

Return of Organization Exempt From Income Tax

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning and ending

Form sections B through M: B Check if applicable, C Name of organization (CAPITAL REGION COMMUNITY FOUNDATION), D Employer identification number (38-2776652), E Telephone number ((517) 272-2870), F Name and address of principal officer (LAURIE BAUMER), G Gross receipts (\$29,144,986), H(a) Is this a group return?, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.OURCOMMUNITY.ORG), K Form of organization (Corporation), L Year of formation (1987), M State of legal domicile (MI)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information: Sign Here (LAURIE BAUMER, PRESIDENT & CEO), Paid (AMBER RATHBUN, CPA), Preparer Use Only (MANER COSTERISAN PC)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE CAPITAL REGION COMMUNITY FOUNDATION IS TO LEAD PHILANTHROPIC SOLUTIONS THAT BUILD VIBRANT COMMUNITIES IN INGHAM, EATON AND CLINTON COUNTIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 6,430,614. including grants of \$ 5,523,687.) (Revenue \$ 107,971.) WE ACT AS A COMMUNITY FOUNDATION. SEE SCHEDULE I FOR ACTIVITY AND GRANTS ISSUED IN AMOUNTS OVER \$5,000. NUMEROUS OTHER SMALLER GRANTS AND SCHOLARSHIPS WERE ISSUED THROUGHOUT THE YEAR.

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

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

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

4e Total program service expenses 6,430,614.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KRISTIN ROGERS - (517) 272-2870
330 MARSHALL STREET, 300, LANSING, MI 48912

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURIE BAUMER PRESIDENT & CEO	40.00			X			222,180.	0.	28,551.	
(2) KRISTIN ROGERS CFO & VP OF OPERATIONS	40.00			X			115,156.	0.	19,018.	
(3) CINDY HALES VP OF COMMUNITY INVESTMENT	40.00					X	100,245.	0.	20,438.	
(4) WARREN H. KRUEGER, III TRUSTEE	1.00	X					0.	0.	0.	
(5) REBECCA BAHAR-COOK TRUSTEE	1.00	X					0.	0.	0.	
(6) MOLLY PETITJEAN TRUSTEE	1.00	X					0.	0.	0.	
(7) ANDY WELLS TRUSTEE	1.00	X					0.	0.	0.	
(8) LISA BOND BREWER TRUSTEE	1.00	X					0.	0.	0.	
(9) BRUCE CALTRIDER TRUSTEE	1.00	X					0.	0.	0.	
(10) RYAN CARTER TRUSTEE	1.00	X					0.	0.	0.	
(11) TOM HOFMAN TRUSTEE	1.00	X					0.	0.	0.	
(12) BRIAN HUGGLER TRUSTEE	1.00	X					0.	0.	0.	
(13) TIM JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(14) CHARLES MICKENS TRUSTEE	1.00	X					0.	0.	0.	
(15) TIMOTHY SALISBURY TRUSTEE	1.00	X					0.	0.	0.	
(16) JOHN WIEBER TRUSTEE	1.00	X					0.	0.	0.	
(17) NATALIE BOUNDS STUDENT TRUSTEE	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF BENSON PAST CHAIR	1.00	X		X				0.	0.	0.
(19) BRYAN BEVERLY TREASURER	1.00	X		X				0.	0.	0.
(20) FERN GRIESBACH VICE CHAIR/SECRETARY	1.00	X		X				0.	0.	0.
(21) ANN VOGELSANG CHAIR	1.00	X		X				0.	0.	0.
1b Subtotal								437,581.	0.	68,007.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								437,581.	0.	68,007.

