION 18,690.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
14-1505623

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			16,126,533
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			16,126,533

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 14-1505623

Name: THE COMMUNITY FOUNDATION FOR THE GREATER
CAPITAL REGION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		14,959,757
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		1,166,776

2019

Open to Public Inspection

14-1505623

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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

Employer identification number

14-1505623

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 176

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COLLEGE SCHOLARSHIPS	214	640,193		APPLIED TUITION	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental 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 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.
SCHEDULE I, PART III:	SCHOLARSHIP PAYMENTS ARE MADE DIRECTLY TO THE SCHOOL AND REQUIRE DUAL ENDORSEMENT BY THE SCHOOL AND THE ENROLLED STUDENT.

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
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	2,500				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN ON BEHALF OF MARY ELLEN LASCH
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	40,000				DONOR ADVISED-FOR THE INVEST.INSPIRE.IGNITE CAPITAL CAMPAIGN

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
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	5,000				DONOR ADVISED-FOR UNRESTRICTED USE
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	6,000				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN FROM THE LASCH FAMILY

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
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	501(C)(3)	7,500				INVEST. INSPIRE. IGNITE. CAPITAL CAMPAIGN
ACADEMY OF THE HOLY NAMES 1073 NEW SCOTLAND ROAD ALBANY, NY 12208	94-1156666	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
ADIRONDACK FOUNDATION PO BOX 288 304 BEAR CUB LANE LAKE PLACID, NY 12946	16-1535724	501(C)(3)	150,000				DONOR ADVISED-FOR THE NORTHERN LIGHTS FUND FOR ADIRONDACK GIVING
AFRICAN REFLECTIONS FOUNDATION INC PO BOX 50134 ALBANY, NY 12205	20-1621143	501(C)(3)	34,280				TO COVER WELLS, ETC. IN OCTOBER 2019

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
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	22-3084628	501(C)(3)	2,500				DONOR ADVISED-FOR UNRESTRICTED USE
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	22-3084628	501(C)(3)	2,500				DONOR ADVISED-TO SUPPORT THE 2019 SUMMER INTERN

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
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	22-3084628	501(C)(3)	5,000				DONOR ADVISED-FOR THE ASA INTERNSHIP FUND
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	22-3084628	501(C)(3)	10,000				DONOR ADVISED-FOR THE "COMMUNITY FOREST" PROJECT TO BE USED FOR ACQUISITION AND/OR STEWARDSHIP ENDOWMENT AS NEEDED

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
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	22-3084628	501(C)(3)	5,000				DONOR ADVISED-FOR OPERATING SUPPORT
AIM SERVICES INC 4227 ROUTE 50 SARATOGA SPRINGS, NY 12866	14-1609398	501(C)(3)	5,000				ENHANCED RESPITE AFTER SCHOOL PROGRAM

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 COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	1,000				DONOR ADVISED-FOR GENERAL EXPENSES
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1423161	501(C)(3)	106,331				THE SCRIPT STUDY

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

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 INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	6,637				FOR UNRESTRICTED USE
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,500				FOR THE MUSEUM GALA IN HONOR OF CHUCK LIDDLE

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 INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000				FOR ANNUAL GIVING
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	14-1343061	501(C)(3)	1,000				FOR ANNUAL SUPPORT

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 MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	250				DONOR ADVISED-FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	1,000				DONOR ADVISED-FOR THE ANNUAL FUND

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 MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	100				DONOR ADVISED-FOR THE LIFELINE PROGRAM
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	235				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 MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	1,000				FOR THE PEDIATRIC EMERGENCY ROOM PROJECT
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE MC-114 ALBANY, NY 12208	14-1338307	501(C)(3)	4,677				FOR THE JOHN H. CARTER MD SCHOLARSHIP FUND EXCLUSIVELY DESIGNATED FOR SCHOLARSHIPS FOR THE STUDENTS OF ALBANY MEDICAL COLLEGE

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 MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	1,300				DONOR ADVISED-FOR UNRESTRICTED USE
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	5,000				DONOR ADVISED-FOR THE PEDIATRIC EMERGENCY ROOM

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 MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	3,000				DONOR ADVISED-FOR THE PEDIATRIC EMERGENCY ROOM
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	25,000				DONOR ADVISED-FOR DR. SALMAN'S STUDY OF PLATELET FACTOR 4 AND HEMODIALYSIS ACCESS FAILURE

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 MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	15,000				DONOR ADVISED-FOR DR. HIGGINS' WORK WITH TARGETING CLINICALLY-RELEVANT GENES AND PATHWAYS FOR THE TREATMENT OF MESOTHELIOMA
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	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
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	646				FOR EDUCATIONAL ENRICHMENT FOR STAFF OF THE NEONATAL INTENSIVE CARE UNIT
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	25,000				FOR DR. CONTI'S PROJECT: THE RELATIONSHIP OF BELATACEPT IMMUNOSUPPRESSIVE THERAPY AND SERIOUS VIRAL INFECTIONS AFTER RENAL AND PANCREAS TRANSPLANTATION

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)	250				DONOR ADVISED-FOR A 2019 GIFT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	14,400				DONOR ADVISED-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)	6,238				FOR UNRESTRICTED USE
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	1,000				FOR ANNUAL SUPPORT

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)	500				FOR AN ANNUAL GIFT
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	14-6013010	501(C)(3)	2,500				FOR SYMPHONY IN OUR SCHOOLS

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
ALPHEIOS PROJECT LTD 89 SHEEHY COURT NAPA, CA 94558	27-2248757	501(C)(3)	75,000				DONOR ADVISED-FOR UNRESTRICTED USE
ALPHEIOS PROJECT LTD 89 SHEEHY COURT NAPA, CA 94558	27-2248757	501(C)(3)	25,000				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
AMERICAN ENDOWMENT FOUNDATION FBO MICHAEL MARVIN ADVISED FUND 5700 DARROW ROAD SUITE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	350,000				DONOR ADVISED-FOR THE MICHAEL MARVIN ADVISED FUND (M19038)
AMERICAN ENDOWMENT FOUNDATION FBO MICHAEL MARVIN ADVISED FUND 5700 DARROW ROAD SUITE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	8,143				FOR THE MICHAEL MARVIN ADVISED FUND (M19038)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	52-0851555	501(C)(3)	5,000				DONOR ADVISED-FOR UNRESTRICTED USE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY INC 53 MAPLE AVENUE SCOTIA, NY 12302	14-0472728	501(C)(3)	5,000				DONOR ADVISED-FOR UNRESTRICTED USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	2,500				DONOR ADVISED-FOR VISIONING FACILITATION
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	500				DONOR ADVISED-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
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	3,500				FOR ARTS ACCESS SCHOLARSHIPS
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	1,506				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
ARTS CENTER OF THE CAPITAL REGION 265 RIVER STREET TROY, NY 12180	14-1484756	501(C)(3)	1,000				FOR ANNUAL SUPPORT
AVILLAGE INC PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	3,125				DONOR ADVISED-FOR THE SIENA VISTA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AVILLAGE INC PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	1,000				DONOR ADVISED-FOR THE CELEBRATION OF PROGRESS
AVILLAGE INC PO BOX 10152 ALBANY, NY 12201	30-0631023	501(C)(3)	2,500				DONOR ADVISED-FOR THE CELEBRATION OF PROGRESS

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
BABY INSTITUTE INC PO BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	925				DONOR ADVISED-FOR THE HOLIDAY PARTY
BABY INSTITUTE INC PO BOX 774 ALBANY, NY 12201	37-1781615	501(C)(3)	40,000				FOR THE FEED YOUR BODY AND GROW YOUR MIND HEALTH AND FITNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BALLSTON SPA CENTRAL SCHOOL DISTRICT 70 MALTA AVE BALLSTON SPA, NY 12020		501(C)(3)	300				FOR THE BALLSTON SPA ATHLETIC LEADERSHIP & PERSEVERANCE AWARD (ACCOUNT #914.98)
BALLSTON SPA CENTRAL SCHOOL DISTRICT 70 MALTA AVE BALLSTON SPA, NY 12020		501(C)(3)	13,958				FOR ATHLETIC SCHOLARSHIPS TO STUDENTS

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BETHESDA HOUSE OF SCHENECTADY INC 834 STATE STREET SCHENECTADY, NY 12307	31-1645415	501(C)(3)	1,000				DONOR ADVISED-FOR UNRESTRICTED USE
BETHESDA HOUSE OF SCHENECTADY INC 834 STATE STREET SCHENECTADY, NY 12307	31-1645415	501(C)(3)	15,000				FOR THE CARA HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 700 DELAWARE AVENUE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	500				DONOR ADVISED-FOR A GRANT FOR DAVID SCHEID, HIGH SCHOOL, FOR THE TABLE TENNIS CLUB
BETHLEHEM CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 700 DELAWARE AVENUE AVENUE DELMAR, NY 12054	14-6001259	501(C)(3)	13,350				FOR VARIOUS CLASSROOM INNOVATION GRANTS (PLEASE SEE ENCLOSED LIST)

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
BEYOND MY BATTLE INC PO BOX 161 SARATOGA SPRINGS, NY 12866	82-3338879	501(C)(3)	10,000				DONOR ADVISED-FOR OPERATING SUPPORT
BIRTHNET INC 215 PARTRIDGE STREET ALBANY, NY 12203	14-1829036	501(C)(3)	11,008				DONOR ADVISED-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
BIRTHNET INC 215 PARTRIDGE STREET ALBANY, NY 12203	14-1829036	501(C)(3)	5,000				DONOR ADVISED-FOR DOULA TRAINING FOR WOMEN IN LOW-INCOME NEIGHBORHOODS
BLACK WATCH SOCCER CLUB INC C/O DRAPER DEVELOPMENT LLC 4 FRITZ BLVD ALBANY, NY 12205	14-1826613	501(C)(3)	5,000				FOR SUPPORT OF THE SOCCER TEAMS, OPERATIONS AND FACILITIES IN THE ALBANY AREA