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 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,710,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,429,917.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 372,852.			
	h	Total. Add lines 1a-1f		13,139,917.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,540,693.		4,540,693.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses	6b				
	6 c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	7b	11,983,672.			
	7 c	Gain or (loss)	7c	-627,267.			
	d	Net gain or (loss)		-627,267.		-627,267.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	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	11 a	ADMINISTRATIVE FEES	Business Code	561000	107,971.	107,971.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			107,971.		
12	Total revenue. See instructions			17,161,314.	107,971.	0.	
						3,913,426.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,781,279.	4,781,279.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	558,980.	558,980.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	183,428.	183,428.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	384,905.	201,715.	181,716.	1,474.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	480,613.	251,871.	226,902.	1,840.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,829.	12,489.	11,249.	91.
9 Other employee benefits	39,687.	20,798.	18,737.	152.
10 Payroll taxes	58,519.	30,668.	27,627.	224.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,997.		2,997.	
c Accounting	20,617.	1,825.	18,792.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,787.	47,787.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	26,302.	18,114.	8,188.	
12 Advertising and promotion	16,436.	16,436.		
13 Office expenses	19,294.	10,805.	8,420.	69.
14 Information technology	58,270.	30,537.	27,510.	223.
15 Royalties				
16 Occupancy	68,560.	35,929.	32,368.	263.
17 Travel	4,633.	1,854.	1,853.	926.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,180.	6,079.	10,101.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,354.	1,464.	4,890.	
23 Insurance	16,153.	7,886.	8,200.	67.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	146,902.	146,902.		
b EVENT EXPENSE	37,106.	37,106.		
c MISCELLANEOUS EXPENSES	22,290.	18,314.	3,976.	
d DUES AND SUBSCRIPTIONS	7,619.	3,809.	3,810.	
e All other expenses	6,587.	4,539.	1,251.	797.
25 Total functional expenses. Add lines 1 through 24e	7,035,327.	6,430,614.	598,587.	6,126.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	687,796.	1	1,543,511.
	2 Savings and temporary cash investments	715,440.	2	869,684.
	3 Pledges and grants receivable, net	458,173.	3	924,434.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	14,826.	9	10,786.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 151,776.		
	b Less: accumulated depreciation	10b 134,513.	10c	17,263.
	11 Investments - publicly traded securities	137,887,448.	11	158,598,239.
	12 Investments - other securities. See Part IV, line 11	5,542,595.	12	7,042,749.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	364,236.	15	292,446.
16 Total assets. Add lines 1 through 15 (must equal line 33)	145,687,599.	16	169,299,112.	
Liabilities	17 Accounts payable and accrued expenses	42,070.	17	103,404.
	18 Grants payable	455,345.	18	256,207.
	19 Deferred revenue		19	500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	15,424,188.	21	17,227,851.
	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	355,136.	25	236,901.
	26 Total liabilities. Add lines 17 through 25	16,276,739.	26	17,824,863.
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	128,952,687.	27	150,549,815.
	28 Net assets with donor restrictions	458,173.	28	924,434.
	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	129,410,860.	32	151,474,249.
33 Total liabilities and net assets/fund balances	145,687,599.	33	169,299,112.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,161,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,035,327.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,125,987.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,410,860.
5	Net unrealized gains (losses) on investments	5	13,778,169.
6	Donated services and use of facilities	6	44,541.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,885,308.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	151,474,249.