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
BLUELIGHT DEVELOPMENT GROUP 170 WINTHROP AVENUE 1 ALBANY, NY 12203	81-3475487	501(C)(3)	6,000				DONOR ADVISED-FOR UNRESTRICTED USE
BLUELIGHT DEVELOPMENT GROUP 170 WINTHROP AVENUE 1 ALBANY, NY 12203	81-3475487	501(C)(3)	1,000				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
BRIGHTSIDE UP INC 91 BROADWAY MENANDS, NY 12204	14-1648493	501(C)(3)	15,000				NURTURING SOCIAL-EMOTIONAL LEARNING IN OUT-OF-SCHOOL-TIME
BROADALBIN - PERTH CENTRAL SCHOOL DISTRICT 20 PINE STREET BROADALBIN, NY 12025	14-6001275	501(C)(3)	6,551				GROWING UP WITH PROJECT LEAD THE WAY

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
BURDETT CARE CENTER 2215 BURDETT AVENUE SUITE 200 TROY, NY 12180	27-2153849	501(C)(3)	5,872				FOR UNRESTRICTED USE
CAFFE LENA 47 PHILA STREET PO BOX 245 SARATOGA SPRINGS, NY 12866	14-1726194	501(C)(3)	10,000				DONOR ADVISED-FOR NORDLYS GLOBAL VOICES SERIES 2019

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 CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	4,000				DONOR ADVISED-FOR THE PURCHASE OF NEW CHAIRS
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	1,000				DONOR ADVISED-FOR NEW CHAIRS

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 CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	500				DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	14,160				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 CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12202	56-2663290	501(C)(3)	379				FOR UNRESTRICTED USE
CAPITAL DISTRICT WOMEN'S BAR ASSOCIATION - LEGAL PROJECT 24 AVIATION ROAD SUITE 101 ALBANY, NY 12203	13-3841519	501(C)(3)	25,000				DONOR ADVISED-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 WOMEN'S BAR ASSOCIATION - LEGAL PROJECT 24 AVIATION ROAD SUITE 101 ALBANY, NY 12203	13-3841519	501(C)(3)	25,000				FOR UNRESTRICTED USE
CAPITAL REGION SPONSOR-A-SCHOLAR INC 1 UNITED WAY ALBANY, NY 12205	14-1823014	501(C)(3)	5,000				DONOR ADVISED-FOR PATHWAYS TO COLLEGE

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 SPONSOR-A-SCHOLAR INC 1 UNITED WAY ALBANY, NY 12205	14-1823014	501(C)(3)	2,000				DONOR ADVISED-FOR THE DEBORAH WHITE FUND/ENDOWMENT TO HONOR DEB WHITE, JT WHITE, BILL BARNET AND CHARLES BUCHANAN
CAPITAL REGION SPONSOR-A-SCHOLAR INC 1 UNITED WAY ALBANY, NY 12205	14-1823014	501(C)(3)	6,300				DONOR ADVISED-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)	5,000				DONOR ADVISED-FOR THE EXPANSION OF EDUCATION SPACE
CAPITAL REGION YOUTH TENNIS FOUNDATION 785 WASHINGTON AVENUE ALBANY, NY 12206	14-1733312	501(C)(3)	25,000				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN

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)	1,750				DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL REGION YOUTH TENNIS FOUNDATION 785 WASHINGTON AVENUE ALBANY, NY 12206	14-1733312	501(C)(3)	5,000				DONOR ADVISED-FOR THE ANNUAL FUND

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)	5,000				DONOR ADVISED-FOR THE EDUCATIONAL SPACE EXPANSION
CAPITAL REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN

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 REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	500				DONOR ADVISED-FOR THE HONORARY COMMITTEE
CAPITAL REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	2,500				DONOR ADVISED-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 REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	3,000				DONOR ADVISED-FOR CINDERELLA--A NEW MUSICAL FOR YOUNG AUDIENCES
CAPITAL REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000				DONOR ADVISED-FOR THEREP AT LIVINGSTON SQUARE

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 REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	1,000				FOR ANNUAL SUPPORT
CAPITAL REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	5,000				FROM STEVE AND DENISE GONICK FOR THE BEGINNING OF OUR FULFILLMENT TO LAST YEAR'S OBLIGATION

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 REPERTORY COMPANY INC C/O PROCTORS THEATRE 432 STATE STREET SCHENECTADY, NY 12305	13-2894677	501(C)(3)	500				FOR THE EDUCATION APPEAL
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000				DONOR ADVISED-FOR THE URBAN GROWTH CENTER

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 ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	4,300				DONOR ADVISED-FOR UNRESTRICTED USE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	14,000				DONOR ADVISED-FOR THE URBAN GROW CENTER'S EXPANSION

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 ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000				DONOR ADVISED-FOR THE URBAN GROW CENTER
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	25,000				DONOR ADVISED-FOR THE EXPANSION DRIVE

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 ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	18,900				DONOR ADVISED-FOR VEGGIE RX
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000				DONOR ADVISED-FOR PHASE IV OF THE GREATER CAPITAL REGION FOOD SYSTEM ASSESSMENT

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 ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	1,758				FOR THE URBAN GROW CENTER
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	65,329				VEGGIE RX

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 ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	1,875				FOR UNRESTRICTED USE
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	5,000				GREATER CAPITAL REGION FOOD SYSTEM ASSESSMENT, PHASE IV

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
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	19,750				DONOR ADVISED-FOR UNRESTRICTED USE
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENVILLE, NY 12302	14-1637304	501(C)(3)	10,000				DONOR ADVISED-FOR THE PURCHASE OF A VAN

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
CAPTAIN COMMUNITY HUMAN SERVICES 543 SARATOGA ROAD GLENNVILLE, NY 12302	14-1637304	501(C)(3)	4,500				FOR PEACE CAMP
CARES INC 200 HENRY JOHNSON BLVD SUITE 4 ALBANY, NY 12210	14-1731746	501(C)(3)	16,000				FOR THE CAPITAL REGION COALITION TO END HOMELESSNESS

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
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1340033	501(C)(3)	5,000				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1340033	501(C)(3)	20,000				CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY - CATHOLIC CHARITIES HOUSING FUND

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
CAZENOVIA COLLEGE DEVELOPMENT OFFICE 22 SULLIVAN STREET CAZENOVIA, NY 13035	15-0543658	501(C)(3)	10,000				DONOR ADVISED-FOR THE NANCY KELLY HERSHEY '67 SCHOLARSHIP FUND
CENTRO CIVICO INC 143-145 EAST MAIN STREET AMSTERDAM, NY 12010	22-2877236	501(C)(3)	25,000				DONOR ADVISED-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
CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY 250 JORDAN ROAD TROY, NY 12180	14-1443197	501(C)(3)	250				DONOR ADVISED-FOR UNRESTRICTED USE
CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY 250 JORDAN ROAD TROY, NY 12180	14-1443197	501(C)(3)	7,500				SENSORY SCIENCE ROOM

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
CHRIST EPISCOPAL CHURCH 15 WEST HIGH STREET BALLSTON SPA, NY 12020	22-2533331	501(C)(3)	6,000				DONOR ADVISED-FOR THE KIDSFIRST CHILDCARE CENTER
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DRIVE ALBANY, NY 12205	14-1340037	501(C)(3)	5,000				DONOR ADVISED-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
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DRIVE ALBANY, NY 12205	14-1340037	501(C)(3)	500				FOR UNRESTRICTED USE
CLINTON COUNTY COMMUNITY COLLEGE FOUNDATION INC 136 CLINTON POINT DRIVE PLATTSBURGH, NY 12901	14-6097944	501(C)(3)	50,000				FOR SUPPORT OF THE COLLEGE ADVANCEMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COLONIE SENIOR SERVICE CENTERS INC SIX WINNERS CIRCLE COLONIE, NY 12205	22-2366576	501(C)(3)	100				DONOR ADVISED-FOR SENIOR TRANSPORTATION
COLONIE SENIOR SERVICE CENTERS INC SIX WINNERS CIRCLE COLONIE, NY 12205	22-2366576	501(C)(3)	5,000				FOR THE BRIGHT HORIZONS ADULT DAY SERVICE SCHOLARSHIP FUND

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
COLONIE SENIOR SERVICE CENTERS INC SIX WINNERS CIRCLE COLONIE, NY 12205	22-2366576	501(C)(3)	7,400				BRIGHT HORIZONS
COLORADO WOLF AND WILDLIFE CENTER PO BOX 713 DIVIDE, CO 80814	84-1376613	501(C)(3)	5,000				DONOR ADVISED-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
COMFORT FOOD OF WASHINGTON COUNTY PO BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	10,000				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN TO RENOVATE NEW SPACE
COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION 2331 FIFTH AVENUE TROY, NY 12180	14-1490509	501(C)(3)	4,500				DONOR ADVISED-FOR A TRIP TO PHILADELPHIA FOR STUDENTS IN THE TROY CITY SCHOOL DISTRICT ALTERNATE LIVING PROGRAM

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
COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION 2331 FIFTH AVENUE TROY, NY 12180	14-1490509	501(C)(3)	5,000				DONOR ADVISED-FOR A TRIP TO NYC FOR STUDENTS IN THE TROY CITY SCHOOL DISTRICT ALTERNATIVE LIVING PROGRAM
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	10,000				DONOR ADVISED-FOR THE ENDOWMENT AND APPLY TO THE GONICK FUND FOR DEVELOPMENT AT CBE

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 BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	100				DONOR ADVISED-IN LOVING MEMORY OF ROBERTA KAUFMAN FROM STEVE AND DENISE GONICK. PLEASE NOTIFY THE FAMILY OF BRET KAUFMAN.
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	250				DONOR ADVISED-FOR THE YOM KIPPUR APPEAL. PLEASE APPLY TOWARDS MUSIC PROGRAMMING.

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 BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	15,000				DONOR ADVISED-FOR THE 181ST FUND FROM THE FAMILY OF BERNICE AND HOWARD KAHN
CONGREGATION BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	1,050				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 BETH EMETH 100 ACADEMY ROAD ALBANY, NY 12208	14-1338377	501(C)(3)	10,806				FOR A DONATION AS DISCUSSED FROM STEVE AND DENISE GONICK
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	180				DONOR ADVISED-FOR THE RABBI MICHAEL SCHEFRIN DISCRETIONARY FUND

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	501(C)(3)	180				DONOR ADVISED-FOR THE RABBI BRENNER GLICKMAN DISCRETIONARY FUND
CONGREGATION EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	2,000				DONOR ADVISED-FOR THE TEMPLE EMANU-EL ENDOWMENT FUND

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	501(C)(3)	3,300				FOR UNRESTRICTED USE
CORNELL UNIVERSITY OFFICE OF FINANICIAL AID AND STUDENT EMPLOYMENT - SCHOLARSHIP DI ITHACA, NY 14851	15-0532082	501(C)(3)	1,800				DONOR ADVISED-FOR THE CYNTHIA SHENKER ENDOWED SCHOLARSHIP FUND AT THE ILR SCHOOL

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
CURATIO MUNDI PO BOX 4101 LONGVIEW, TX 75606	47-3134881	501(C)(3)	25,596				DONOR ADVISED-FOR TWO WELLS IN KENYA
CURATIO MUNDI PO BOX 4101 LONGVIEW, TX 75606	47-3134881	501(C)(3)	907				DONOR ADVISED-FOR SURVEYS FOR WELLS IN KISUMU, KENYA

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
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	501(C)(3)	4,500				DONOR ADVISED-FOR UNRESTRICTED USE
DOANE STUART SCHOOL 199 WASHINGTON AVENUE RENSSELAER, NY 12144	14-1623827	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
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	15,000				DONOR ADVISED-FOR THE CARING AND SHARING DIABETES WEEKEND CAMP
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	2,050				DONOR ADVISED-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
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	2,100				DONOR ADVISED-FOR RESIDENTIAL/SUMMPER PROGRAMS FOR CAMPERS FROM NISKAYUNA
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	30,000				FOR THE RENOVATION OF CHIPMUNK-WOLF-MUSKRAT CABIN

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
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	500				FOR UNRESTRICTED USE
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	15,000				GENERAL OPERATING SUPPORT

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
DWIGHT-ENGLEWOOD SCHOOL 315 PALISADE AVENUE ENGLEWOOD, NJ 07631	22-1487165	501(C)(3)	5,000				FOR ANNUAL SUPPORT
ELLIS HOSPITAL FOUNDATION INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	2,500				DONOR ADVISED-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
ELLIS HOSPITAL FOUNDATION INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	100				DONOR ADVISED-IN LOVING MEMORY OF JANE GOLUB
ELLIS HOSPITAL FOUNDATION INC 1101 NOTT STREET SCHENECTADY, NY 12308	14-1638957	501(C)(3)	15,000				FOR SAFEGUARDING SERVICES FOR THOSE WHO NEED INPATIENT PSYCHIATRIC CARE

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
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	45,000				DONOR ADVISED-\$25,000 FOR GRADUATE DEGREE SCHOLARSHIPS AND \$20,000 FOR UNDERGRADUATE DEGREES FOR COMMUNITY COLLEGE GRADUATES
EMPIRE STATE COLLEGE FOUNDATION 28 UNION AVENUE SARATOGA SPRINGS, NY 12866	51-0193595	501(C)(3)	500				FOR ANNUAL SUPPORT

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
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET AT PROCTORS THEATRE SCHENECTADY, NY 12305	22-2317557	501(C)(3)	1,000				DONOR ADVISED-FOR UNRESTRICTED USE
EMPIRE STATE YOUTH ORCHESTRAS 432 STATE STREET AT PROCTORS THEATRE SCHENECTADY, NY 12305	22-2317557	501(C)(3)	25,000				DONOR ADVISED-FOR AMPT

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
EXPERIENCE CAMPS PO BOX 5121 WESTPORT, CT 06881	26-2513136	501(C)(3)	29,520				FOR THE LINDSEY BARON FUND (#86865359) IN LINDSEY'S HONOR
FAMILY AND CHILD SERVICE OF SCHENECTADY 246 UNION STREET SCHENECTADY, NY 12305	14-1338397	501(C)(3)	2,500				DONOR ADVISED-FOR HARDWARE AND SOFTWARE UPGRADES

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
FAMILY AND CHILD SERVICE OF SCHENECTADY 246 UNION STREET SCHENECTADY, NY 12305	14-1338397	501(C)(3)	2,500				DONOR ADVISED-FOR SUPPORT OF NEW LOW-INCOME NISKAYUNA CLIENTS IN THE HOMEMAKER PROGRAM
FAMILY AND CHILD SERVICE OF SCHENECTADY 246 UNION STREET SCHENECTADY, NY 12305	14-1338397	501(C)(3)	10,000				FOR THE TRAINING FOR PERSONAL CARE AIDES AND THE ADDITION OF HOME CARE SERVICES TO SENIOR SERVICES PROGRAM

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
FARM SANCTUARY PO BOX 150 WATKINS GLEN, NY 14891	51-0292919	501(C)(3)	6,000				DONOR ADVISED-FOR UNRESTRICTED USE
FIRST UNITARIAN UNIVERSALIST SOCIETY OF ALBANY 405 WASHINGTON AVE ALBANY, NY 12206	14-1509821	501(C)(3)	13,000				DONOR ADVISED-FOR 2018-2019 OPERATING BUDGET

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
FOY FOUNDATION ADVISED FUND 192 HOLMES DALE ALBANY, NY 12208	14-1505623	501(C)(3)	10,000				INTERFUND, FOY TO ADME AND COMM
FRIENDS OF CAMP LITTLE NOTCH INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	27-0210079	501(C)(3)	8,000				DONOR ADVISED-FOR SENDING NEEDY BOYS AND GIRLS TO SUMMER CAMP

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
FRIENDS OF CAMP LITTLE NOTCH INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	27-0210079	501(C)(3)	361				DONOR ADVISED-FOR POSITIVE DECAY
FRIENDS OF THE SARATOGA BATTLEFIELD 648 ROUTE 32 STILLWATER, NY 12170	22-3090470	501(C)(3)	50,000				DONOR ADVISED-FOR THE CONSTRUCTION OF THE SARATOGA SURRENDER SITE

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
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157	501(C)(3)	1,500				DONOR ADVISED-FOR UNRESTRICTED USE
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157	501(C)(3)	50,000				DONOR ADVISED-FOR THE ALBANY NABA SITE RENOVATIONS

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
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157	501(C)(3)	5,000				DONOR ADVISED-FOR GIRLS READERS OF THE FUTURE
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157	501(C)(3)	2,500				FOR 2019 12TH ANNUAL GIRLS SUMMIT PROJECT SUPPORT FOR 80-100 NISKAYUNA MS GIRLS

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
GRACE FELLOWSHIP CHURCH 20 DELATOUR ROAD WATERVLIET, NY 12189	14-1757608	501(C)(3)	5,000				DONOR ADVISED-FOR THE CAMPAIGN
HABITAT FOR HUMANITY CAPITAL DISTRICT INC 207 SHERIDAN AVENUE ALBANY, NY 12210	14-1708404	501(C)(3)	250				DONOR ADVISED-FOR THE ANNUAL FUND DRIVE

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
HABITAT FOR HUMANITY CAPITAL DISTRICT INC 207 SHERIDAN AVENUE ALBANY, NY 12210	14-1708404	501(C)(3)	200				DONOR ADVISED-FOR UNRESTRICTED USE
HABITAT FOR HUMANITY CAPITAL DISTRICT INC 207 SHERIDAN AVENUE ALBANY, NY 12210	14-1708404	501(C)(3)	6,016				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
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	500				DONOR ADVISED-FOR THE ANNUAL SUBSCRIPTION FEE FOR OPALS
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	500				DONOR ADVISED-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
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	2,500				DONOR ADVISED-FOR CONTINUED SUPPORT OF THE CURATORIAL ASSISTANT POSITION
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	1,000				DONOR ADVISED-FOR EXHIBIT RESEARCH AND CURATORIAL TIME IN CONNECTION WITH THE SMITHSONIAN EXHIBIT

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
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	1,000				DONOR ADVISED-FOR THE SMITHSONIAN COLLABORATION PROGRAM
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	500				FOR ANNUAL SUPPORT

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
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	2,500				FOR CONTINUED SUPPORT OF THE CURATORIAL ASSISTANT POSITION
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	2,867				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
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	1,000				FOR THE SMITHSONIAN COLLABORATIVE
HART CLUETT MUSEUM OPERATED BY HISTORIC RENSSELAER COUNTY 57 SECOND STREET TROY, NY 12180	14-1403569	501(C)(3)	560				FOR THE REPRINT OF 50 COPIES OF "WASHINGTON PARK, TROY, NEW YORK: A SOCIAL HISTORY"

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
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	250				DONOR ADVISED-FOR UNRESTRICTED USE
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	10,000				DONOR ADVISED-FOR THE FEED AND READ PROGRAM

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
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188	501(C)(3)	750				DONOR ADVISED-FOR THE BACKPACK PROGRAM
HUDSON CROSSING PARK INC PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	1,007				DONOR ADVISED-FOR KATE MORSE TO ATTEND NYCON CAMP FINANCE

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
HUDSON CROSSING PARK INC PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	1,800				DONOR ADVISED-FOR THE SUMMER 2019 INTERN
HUDSON CROSSING PARK INC PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	1,403				DONOR ADVISED-FOR THE FALL 2019 INTERN