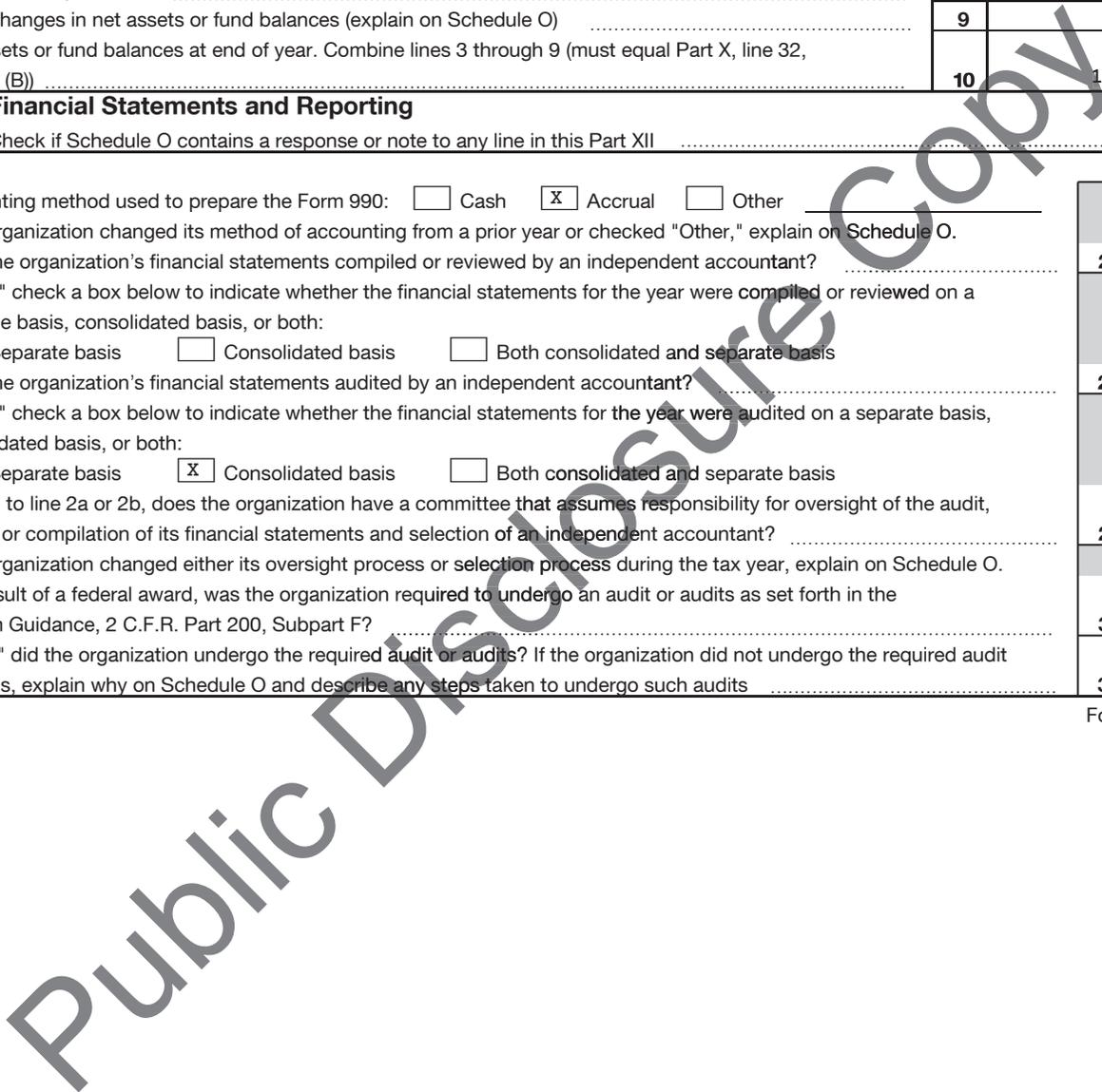
Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,586,250.	6,144,312.	5,125,206.	4,872,829.	4,334,993.	27,063,590.
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	6,586,250.	6,144,312.	5,125,206.	4,872,829.	4,334,993.	27,063,590.
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)						2,463,041.
6 Public support. Subtract line 5 from line 4.						24,600,549.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6,586,250.	6,144,312.	5,125,206.	4,872,829.	4,334,993.	27,063,590.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,247,827.	2,407,609.	5,622,798.	4,015,127.	4,540,693.	17,834,054.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	72,189.	79,505.	90,343.	98,278.	107,971.	448,286.
11 Total support. Add lines 7 through 10						45,345,930.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	54.25 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	56.22 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

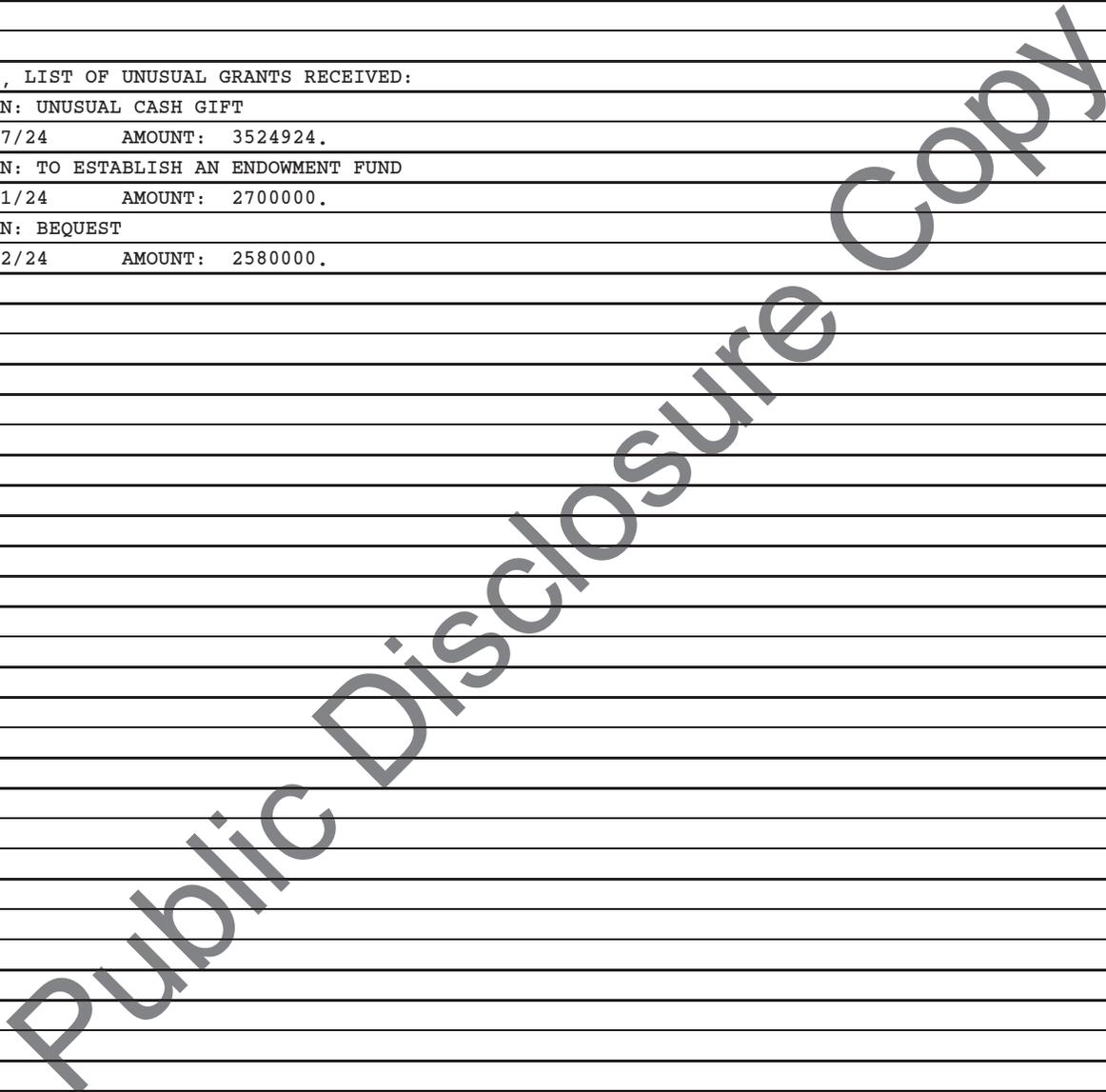
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ADMINISTRATIVE FEES