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
HUDSON CROSSING PARK INC PO BOX 144 SCHUYLERVILLE, NY 12871	87-0769296	501(C)(3)	6,000				DONOR ADVISED-FOR OPERATING (\$1,000) AND INTERN PROGRAM ENDOWMENT (\$5,000) IN HONOR OF JULIE STOKES
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION 80 VANDENBURGH AVENUE TROY, NY 12180	22-2427015	501(C)(3)	10,000				DONOR ADVISED-FOR FALL 2019 SEMESTER SCHOLARSHIP

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
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION 80 VANDENBURGH AVENUE TROY, NY 12180	22-2427015	501(C)(3)	10,000				DONOR ADVISED-FOR THE SPRING 2019 WOMEN'S FUND SCHOLARSHIP PROGRAM
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION 80 VANDENBURGH AVENUE TROY, NY 12180	22-2427015	501(C)(3)	10,150				FOR THE FALL 2018 WOMEN'S FUND SCHOLARSHIP PROGRAM

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
HYDE COLLECTION THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	30,000				DONOR ADVISED-FOR SUPPORT OF CHILDREN'S PROGRAMS AND FREE ADMISSION FOR CHILDREN, VETS, SENIORS AND TEACHERS
HYDE COLLECTION THE 161 WARREN STREET GLENS FALLS, NY 12801	14-1401101	501(C)(3)	250				DONOR ADVISED-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
INDEPENDENT LIVING CENTER OF HUDSON VALLEY INC 15-17 THIRD STREET TROY, NY 12180	22-2875911	501(C)(3)	6,000				ENHANCED ACCESSIBLE TRANSPORTATION FOR PEOPLE WITH DISABILITIES
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	20,000				DONOR ADVISED-FOR THE MEDICAL RESPITE PROGRAM

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
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	30,000				DONOR ADVISED-FOR SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	5,000				DONOR ADVISED-FOR THE SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS

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
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	30,000				DONOR ADVISED-FOR THE SISTER MAVIS JEWELL MEDICAL RESPIRE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	5,700				DONOR ADVISED-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
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	30,000				FOR THE SISTER MAVIS JEWELL MEDICAL RESPITE FOR THE HOMELESS
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	5,500				DANIELLE'S HOUSE

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
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY, NY 12210	14-1666321	501(C)(3)	1,000				FOR UNRESTRICTED USE
ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICES 953 DANBY ROAD ITHACA, NY 14850	15-0532204	501(C)(3)	2,300				DONOR ADVISED-FOR THE BAC STUDENT DEVELOPMENT ENDOWMENT

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
ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICES 953 DANBY ROAD ITHACA, NY 14850	15-0532204	501(C)(3)	2,500				DONOR ADVISED-FOR THE IAB ASSET MANAGEMENT ENDOWED RECRUITMENT SCHOLARSHIP
JERUSALEM REFORMED CHURCH PO BOX 70 FEURA BUSH, NY 12067	22-2515091	501(C)(3)	7,632				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
JOHN'S ISLAND FOUNDATION 6001 HIGHWAY A1A PMB8323 INDIAN RIVER SHORES, FL 32963	65-0916419	501(C)(3)	5,000				DONOR ADVISED-FOR SUPPORT
JOSEPH'S HOUSE & SHELTER INC 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	2,500				DONOR ADVISED-FOR STRATEGIC PLANNING, BOARD TRAINING AND WEBE REDESIGN

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
JOSEPH'S HOUSE & SHELTER INC 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	5,000				DONOR ADVISED-FOR THE PRISON RE-ENTRY PROGRAM
JOSEPH'S HOUSE & SHELTER INC 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	1,375				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
JOSEPH'S HOUSE & SHELTER INC 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	8,267				FOR EMERGENCY SHELTER SERVICES FOR FAMILIES AND SINGLES
JOSEPH'S HOUSE & SHELTER INC 74 FERRY STREET TROY, NY 12180	14-1636163	501(C)(3)	10,000				FOR RN SERVICES FOR TENANTS

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
JUVENILE DIABETES RESEARCH FOUNDATION NORTHEASTERN NY CHAPTER 950 NEW LOUDON ROAD SUITE 330 LATHAM, NY 12110	23-1907729	501(C)(3)	100				DONOR ADVISED-FOR UNRESTRICTED USE
JUVENILE DIABETES RESEARCH FOUNDATION NORTHEASTERN NY CHAPTER 950 NEW LOUDON ROAD SUITE 330 LATHAM, NY 12110	23-1907729	501(C)(3)	25,000				DONOR ADVISED-FOR THE OUTREACH PROGRAMS INCLUDING THE SUGAR FREE GANG, BACK TO SCHOOL FAMILY PICNIC AND THE BAG OF HOPE

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
KUPONA FOUNDATION 12 BENSONHURST AVENUE SARATOGA SPRINGS, NY 12866	26-4371825	501(C)(3)	8,500				DONOR ADVISED-FOR FISTULA OPERATIONS AND SEWING MACHINE PACKAGES
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK INC 95 CENTRAL AVENUE ALBANY, NY 12206	14-1338448	501(C)(3)	5,000				DONOR ADVISED-FOR THE ALBANY PROJECT

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
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK INC 95 CENTRAL AVENUE ALBANY, NY 12206	14-1338448	501(C)(3)	16,675				DONOR ADVISED-FOR UNRESTRICTED USE
LEGAL AID SOCIETY OF NORTHEASTERN NEW YORK INC 95 CENTRAL AVENUE ALBANY, NY 12206	14-1338448	501(C)(3)	6,000				CHILDREN'S LAW PROJECT

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
LIFEPATH 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	5,000				DONOR ADVISED-FOR FURNISHINGS AND EQUIPMENT FOR THE NEW BUILDING
LIFEPATH 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	100				DONOR ADVISED-FOR MEALS ON WHEELS

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
LIFEPATH 32 ESSEX STREET ALBANY, NY 12206	14-1392442	501(C)(3)	200				DONOR ADVISED-FOR UNRESTRICTED USE
LITERACY NEW YORK GREATER CAPITAL REGION INC 99 CLINTON STREET 2ND FLOOR SCHENECTADY, NY 12305	23-7409758	501(C)(3)	6,003				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
LIVING RESOURCES CORPORATION 300 WASHINGTON AVENUE EXT ALBANY, NY 12203	14-1564208	501(C)(3)	5,200				DONOR ADVISED-FOR UNRESTRICTED USE
LIVING RESOURCES CORPORATION 300 WASHINGTON AVENUE EXT ALBANY, NY 12203	14-1564208	501(C)(3)	4,858				DONOR ADVISED-FOR COMMUNITY ARTWORK DEVELOPMENT

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
LUZERNE MUSIC CENTER INC PO BOX 39 203 LAKE TOUR ROAD LAKE LUZERNE, NY 12846	22-2765869	501(C)(3)	25,000				DONOR ADVISED-FOR UNRESTRICTED USE
MAIMONIDES HEBREW DAY SCHOOL 404 PARTRIDGE STREET ALBANY, NY 12208	22-2318286	501(C)(3)	12,500				WOW DISCOVERY LEARNING CENTER

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
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	2,500				DONOR ADVISED-FOR GIRLS ON THE RUN AND HEART AND SOUL
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	2,500				DONOR ADVISED-FOR A BOARD STRATEGIC PLANNING RETREAT

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
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	1,000				DONOR ADVISED-FOR UNRESTRICTED USE
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	50,000				DONOR ADVISED-FOR SUPPORT OF THE 50TH CELEBRATION

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
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	4,000				FOR THE MECHANICVILLE AFTER SCHOOL CLUBS
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	3,500				MISSION TO MARS

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
MECHANICVILLE AREA COMMUNITY SERVICE CENTER INC PO BOX 30 6 SOUTH MAIN STREET MECHANICVILLE, NY 12118	14-1536118	501(C)(3)	1,577				UNRESTRICTED USE
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	1,000				DONOR ADVISED-FOR THE SUFFRAGETTES PROGRAM

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
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	1,000				DONOR ADVISED-FOR GENERAL OPERATING SUPPORT
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	300				DONOR ADVISED-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
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	500				DONOR ADVISED-FOR MATCHING FUNDS FOR THE CAPITAL REGIONAL ECONOMIC DEVELOPMENT COUNCIL GRANT
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	5,000				SPIRIT OF SUFFRAGETTES

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
MEDIA ALLIANCE SANCTUARY FOR INDEPENDENT MEDIA PO BOX 35 TROY, NY 12181	11-2538804	501(C)(3)	12,000				WATER WARRIORS: YOUTH EMPOWERMENT THROUGH SCIENCE
MEDIA WORKING GROUP INC 1225 WEST NORTH BEND ROAD CINCINNATI, OH 45224	31-1241613	501(C)(3)	5,000				TO SUPPORT PRODUCTION COSTS OF THE NETWORK

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
MISSION ACCOMPLISHED TRANSITION SERVICES 150 STATE STREET 4TH FLOOR ALBANY, NY 12207	46-0861110	501(C)(3)	5,000				DONOR ADVISED-FOR THE CAREER AND READINESS ESSENTIALS PROGRAM
MUSEUM ASSOCIATION OF NEW YORK 265 RIVER STREET TROY, NY 12180	16-1156434	501(C)(3)	1,000				DONOR ADVISED-FOR PROFESSIONAL DEVELOPMENT SCHOLARSHIPS FOR THE 2020 ANNUAL CONFERENCE

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
MUSEUM ASSOCIATION OF NEW YORK 265 RIVER STREET TROY, NY 12180	16-1156434	501(C)(3)	4,000				PROFESSIONAL DEVELOPMENT SCHOLARSHIPS FOR THE 2020 ANNUAL CONFERENCE
MUSEUM OF INNOVATION AND SCIENCE (MISCI) 15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	14-1275432	501(C)(3)	25,000				DONOR ADVISED-FOR SUPPORT OF THE COOKING EXHIBIT IN THE MUSEUM