2020 AMOUNT: \$	72,189.
2021 AMOUNT: \$	79,505.
2022 AMOUNT: \$	90,343.
2023 AMOUNT: \$	98,278.
2024 AMOUNT: \$	107,971.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: UNUSUAL CASH GIFT	
DATE: 12/17/24	AMOUNT: 3524924.
DESCRIPTION: TO ESTABLISH AN ENDOWMENT FUND	
DATE: 05/21/24	AMOUNT: 2700000.
DESCRIPTION: BEQUEST	
DATE: 10/22/24	AMOUNT: 2580000.



**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

CAPITAL REGION COMMUNITY FOUNDATION

Employer identification number

38-2776652

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization CAPITAL REGION COMMUNITY FOUNDATION	Employer identification number 38-2776652
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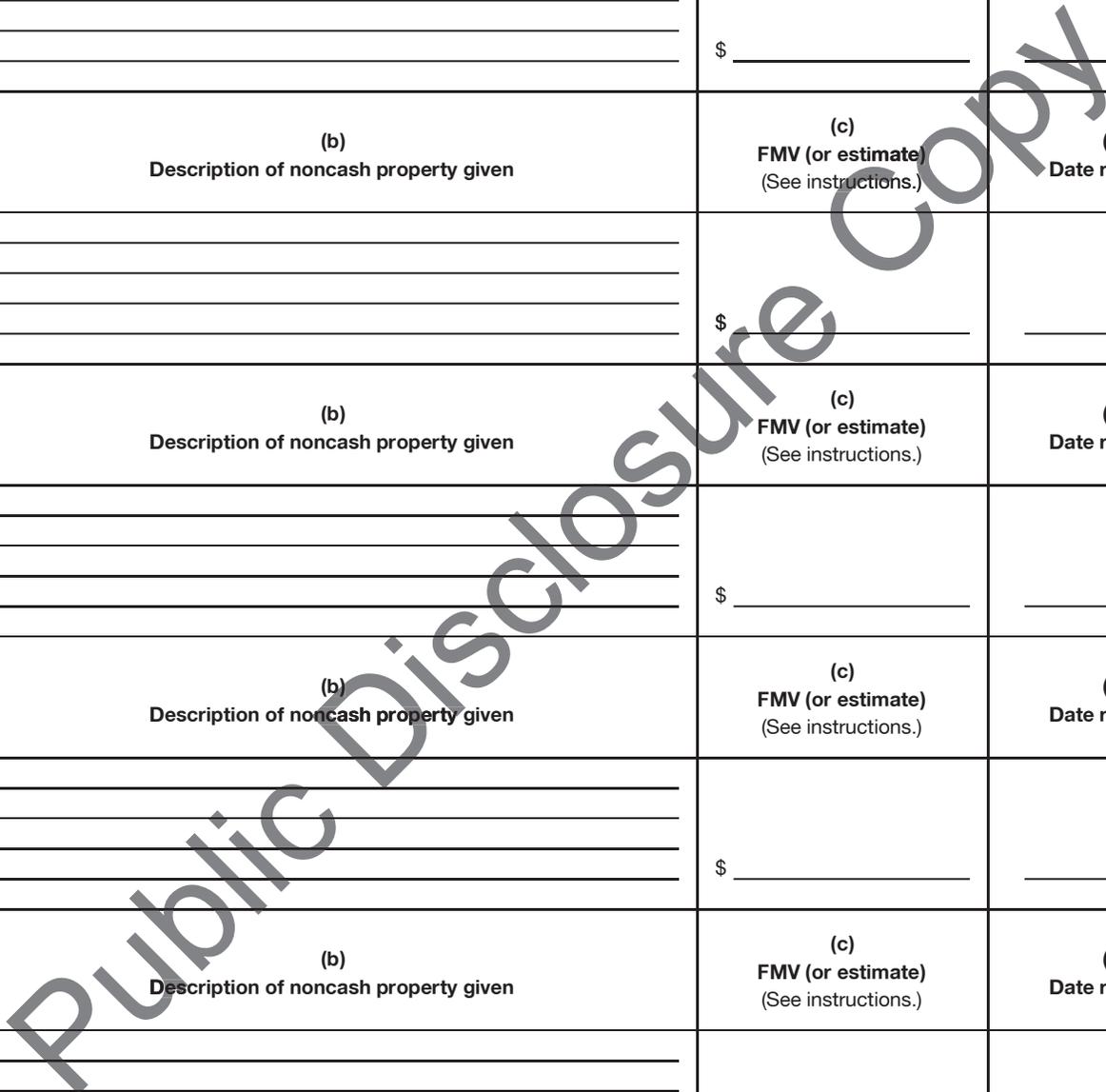
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 	\$ 582,861.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	 	\$ 3,524,924.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	 	\$ 2,580,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	 	\$ 2,700,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	 	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	 	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CAPITAL REGION COMMUNITY FOUNDATION	Employer identification number 38-2776652
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

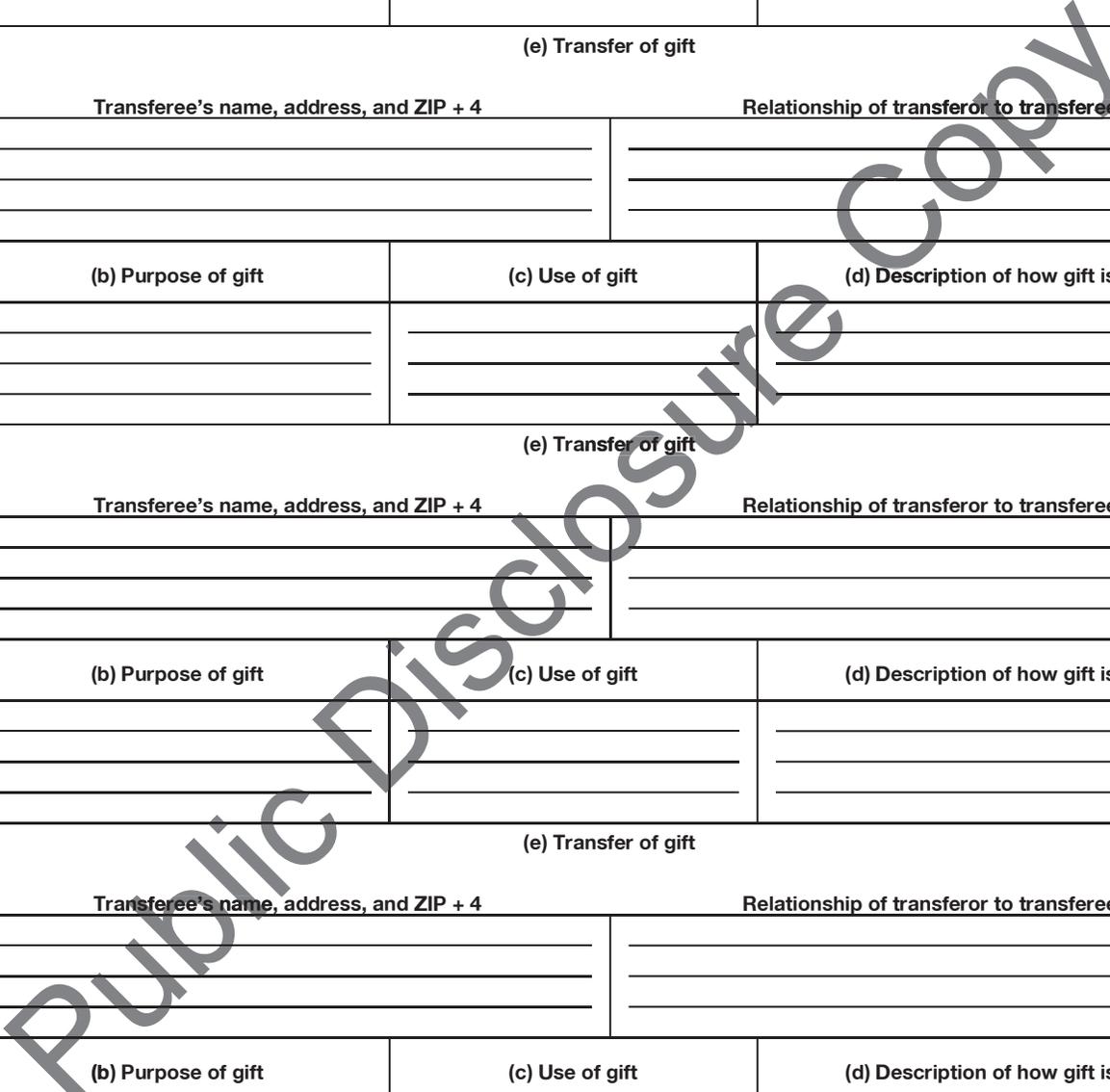
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization CAPITAL REGION COMMUNITY FOUNDATION	Employer identification number 38-2776652
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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



SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization CAPITAL REGION COMMUNITY FOUNDATION	Employer identification number (EIN) 38-2776652
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	7,035,327.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,035,327.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	501,766													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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)	125,442.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a	Lobbying nontaxable amount		607,464.	501,766.	1,109,230.
b	Lobbying ceiling amount (150% of line 2a, column(e))				1,663,845.
c	Total lobbying expenditures		297.		297.
d	Grassroots nontaxable amount		151,866.	125,442.	277,308.
e	Grassroots ceiling amount (150% of line 2d, column (e))				415,962.
f	Grassroots lobbying expenditures				

Schedule C (Form 990) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and taxable amount.

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.

Blank lines for providing supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)
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

Open to Public Inspection

Name of the organization **CAPITAL REGION COMMUNITY FOUNDATION** Employer identification number **38-2776652**

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	74	
2 Aggregate value of contributions to (during year)	6,825,852.	
3 Aggregate value of grants from (during year)	967,831.	
4 Aggregate value at end of year	20,433,269.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	

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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,548,094.	107,702,718.	133,635,429.	115,231,600.	101,655,478.
b Contributions	10,122,814.	7,092,419.	6,611,752.	7,544,522.	6,938,486.
c Net investment earnings, gains, and losses	21,810,285.	21,422,190.	-23,836,912.	17,318,337.	12,135,647.
d Grants or scholarships	5,329,479.	4,832,913.	5,073,720.	5,860,520.	5,086,963.
e Other expenditures for facilities and programs				1,867.	-818.
f Administrative expenses	5,367,217.	8,836,320.	3,633,831.	596,643.	411,866.
g End of year balance	143,784,497.	122,548,094.	107,702,718.	133,635,429.	115,231,600.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | <input checked="" type="checkbox"/> |
- 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		79,501.	66,186.	13,315.
e Other		72,275.	68,327.	3,948.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,263.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY PAYABLE	38,300.
(3) OPERATING LEASE LIABILITIES	198,601.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	236,901.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART IV, LINE 2B:

THE BALANCE OF FUNDS HELD IN AGENCY ENDOWMENTS AS OF DECEMBER 31, 2024 WAS \$17,227,851.

PART V, LINE 4:

THE FOUNDATION'S INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED.

PART X, LINE 2:

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATIONS OF FEDERAL, STATE, AND LOCAL INCOME TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE, AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS.

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Public Disclosure Copy

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.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO PROVIDE REPORTS THAT INCLUDE FINANCIAL INFORMATION ABOUT HOW GRANT MONIES WERE SPENT. ALL REQUIRED DOCUMENTATION IS SUBMITTED TO THE CAPITAL REGION COMMUNITY FOUNDATION.

PART II, COLUMN (D):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES
(D) PURPOSE OF GRANT: \$139,821 GENERAL SUPPORT, \$30,870 EDUCATION, TUITION, FOOD, GAS, MATERIALS, TRANSPORTATION FOR CHILDREN, AND \$10,500 DANGER & CRISIS AND EMERGENCY NEEDS, REPAIRS.