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
MUSEUM OF INNOVATION AND SCIENCE (MISCI) 15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	14-1275432	501(C)(3)	1,411				PROVIDING HONORARIA FOR EDUCATIONAL SPEAKERS ONLY
NATIONAL WOMEN'S HISTORY MUSEUM PO BOX 759216 BALTIMORE, MD 21275	54-1801426	501(C)(3)	5,000				DONOR ADVISED-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
NATIONAL WOMEN'S HISTORY MUSEUM PO BOX 759216 BALTIMORE, MD 21275	54-1801426	501(C)(3)	5,000				DONOR ADVISED-FOR A CONTRIBUTION TOWARD THE NEW SITE
NEW YORK FUNDERS ALLIANCE 431 E FAYETTE STREET SYRACUSE, NY 13202	16-1332634	501(C)(3)	5,000				FOR SPONSORSHIP OF THE 2019 CONFERENCE IN ALBANY

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
NEW YORK STATE NETWORK FOR YOUTH SUCCESS INC 415 RIVER STREET TROY, NY 12180	13-3841114	501(C)(3)	7,500				CAPITAL REGION SCHOOL-AGE CARE QUALITY IMPACT PROJECT
NICOLE'S HOPE INC 6 HAMPSHIRE PLACE CLIFTON PARK, NY 12065	83-3608352	501(C)(3)	35,000				DONOR ADVISED-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
NICOLE'S HOPE INC 6 HAMPSHIRE PLACE CLIFTON PARK, NY 12065	83-3608352	501(C)(3)	2,272				FOR UNRESTRICTED USE. WITH PAYMENT OF THIS GRANT, THE FUND WILL BE CLOSED
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	501(C)(3)	1,000				DONOR ADVISED-FOR THE COMMUNITY AND WORK SKILLS PROGRAM FOR STUDENTS WITH DISABILITIES

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
NISKAYUNA CENTRAL SCHOOL DISTRICT BUSINESS OFFICE 1239 VAN ANTWERP ROAD NISKAYUNA, NY 12309	14-6009381	501(C)(3)	5,000				FOR THE 2019 MURRAY AWARD
NISKAYUNA ROWING INC 1626 BALLTOWN ROAD NISKAYUNA, NY 12309	22-3093391	501(C)(3)	7,500				TO ASSIST IN PURCHASING AND REPLACING ROWING BOATS

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
NORTH HOUSE FOLK SCHOOL PO BOX 759 500 WEST HIGHWAY 61 GRAND MARAIS, MN 55604	41-1878887	501(C)(3)	10,000				DONOR ADVISED-FOR A MATCH FOR THE ANNUAL CAMPAIGN
NORTHEAST HEALTH FOUNDATION ST PETERS HEALTH PARTNERS CENTER FOR PHILANTHROPY 310 SOUTH MANNING ALBANY, NY 12208	22-2743478	501(C)(3)	5,000				DONOR ADVISED-FOR THE NORTHEAST HEALTH CAMPAIGN

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
NORTHEAST HEALTH FOUNDATION ST PETERS HEALTH PARTNERS CENTER FOR PHILANTHROPY 310 SOUTH MANNING ALBANY, NY 12208	22-2743478	501(C)(3)	5,000				FOR ST. MARY'S HOSPITAL
NORTHEAST HEALTH FOUNDATION ST PETERS HEALTH PARTNERS CENTER FOR PHILANTHROPY 310 SOUTH MANNING ALBANY, NY 12208	22-2743478	501(C)(3)	1,375				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
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	100				DONOR ADVISED-IN MEMORY OF JONATHAN D. KIRK
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVENUE ALBANY, NY 12206	14-1559082	501(C)(3)	10,000				THE PATIENCE ASSISTANCE PROGRAM

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
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY INC 301 WASHINGTON AVENUE ALBANY, NY 12206	14-1338302	501(C)(3)	50				DONOR ADVISED-FOR UNRESTRICTED USE
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY INC 301 WASHINGTON AVENUE ALBANY, NY 12206	14-1338302	501(C)(3)	6,169				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
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY INC 301 WASHINGTON AVENUE ALBANY, NY 12206	14-1338302	501(C)(3)	10,000				FULL SERVICE REHABILITATION CENTER - PHASE II
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	5,000				DONOR ADVISED-FOR THE BEHAVIORAL HEALTH CENTER

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
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	500				DONOR ADVISED-FOR THE HOLIDAY HEROES MENTAL HEALTH RECOVERY PROGRAM
NORTHERN RIVERS FAMILY SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440	501(C)(3)	10,000				BEHAVIORAL HEALTH CARE CENTER PROJECT

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
O'CONNOR TERENCE & AMY (PLEDGE) 53 WESTERN DELMAR, NY 12054	14-1505623	501(C)(3)	5,000				INTERFUND: O'CONNOR TO ADME AND COMM
OUR LADY OF VICTORY CHURCH 55 NORTH LAKE AVENUE TROY, NY 12180	53-0196617	501(C)(3)	10,000				OUR LADY OF VICTORY CHURCH RE-IGNITING OUR FAITH CAMPAIGN

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
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	3,500				DONOR ADVISED-FOR UNRESTRICTED USE
PARK PLAYHOUSE PO BOX 525 ALBANY, NY 12201	14-1717464	501(C)(3)	5,000				DONOR ADVISED-FROM THE LASCH AND MCNAMEE FAMILIES

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
PARKS & TRAILS NEW YORK 29 ELK STREET ALBANY, NY 12207	14-1753475	501(C)(3)	5,504				FOR UNRESTRICTED USE
PHILADELPHIA HEBREW PUBLIC CHARTER SCHOOL 3300 HENRY AVENUE 2 FALLS CENTER SUITE 200 PHILADELPHIA, PA 19129	83-2235136	501(C)(3)	5,000				DONOR ADVISED-FOR VISUAL AND EDUCATIONAL SUPPORT

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
PINE HOLLOW ARBORETUM 34 PINE HOLLOW ROAD SLINGERLANDS, NY 12159	26-1815321	501(C)(3)	5,250				PHA PLANT LAB
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	5,000				DONOR ADVISED-TO BEGIN THE INTERN/APPRENTICE PROGRAM

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
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	1,412				FOR KEN KLEINPETER TO ATTEND NYCON'S ED AND CAMP FINANCE TRAINING SESSIONS
PLATTSBURGH YMCA 17 OAK STREET PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	50,000				DONOR ADVISED-FOR REPAIRS TO THE INFRASTRUCTURE

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
PROCTORS ARTS CENTER & THEATRE OF SCHENECTADY INC 432 STATE STREET SCHENECTADY, NY 12305	14-1602083	501(C)(3)	5,000				DONOR ADVISED-FOR UNRESTRICTED USE
PROCTORS ARTS CENTER & THEATRE OF SCHENECTADY INC 432 STATE STREET SCHENECTADY, NY 12305	14-1602083	501(C)(3)	2,500				DONOR ADVISED-AS A FINAL 2019 PAYMENT. PLEASE LIST AS STEVE AND DENISE GONICK.

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
PROCTORS ARTS CENTER & THEATRE OF SCHENECTADY INC 432 STATE STREET SCHENECTADY, NY 12305	14-1602083	501(C)(3)	1,000				DONOR ADVISED-TO SUPPORT THE IMMIGRANT BALL. PLEASE LIST AS STEVE AND DENISE GONICK IN THE PUBLICATION
PROCTORS ARTS CENTER & THEATRE OF SCHENECTADY INC 432 STATE STREET SCHENECTADY, NY 12305	14-1602083	501(C)(3)	1,500				FOR GENERAL EXPENSES

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
RACE TRACK CHAPLAINCY OF AMERICA NEW YORK DIVISION 2150 HEMPSTEAD TURNPIKE ELMONT, NY 11003	27-0485424	501(C)(3)	10,000				DONOR ADVISED-FOR SENDING RACETRACK BACKSTRETCH WORKERS' CHILDREN TO BEAVER CROSS CAMP IN GREENWICH, NY
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT 15 MOUNTAIN ROAD PO BOX 100 RAVENA, NY 12143	14-6011275	501(C)(3)	8,000				DONOR ADVISED-FOR PAWS FOR HEALING

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
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT 15 MOUNTAIN ROAD PO BOX 100 RAVENA, NY 12143	14-6011275	501(C)(3)	5,000				DONOR ADVISED-FOR THE BFF-RCS COLLEGE SCHOLARSHIP
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT 15 MOUNTAIN ROAD PO BOX 100 RAVENA, NY 12143	14-6011275	501(C)(3)	19,097				HARVESTING HEALTHY OPTIONS

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
RED BOOKSHELF INC 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	2,021				DONOR ADVISED-FOR UNRESTRICTED USE
RED BOOKSHELF INC 22 VALLEYVIEW DRIVE ALBANY, NY 12208	81-1450799	501(C)(3)	1,000				DONOR ADVISED-FOR SHRED

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

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
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS INC 715 MORRIS STREET ALBANY, NY 12208	27-4809744	501(C)(3)	10,000				DONOR ADVISED-FOR SUPPORT OF REFUGEE CHILDREN
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS INC 715 MORRIS STREET ALBANY, NY 12208	27-4809744	501(C)(3)	500				DONOR ADVISED-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
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS INC 715 MORRIS STREET ALBANY, NY 12208	27-4809744	501(C)(3)	2,000				FOR THE SOCCER PROGRAM
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885	501(C)(3)	8,700				DONOR ADVISED-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
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885	501(C)(3)	10,000				DONOR ADVISED-FOR THE CAPITAL CAMPAIGN
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885	501(C)(3)	500				FOR ANNUAL SUPPORT

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
RE-IGNITING OUR FAITH FOUNDATION INC 40 NORTH MAIN AVENUE ALBANY, NY 12203	82-2501897	501(C)(3)	20,000				DONOR ADVISED-FROM THE LASCH FAMILY
RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE 90 FOURTH STREET SUITE 200 TROY, NY 12180	14-1127090	501(C)(3)	10,000				DONOR ADVISED-FOR THE CHAMBER'S WE ADVANCE PROGRAM

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
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION INC 139 SOUTH LAKE AVENUE ALBANY, NY 12208	22-2356004	501(C)(3)	200				DONOR ADVISED-FOR UNRESTRICTED USE
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION INC 139 SOUTH LAKE AVENUE ALBANY, NY 12208	22-2356004	501(C)(3)	400				DONOR ADVISED-FOR THE PURCHASE OF AN IPAD

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
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION INC 139 SOUTH LAKE AVENUE ALBANY, NY 12208	22-2356004	501(C)(3)	3,000				DONOR ADVISED-FOR THE FAMILIES FIRST FUND
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION INC 139 SOUTH LAKE AVENUE ALBANY, NY 12208	22-2356004	501(C)(3)	2,500				DONOR ADVISED-FOR THE RENOVATION OF ONE BEDROOM

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
SARATOGA INSTITUTE INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	800				TO SUPPORT THE NY FUNDERS ALLIANCE PRESENTATION EXPENSES (LOCAL FOOD, DRINK AND ENTERTAINMENT)
SARATOGA INSTITUTE INC 110 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1664693	501(C)(3)	5,000				THE CREATIVE ECONOMY

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
SARATOGA PERFORMING ARTS CENTER INC 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	750				DONOR ADVISED-FOR A 2019-20 GIFT
SARATOGA PERFORMING ARTS CENTER INC 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	10,000				DONOR ADVISED-TO UNDERWRITE THE FALL "CULTIVATE" PROGRAM SERIES FEATURING REGIONAL AGRICULTURAL RESOURCES

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
SARATOGA PERFORMING ARTS CENTER INC 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	7,000				DONOR ADVISED-FOR UNRESTRICTED USE
SARATOGA PERFORMING ARTS CENTER INC 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 12866	14-1466353	501(C)(3)	2,000				DONOR ADVISED-FOR THE CLASSICAL KIDS PROGRAM

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
SARATOGA SPRINGS PRESERVATION FOUNDATION 112 SPRING STREET SUITE 203 SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	5,000				DONOR ADVISED-FOR STAFFING SUPPORT
SARATOGA SPRINGS PRESERVATION FOUNDATION 112 SPRING STREET SUITE 203 SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	10,000				DONOR ADVISED-FOR THE INTERNSHIP EFFORT

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
SARATOGA SPRINGS PRESERVATION FOUNDATION 112 SPRING STREET SUITE 203 SARATOGA SPRINGS, NY 12866	14-1590478	501(C)(3)	2,500				DONOR ADVISED-FOR DONOR MANAGEMENT SOFTWARE
SARATOGA SPRINGS RECREATION DEPARTMENT 15 VANDERBILT AVENUE SARATOGA SPRINGS, NY 12866		501(C)(3)	5,275				DONOR ADVISED-FOR CAMP SARADAC SCHOLARSHIP/FIELD TRIP TRANSPORT

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
SARATOGA SPRINGS RECREATION DEPARTMENT 15 VANDERBILT AVENUE SARATOGA SPRINGS, NY 12866		501(C)(3)	15,430				DONOR ADVISED-FOR THE JONATHAN NOONAN DUGOUT PROJECT
SARATOGA SPRINGS RECREATION DEPARTMENT 15 VANDERBILT AVENUE SARATOGA SPRINGS, NY 12866		501(C)(3)	7,340				DONOR ADVISED-FOR NEW SWINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SCHENECTADY COMMUNITY HOMETHE JOAN NICOLE PRINCE HOME 22 GLENVIEW DRIVE SCOTIA, NY 12302	01-0566111	501(C)(3)	10,000				FOR END OF LIFE CARE SERVICES AND EDUCATIONAL PROGRAMS
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI 78 WASHINGTON AVENUE SCHENECTADY, NY 12305	23-7194187	501(C)(3)	10,000				DONOR ADVISED-FOR THE FALL 2018 WOMEN'S FUND SCHOLARSHIP AWARDS

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
SCENECTADY COUNTY COMMUNITY COLLEGE FOUNDATI 78 WASHINGTON AVENUE SCENECTADY, NY 12305	23-7194187	501(C)(3)	10,000				ADA ENHANCEMENTS IN THE NEW LEARNING COMMONS
SCHOHARIE RIVER CENTER INC 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	12,000				THE ENVIRONMENTAL STUDY TEAM YOUTH FUTURES PROJECT

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
SCHOHARIE RIVER CENTER INC 2025 BURTONSVILLE ROAD ESPERANCE, NY 12066	14-1818532	501(C)(3)	7,500				THE AMSTERDAM ENVIRONMENTAL STUDY TEAM YOUTH DEVELOPMENT PROGRAM
SHAKER HERITAGE SOCIETY SHAKER MEETING HOUSE 875 WATERVLIET SHAKER RD LOUDONVILLE, NY 12211	22-2186087	501(C)(3)	10,761				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
SHELTERS OF SARATOGA 14 WALWORTH STREET SARATOGA SPRINGS, NY 12866	14-1758441	501(C)(3)	40,000				DONOR ADVISED-FOR THE DRIVEWAY RENOVATIONS
SHELTERS OF SARATOGA 14 WALWORTH STREET SARATOGA SPRINGS, NY 12866	14-1758441	501(C)(3)	417				DONOR ADVISED-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
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	1,500				DONOR ADVISED-FOR UNRESTRICTED USE
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	25,000				DONOR ADVISED-FOR SUPPORT OF THE DISTINGUISHED VISITING PROFESSOR OF PUBLIC SERVICE LEADERSHIP PROGRAM

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
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	15,000				DONOR ADVISED-FOR THE ANNUAL FUND
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	1,250				DONOR ADVISED-FOR THE ANNUAL FUND FROM MARK AND LORI LASCH

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
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	2,000				DONOR ADVISED-FOR THE SCHOOL OF BUSINESS FROM MARK AND LORI LASCH
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	500				FOR THE ANNUAL FUND

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
SIENA COLLEGE OFFICE OF BUSINESS AFFAIRS 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	5,053				FOR UNRESTRICTED USE
SILVER BAY YMCA 87 SILVER BAY ROAD SILVER BAY, NY 12874	13-5604788	501(C)(3)	30,000				DONOR ADVISED-FOR SUPPORT OF THE TEEN CENTER IN TICONDEROGA

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
SKIDMORE COLLEGE BURSARS OFFICE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	10,000				DONOR ADVISED-FOR THE TANG MUSEUM ANNUAL INTERNSHIP FUND
SKIDMORE COLLEGE BURSARS OFFICE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	501(C)(3)	100,000				DONOR ADVISED-FOR SUPPORT OF SPECIAL PROGRAMS

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
SOCIAL ENTERPRISE AND TRAINING CENTER 131 STATE STREET SCHENECTADY, NY 12305	47-3946521	501(C)(3)	7,500				YOUTHBUILD AMSTERDAM
SOUTH COLONIE CENTRAL SCHOOL DISTRICT 102 LORALEE DRIVE ALBANY, NY 12205	14-6001364	501(C)(3)	5,000				DONOR ADVISED-FOR THE BFF GETTING STARTED SCHOLARSHIP

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
SOUTH COLONIE CENTRAL SCHOOL DISTRICT 102 LORALEE DRIVE ALBANY, NY 12205	14-6001364	501(C)(3)	5,000				DONOR ADVISED-FOR THE BFF HANDS ON SCHOLARSHIP
SOUTH COLONIE CENTRAL SCHOOL DISTRICT 102 LORALEE DRIVE ALBANY, NY 12205	14-6001364	501(C)(3)	500				DONOR ADVISED-FOR THE TENENINI FUND GRANT FOR GRADUATING SENIOR

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
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT 58200 STATE HIGHWAY 10 PO BOX 113 SOUTH KORTRIGHT, NY 13842	15-6002380	501(C)(3)	12,500				DONOR ADVISED-FOR THE YOUTH ASSOCIATION
SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT 58200 STATE HIGHWAY 10 PO BOX 113 SOUTH KORTRIGHT, NY 13842	15-6002380	501(C)(3)	12,500				DONOR ADVISED-FOR THE SCHOOL BAND

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
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	2,500				DONOR ADVISED-TO PROMOTE THE CONTINUATION AND EXPANSION FOR LOCAL TRAINING PROGRAMS FOR ATHLETES RESIDING IN THE TOWN OF NISKAYUNA
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	200				DONOR ADVISED-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
SPECIAL OLYMPICS NEW YORK 504 BALLTOWN ROAD SCHENECTADY, NY 12304	23-7061382	501(C)(3)	6,000				CAPITAL DISTRICT ATHLETE LEADERSHIP PROGRAM
ST CATHERINE'S CENTER FOR CHILDREN 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1338455	501(C)(3)	100				DONOR ADVISED-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
ST CATHERINE'S CENTER FOR CHILDREN 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1338455	501(C)(3)	500				DONOR ADVISED-FOR READING/WRITING/LEARNING PROGRAMS FOR CHILDREN
ST CATHERINE'S CENTER FOR CHILDREN 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1338455	501(C)(3)	9,100				R & E MAY SCHOOL INTERCOM/PAGING SYSTEM

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
ST JOHN'S UNIVERSITY SCHOOL OF LAW 8000 UTOPIA PARKWAY QUEENS, NY 11439	11-1630830	501(C)(3)	5,000				FOR THE HUGH CAREY DISPUTE MEDIATION PROGRAM
ST LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	5,000				DONOR ADVISED-FOR ENDOWMENT

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
ST LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	50,000				FOR THE STEWART'S SHOPS AND DAKE FAMILY INTERNSHIP FELLOWSHIP FUND
ST PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1341173	501(C)(3)	10,000				FOR THE RESTORATION FUND PHASE 2