Public Disclosure Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

CAPITAL REGION COMMUNITY FOUNDATION

Employer identification number
38-2776652

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL OF THE ABOVE HIP HOP ACADEMY (AOTA) - P.O. BOX 80542 - LANSING, MI 48915	82-2911307	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
ALL OF THE ABOVE HIP HOP ACADEMY (AOTA) - P.O. BOX 80542 - LANSING, MI 48915	82-2911307	501(C)(3)	5,000.	0.			FIELD OF INTEREST
ALLEN NEIGHBORHOOD CENTER 1611 EAST KALAMAZOO STREET LANSING, MI 48912	38-3502484	501(C)(3)	28,500.	0.			CAPACITY BUILDING
ARTS COUNCIL OF GREATER LANSING, INC. - 1208 TURNER ST. - LANSING, MI 48906	38-2086424	501(C)(3)	24,375.	0.			CAPACITY BUILDING
ARTS COUNCIL OF GREATER LANSING, INC. - 1208 TURNER ST. - LANSING, MI 48906	38-2086424	501(C)(3)	46,078.	0.			AGENCY FUNDS
ASPIRE, INC. 3815 W. ST. JOSEPH, SUITE C-300 LANSING, MI 48917	27-0525231	501(C)(3)	58,163.	0.			IMPACT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE LEAGUE OF ATLANTA 3584 BROAD ST CHAMBLEE, GA 30341	58-1526181	501(C)(3)	10,000.	0.			DONOR ADVISED
BARRY COMMUNITY FOUNDATION 231 SOUTH BROADWAY HASTINGS, MI 49058	38-3246131	501(C)(3)	9,338.	0.			DESIGNATED FUND
BOYS AND GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	10,000.	0.			DONOR ADVISED
BOYS AND GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	19,704.	0.			AGENCY FUNDS
BURCHAM HILLS FOUNDATION 2700 BURCHAM DRIVE EAST LANSING, MI 48823	38-3443746	501(C)(3)	42,427.	0.			AGENCY FUNDS
CAMP GRAYLING HISTORICAL SOCIETY, INC. - P.O. BOX 443 - GRAYLING, MI 49738	38-3450470	501(C)(3)	27,359.	0.			AGENCY FUNDS
CANINES FOR CHANGE INC 5573 N. MICHIGAN ROAD DIMONDALE, MI 48821	20-3351582	501(C)(3)	75,000.	0.			IMPACT GRANT
CAPITAL AREA HEALTH ALLIANCE 2123 UNIVERSITY PARK DR # 105 OKEMOS, MI 48864	38-3139662	501(C)(3)	35,000.	0.			IMPACT GRANT
CAPITAL AREA HOUSING PARTNERSHIP 600 W MAPLE STREET, SUITE D LANSING, MI 48906	38-3099281	501(C)(3)	50,000.	0.			IMPACT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA HOUSING PARTNERSHIP 600 W MAPLE STREET, SUITE D LANSING, MI 48906	38-3099281	501(C)(3)	75,000.	0.			DESIGNATED FUND
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	11,871.	0.			DESIGNATED FUND
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	24,183.	0.			AGENCY FUNDS
CASA FOR KIDS, INC. 3303 WEST SAGINAW STREET SUITE B2 LANSING, MI 48917	38-3408893	501(C)(3)	23,850.	0.			CAPACITY BUILDING
CATHOLIC CHARITIES OF INGHAM, EATON & CLINTON COUNTIES - 2800 W. WILLOW ST. - LANSING, MI 48917	38-1779460	501(C)(3)	32,000.	0.			DONOR ADVISED
CENTRAL MICHIGAN UNIVERSITY - GIFTS PROCESSING - 524 E. BELLOWS STREET - MT. PLEASANT, MI 48859	38-6004447	501(C)(3)	6,771.	0.			DESIGNATED FUND
CHILD AND FAMILY CHARITIES 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501(C)(3)	75,000.	0.			IMPACT GRANT
CITY OF LANSING 124 W. MICHIGAN AVE., 9TH FLOOR LANSING, MI 48933	38-6004628	501(C)(3)	20,000.	0.			DONOR ADVISED
CITY OF LESLIE 106 E. BELLEVUE ST. LESLIE, MI 49251	38-6005803	501(C)(3)	5,787.	0.			FIELD OF INTEREST