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
ST PETER'S CHURCH 107 STATE STREET ALBANY, NY 12207	14-1341173	501(C)(3)	4,000				FOR A FINAL 2019 PLEDGE PAYMENT
ST PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 1270 BELMONT AVENUE SCHENECTADY, NY 12308	22-2505127	501(C)(3)	1,700				DONOR ADVISED-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
ST PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 1270 BELMONT AVENUE SCHENECTADY, NY 12308	22-2505127	501(C)(3)	3,500				DONOR ADVISED-FOR THE IPAD PROJECT
ST PETER'S HEALTH PARTNERS - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 1270 BELMONT AVENUE SCHENECTADY, NY 12308	22-2505127	501(C)(3)	7,822				PATIENT NEEDS FUND - SCHOLARSHIPS FOR POST-STROKE THERAPY SOCIAL/RECREATIONAL SUPPORT

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
ST PETER'S HOSPITAL FOUNDATION INC 310 S MANNING BOULEVARD ALBANY, NY 12208	22-2262982	501(C)(3)	1,000				DONOR ADVISED-FOR THE ANNUAL FUND
ST PETER'S HOSPITAL FOUNDATION INC 310 S MANNING BOULEVARD ALBANY, NY 12208	22-2262982	501(C)(3)	8,000				DONOR ADVISED-FOR THE SAMARITAN- RENSSELAER CHILDREN'S CENTER IN TROY TO BE USED IN SUPPORT OF UNDER- SERVED CHILDREN

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
ST PETER'S HOSPITAL FOUNDATION INC 310 S MANNING BOULEVARD ALBANY, NY 12208	22-2262982	501(C)(3)	1,000				DONOR ADVISED-FOR UNRESTRICTED USE
ST PETER'S HOSPITAL FOUNDATION INC 310 S MANNING BOULEVARD ALBANY, NY 12208	22-2262982	501(C)(3)	10,000				FOR THE COLON CANCER OUTREACH PROGRAM

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
ST PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	10,000				DONOR ADVISED-FOR UNRESTRICTED USE
ST PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	14-1387288	501(C)(3)	25,000				DONOR ADVISED-FOR THE GROWING OUR FAITH CAMPAIGN FROM THE LASCH FAMILY

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
SUNY GENESEO OFFICE OF STUDENT ACCOUNTS 1 COLLEGE CIRCLE GENESEO, NY 14454	14-6013200	501(C)(3)	600				DONOR ADVISED-FOR SPONSOR-A-SCHOLAR FOR TAYLOR HOTMER (FALL 2017 AND SPRING 2018 SEMESTERS)
SUNY GENESEO OFFICE OF STUDENT ACCOUNTS 1 COLLEGE CIRCLE GENESEO, NY 14454	14-6013200	501(C)(3)	300				DONOR ADVISED-FOR A SPONSOR-A-SCHOLAR PAYMENT FOR TAYLOR HOTMER FOR SPRING SEMESTER 2019

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
TEMPLE SHOLOM IN BROOMALL 55 N CHURCH LANE BROOMALL, PA 19008	23-6050744	501(C)(3)	6,130				FOR UNRESTRICTED USE
TEXAS WOMEN'S UNIVERSITY PO BOX 425618 DENTON, TX 76204	75-1292762	501(C)(3)	5,000				DONOR ADVISED-\$2,500 CHANCELLOR'S CIRCLE AND \$2,500 LEADERSHIP INSTITUTE

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 ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	2,500				DONOR ADVISED-FOR THE JIM MUHLFELDER LECTURE SERIES
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,000				DONOR ADVISED-FOR THE ANNUAL FUND

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 ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,000				DONOR ADVISED-FOR UNRESTRICTED USE
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	352				FOR THE GIRLS ACADEMY

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 ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	939				FOR THE BOYS ACADEMY
THE ALBANY ACADEMIES 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	1,200				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 CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BLVD ALBANY, NY 12208	14-1425851	501(C)(3)	1,000				FOR UNRESTRICTED USE
THE CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BLVD ALBANY, NY 12208	14-1425851	501(C)(3)	10,000				FOR CHANGING THE STANDARD OF DENTAL CARE FOR CAPITAL REGION INDIVIDUALS WITH DISABILITIES

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 CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BLVD ALBANY, NY 12208	14-1425851	501(C)(3)	5,000				FOR THE CENTER FOR DISABILITY SERVICES
THE CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	14-1739210	501(C)(3)	5,000				MAKING CONNECTIONS

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 COLLEGE OF SAINT ROSE BURSARS OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	500				DONOR ADVISED-FOR THE WOMEN'S LEADERSHIP INSTITUTE. PLEASE LIST DONORS AS STEVE AND DENISE GONICK.
THE COLLEGE OF SAINT ROSE BURSARS OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,500				DONOR ADVISED-FOR THE MASSRY VETERAN SCHOLARSHIP IN MEMORY OF MORRIS MASSRY

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 COLLEGE OF SAINT ROSE BURSARS OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	7,500				DONOR ADVISED-FOR MEN'S BASKETBALL- RYAN VENTER
THE COLLEGE OF SAINT ROSE BURSARS OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,000				DONOR ADVISED-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 COLLEGE OF SAINT ROSE BURSARS OFFICE 432 WESTERN AVENUE ALBANY, NY 12203	14-1338371	501(C)(3)	1,000				FOR AN EMERALD CIRCLE SPONSORSHIP FOR THE MASSRY CENTER FOR THE ARTS EVENT
THE COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	25,000				DONOR ADVISED-FOR THE GEORGE GIOKAS PALLIATIVE CARE EDUCATION FUND

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 COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	100				DONOR ADVISED-IN MEMORY OF MICHELINO MICCO
THE COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	2,500				DONOR ADVISED-FOR THE PALLIATIVE CARE CAMPAIGN

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 COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	25,000				DONOR ADVISED-FOR THE PALLIATIVE CARE EDUCATION FUND
THE COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	400				DONOR ADVISED-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 COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	100				DONOR ADVISED-WITH GRATITUDE FOR GRIEF SUPPORT SERVICES
THE COMMUNITY HOSPICE FOUNDATION ST PETERS HEALTH PARTNERS - CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	22-2692940	501(C)(3)	25,000				TO ADVANCE THE CAUSE OF PALLIATIVE CARE EDUCATION, CERTIFICATION AND PRACTICE IN OUR REGION

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 CORPORATION OF YADDO PO BOX 395 SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	15,000				DONOR ADVISED-FOR THE MARTHA WALSH PULVER POET IN RESIDENCE
THE CORPORATION OF YADDO PO BOX 395 SARATOGA SPRINGS, NY 12866	14-1343055	501(C)(3)	7,811				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 FIRST REFORMED CHURCH OF SCHENECTADY 8 NORTH CHURCH STREET SCHENECTADY, NY 12305	14-1364528	501(C)(3)	12,000				DONOR ADVISED-FOR UNRESTRICTED USE
THE SAGE COLLEGES PRESIDENTS OFFICE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	1,200				DONOR ADVISED-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 PRESIDENTS OFFICE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	1,000				DONOR ADVISED-FOR THE HELEN UPTON CENTER FOR WOMEN'S STUDIES
THE SAGE COLLEGES PRESIDENTS OFFICE 65 1ST STREET TROY, NY 12180	14-1338488	501(C)(3)	7,000				WHICH WNT LIGANDS ARE RESPONSIBLE FOR ORIENTED PARIETAL ENDODERM MIGRATION DURING YOLK SAC FORMATION?

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 SOCIETY OF THE SISTERS OF ST JOSEPH 385 WATERVLiet SHAKER ROAD LATHAM, NY 12110	14-1340108	501(C)(3)	5,000				DONOR ADVISED-FOR UNRESTRICTED USE
THE UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	1,000				DONOR ADVISED-FOR THE NYS WRITERS INSTITUTE ALBANY FILM FESTIVAL FROM THE LASCH FAMILY

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 UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	1,000				DONOR ADVISED-FOR THE NYS WRITER'S INSTITUTE ALBANY BOOK FESTIVAL
THE UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	2,000				DONOR ADVISED-FOR THE UNIVERSITY ART MUSEUM

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 UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	75,000				DONOR ADVISED-FOR THE WRITERS INSTITUTE FILM FESTIVAL - PROJECTION MAPPING PROJECT
THE UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	1,000				DONOR ADVISED-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 UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	500				DONOR ADVISED-FOR THE UNIVERSITY ART MUSEUM FOR COLLECTIONS CARE AND MAINTENANCE
THE UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	5,000				FOR THE ENLA BOARD DIVERSITY PROJECT

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 UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVENUE UNH 305 ALBANY, NY 12222	14-1503972	501(C)(3)	8,647				WEATHER AND CLIMATE CAMP 2020
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	3,000				DONOR ADVISED-FOR SUPPORT AT THE DIRECTOR'S SILVER SOCIETY LEVEL

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 VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	501(C)(3)	3,000				FOR THE DIRECTOR'S SILVER SOCIETY
THINGS OF MY VERY OWN INC 243-249 GREEN STREET SCHENECTADY, NY 12305	90-0370316	501(C)(3)	18,800				DONOR ADVISED-FOR COMPLETION OF THE ROOFTOP HEATING UNIT

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
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	1,500				DONOR ADVISED-FOR HOLIDAY HELP
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	6,000				DONOR ADVISED-FOR THE RACE TO 10,000 PROJECT

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
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	5,000				DONOR ADVISED-FOR UNRESTRICTED USE
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	5,000				DONOR ADVISED-FOR THE RACE TO 10,000 PROGRAM

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
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	10,000				DONOR ADVISED-FOR THE CARE AFTER SCHOOL AND SUMMER PROGRAM
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	5,000				DONOR ADVISED-FOR URBAN GRIEF

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
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	70,000				DONOR ADVISED-FOR RCHPP
TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122	501(C)(3)	150,000				WELLNESS ADVOCATES LINKING COMMUNITIES

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 PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	25,000				FOR CONSTRUCTION GRANT MATCHING FUNDS
TROY PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	26,875				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 PUBLIC LIBRARY 100 SECOND STREET TROY, NY 12180	14-1338576	501(C)(3)	250				FOR ANNUAL SUPPORT
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION 194 LIVINGSTON AVENUE ALBANY, NY 12210	56-2389806	501(C)(3)	5,000				DONOR ADVISED-FOR THE ABOLITIONIST TEEN SCHOLARS INSTITUTE

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
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	10,000				DONOR ADVISED-FOR THE ROY M. HERSHEY '68 ENDOWED LEGACY SCHOLARSHIP
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	2,158				THE UNION COLLEGE ABBOTT S. WEINSTEIN '46 SCHOLARSHIP FUND

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
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	12,278				PEPTOID MEDIATED ASSEMBLY OF GOLD NANOPARTICLES AT FLUID INTERFACES
UNITED JEWISH FEDERATION OF NORTHEASTERN NEW YORK THE GOLUB CENTER 184 WASHINGTON AVE EXT ALBANY, NY 12203	22-2805163	501(C)(3)	21,300				DONOR ADVISED-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
UNITED TENANTS OF ALBANY 255 ORANGE STREET SUITE 104 ALBANY, NY 12210	14-1340033	501(C)(3)	5,000				DONOR ADVISED-FOR THE COURT ADVOCACY SERVICE
UNITED WAY OF THE GREATER CAPITAL REGION INC ONE UNITED WAY ALBANY, NY 12205	14-1364505	501(C)(3)	300				DONOR ADVISED-FOR THE HONORARY COMMITTEE ANNUAL AWARD

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
UNITED WAY OF THE GREATER CAPITAL REGION INC ONE UNITED WAY ALBANY, NY 12205	14-1364505	501(C)(3)	15,000				DONOR ADVISED-FOR UNRESTRICTED USE
UNITED WAY OF THE GREATER CAPITAL REGION INC ONE UNITED WAY ALBANY, NY 12205	14-1364505	501(C)(3)	11,000				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)	250				DONOR ADVISED-FOR THE FOOD PROGRAMS
UNITY HOUSE OF TROY INC 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	500				DONOR ADVISED-FOR UNRESTRICTED USE FROM ANN AND JIM SIDFORD

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)	100,000				DONOR ADVISED-FOR SUPPORT OF THE MAKING CHILD CARE AFFORDABLE AND THE DEUTERONOMY FUND
UNITY HOUSE OF TROY INC 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	6,000				DONOR ADVISED-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)	1,500				DONOR ADVISED-FOR HOLIDAY HELP
UNITY HOUSE OF TROY INC 2431 6TH AVENUE TROY, NY 12180	23-2378930	501(C)(3)	2,875				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
UNIVERSAL PRESERVATION HALL 3 FRANKLIN SQUARE SUITE 2 SARATOGA SPRINGS, NY 12866	32-0033321	501(C)(3)	5,000				DONOR ADVISED-FOR THE ALLERDICE FOYER OF THE RENOVATION PROJECT
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 217 WATERMAN BUILDING 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	19,021				DONOR ADVISED-FOR IDENTIFYING FACTORS THAT MEDIATE SENSITIVITY TO NEW MESOTHELIOMA THERAPIES

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
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	10,000				DONOR ADVISED-FOR THE SECURITY PROGRAM AND UPGRADES
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	4,000				DONOR ADVISED-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
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	5,000				DONOR ADVISED-FOR THE CAMPAIGN TO RAISE ONE YEAR'S EMERGENCY BUDGET
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	352				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
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	5,000				FOR THE CAPITAL CAMPAIGN 2019 GIFT
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,000				MATCHING GIFT CHALLENGE

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
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	200				FOR THE END OF YEAR APPEAL
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,000				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
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVENUE FLOOR 3 ALBANY, NY 12206	14-6000805	501(C)(3)	1,500				FROM DENISE GONICK (\$750) AND FROM STEVE GONICK (\$750)
URJ CAMP HARLAM 301 CITY AVENUE SUITE 110 BALA CYNWYD, PA 19004	13-1663143	501(C)(3)	5,000				BURNING BUSH SCULPTURE

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
WALDORF SCHOOL OF SARATOGA SPRINGS 122 REGENT STREET SARATOGA SPRINGS, NY 12866	14-1707552	501(C)(3)	18,150				DONOR ADVISED-TO BE USED TO MAINTAIN AND BUILD DIVERSITY IN THE SCHOOL
WALDORF SCHOOL OF SARATOGA SPRINGS 122 REGENT STREET SARATOGA SPRINGS, NY 12866	14-1707552	501(C)(3)	250				FOR "THE IMPACT OF PLASTICS IN THE CARIBBEAN AND ATLANTIC ECOSYSTEMS"

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
WELLSPRING 480 BROADWAY LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	2,500				DONOR ADVISED-FOR SUPPORT OF PROGRAM SPACE AND EXPANDED SERVICES
WELLSPRING 480 BROADWAY LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	1,500				DONOR ADVISED-FOR HOLIDAY HELP

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
WELLSPRING 480 BROADWAY LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	5,000				DONOR ADVISED-FOR THE CAMPAIGN FOR WELLSPRING
WELLSPRING 480 BROADWAY LL20 SARATOGA SPRINGS, NY 12866	14-1644567	501(C)(3)	1,500				FOR THE CHANGEMAKERS CHAMPION FROM CINDY AND DUANE BALL

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
WESLEY HEALTH CARE CENTER INC 131 LAWRENCE STREET SARATOGA SPRINGS, NY 12866	22-2467092	501(C)(3)	8,000				MEDICATION DISPENSING EQUIPMENT
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	3,446				DONOR ADVISED-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
WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	1,554				DONOR ADVISED-FOR THE PURCHASE OF TWO ACRES AT THE WILD ANIMAL REFUGE (FOUNDING MEMBER LAND CERTIFICATE IN RECOGNITION OF LAURA HERSHEY GALVIN)
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	04-2237311	501(C)(3)	5,000				DONOR ADVISED-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
WILTON YOUTH BASEBALL INC PO BOX 2269 WILTON, NY 12831	35-2256176	501(C)(3)	25,000				DONOR ADVISED-FOR THE PURCHASE AND INSTALLATION OF LIGHTS FOR THE MAJORS FIELD AT THE EAST SIDE REC
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	14-1400177	501(C)(3)	6,850				DONOR ADVISED-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
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	14-1400177	501(C)(3)	150				DONOR ADVISED-FOR A 2019 GIFT
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	14-1400177	501(C)(3)	2,300				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
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	14-1400177	501(C)(3)	12,500				INNOVATION HALL
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	14-1400177	501(C)(3)	7,500				RISE

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
WOODLAND HILLS MONTESSORI SCHOOL 100 MONTESSORI PLACE RENSSELAER, NY 12144	14-1495852	501(C)(3)	7,500				DONOR ADVISED-FOR UNRESTRICTED USE
YALE UNIVERSITY DEVELOPMENT OFFICE PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	25				DONOR ADVISED-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)	500				DONOR ADVISED-FOR UNRESTRICTED USE
YWCA NORTHEASTERN NY 44 WASHINGTON AVE SCHENECTADY, NY 12305	14-1340139	501(C)(3)	5,000				DONOR ADVISED-FOR WOMENS RESIDENTS KITCHEN REMODEL

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)	3,000				DONOR ADVISED-TO PROVIDE SUPPORT AND SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE WHO RESIDE IN THE TOWN OF NISKAYUNA
FREEDOM FORUMNEWSEUM INC 300 NEW JERSEY AVENUE NW WASHINGTON, DC 20009	20-3985447	501(C)(3)	5,000				DONOR ADVISED-\$1,000 CHIPS QUINN SCHOLARS PROGRAM AND \$4,000 FRIENDS OF THE FIRST AMENDMENT SOCIETY

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
FREEDOM FORUMNEWSEUM INC 300 NEW JERSEY AVENUE NW WASHINGTON, DC 20009	20-3985447	501(C)(3)	7,811				DONOR ADVISED-FOR THE FREEDOM FORUM INSTITUTE

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
▶ Attach to Form 990.		
▶ Go to www.irs.gov/Form990 for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	Name of the organization THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION INC	Employer identification number 14-1505623

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

14-1505623

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE REVIEWED THE DRAFT FORM 990 AND SUGGESTED CHANGES WERE MADE. THE FORM 990 WAS PRESENTED TO ALL BOARD MEMBERS ELECTRONICALLY BEFORE FILING. THE IRS FORM 990 IS PREPARED BY CFGCR'S AUDITING FIRM.

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 OFFICE. S. CFGCR STAFF MONITOR COMPLIANCE WITH THIS REQUIREMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION'S CEO IS EVALUATED ANNUALLY BY THE CFGCR EXECUTIVE COMMITTEE. THE CEO COMPLETES A SELF-EVALUATION AND PROVIDES THE COMMITTEE WITH THE CEO JOB DESCRIPTION AND A CHART OF PROGRESS ON STATED GOALS. THE COMMITTEE ALSO RECEIVES COMPARATIVE INFORMATION ON SALARIES OF COMMUNITY FOUNDATION CEOS FROM THE COUNCIL ON FOUNDATION'S COMPENSATION SUMMARY. THE COMMITTEE REVIEWS THE INFORMATION PROVIDED AND COMPLETES A REVIEW OF THE CEO, INCLUDING ANY CHANGES TO SALARY AND BENEFITS BASED ON THE EVALUATION AND BUDGET CONSIDERATIONS. THE EVALUATION IS SHARED WITH THE CEO.

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 UP ON REQUEST. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
14-1505623

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFCR REAL PROPERTY TRANSACTIONS LLC 2 TOWER PLACE/EXECUTIVE PARK DRIVE ALBANY, NY 12203 14-1505623	TO MANAGE REAL PROPERTY INTENDED TO BE DONATED TO COMMUNITY FOUNDATION.	NY			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 2 TOWER PLACE/EXECUTIVE PARK DRIVE ALBANY, NY 12203 14-1835725	CHARITABLE GIVING	NY	501(C)(3)	LINE 12D, III-O	THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION INC	Yes	

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

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

Schedule R (Form 990) 2019

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