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY RESCUE MISSION OF LANSING, MI 2216 S CEDAR ST LANSING, MI 48910	38-1626400	501(C)(3)	24,902.	0.			DESIGNATED FUND
COUNCIL OF MICHIGAN FOUNDATIONS 125 OPTAWA NW, SUITE 437 GRAND RAPIDS, MI 49503	38-6263347	501(C)(3)	12,450.	0.			FIELD OF INTEREST
COVERED BY LOVE 913 W HOLMES 234-A LANSING, MI 48917	92-0966517	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
COVERED BY LOVE 913 W HOLMES 234-A LANSING, MI 48917	92-0966517	501(C)(3)	6,000.	0.			MINI GRANTS
DEWITT PUBLIC SCHOOLS FOUNDATION P.O. BOX 292 DEWITT, MI 48820	38-2568751	501(C)(3)	24,500.	0.			AGENCY/SCHOLARSHIP FUNDS
EAST LANSING EDUCATIONAL FOUNDATION - 501 BURCHAM DRIVE - EAST LANSING, MI 48823	38-2542525	501(C)(3)	29,328.	0.			AGENCY FUNDS
EATON COMMUNITY HEALTH PO BOX 307 CHARLOTTE, MI 48813	81-1913749	501(C)(3)	42,721.	0.			FIELD OF INTEREST
ELE'S PLACE CAPITAL REGION 1145 WEST OAKLAND AVENUE LANSING, MI 48915	38-2976751	501(C)(3)	5,000.	0.			DONOR ADVISED
ELE'S PLACE CAPITAL REGION 1145 WEST OAKLAND AVENUE LANSING, MI 48915	38-2976751	501(C)(3)	37,500.	0.			AGENCY FUNDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERYACTION, INC 655 15TH STREET NW, SUITE 650 WASHINGTON, DC 20005	52-2013900	501(C)(3)	8,500.	0.			FIELD OF INTEREST
FIRST CONGREGATIONAL CHURCH OF LAINGSBURG - P.O. BOX 15 - LAINGSBURG, MI 48848	38-2290332	501(C)(3)	13,897.	0.			DESIGNATED FUND
FIRST CONGREGATIONAL CHURCH OF VERMONTVILLE - 110 S. MAIN ST. - VERMONTVILLE, MI 49096	38-2136122	501(C)(3)	12,263.	0.			AGENCY FUNDS
FOOTPRINTS OF MICHIGAN 3010 WEST ST JOSEPH ST LANSING, MI 48917	82-2440218	501(C)(3)	5,500.	0.			MINI GRANTS
FORSTER WOODS ADULT DAY SERVICES 201 HILLSDALE COURT EAST LANSING, MI 48823	45-4844675	501(C)(3)	17,750.	0.			CAPACITY BUILDING
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	38-2424756	501(C)(3)	8,875.	0.			DESIGNATED FUND
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	38-2424756	501(C)(3)	20,000.	0.			DONOR ADVISED
HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR - LANSING, MI 48906	91-1914868	501(C)(3)	115,000.	0.			DONOR ADVISED
HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR - LANSING, MI 48906	91-1914868	501(C)(3)	7,727.	0.			DESIGNATED FUND

Schedule I (Form 990)

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

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HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR - LANSING, MI 48906	91-1914868	501(C)(3)	75,000.	0.			IMPACT GRANT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	12,258.	0.			DONOR ADVISED
HELPING HANDS OF EATON COUNTY 621 JEFFERSON STREET CHARLOTTE, MI 48813	38-2548472	501(C)(3)	15,000.	0.			MINI GRANTS
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	9,496.	0.			DESIGNATED FUND
HOSPICE OF LANSING & STONELEIGH RESIDENCE - 3186 PINE TREE ROAD - LANSING, MI 48911	38-2306757	501(C)(3)	15,000.	0.			DONOR ADVISED
HOSPICE OF LANSING & STONELEIGH RESIDENCE - 3186 PINE TREE ROAD - LANSING, MI 48911	38-2306757	501(C)(3)	50,000.	0.			FIELD OF INTEREST
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 48933	23-7200548	501(C)(3)	5,000.	0.			DONOR ADVISED
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 48933	23-7200548	501(C)(3)	20,257.	0.			DESIGNATED FUND
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 48933	23-7200548	501(C)(3)	24,084.	0.			AGENCY FUNDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INGHAM COUNTY ANIMAL SHELTER FUND 600 BUHL ST. MASON, MI 48854	45-5073933	501(C)(3)	15,828.	0.			DESIGNATED FUND
JOHNS CREEK COMMUNITY ARTS CENTER 6290 ABBOTTS BRIDGE ROAD BLDG 700 JOHNS CREEK, GA 30097	31-1504019	501(C)(3)	10,000.	0.			DONOR ADVISED
JUNIOR ACHIEVEMENT OF MID MICHIGAN 600 W. ST. JOSEPH, SUITE 2G LANSING, MI 48933	38-1557861	501(C)(3)	10,000.	0.			IMPACT GRANT
KIDS REPAIR PROGRAM 5815 WISE ROAD LANSING, MI 48911	38-3045455	501(C)(3)	10,000.	0.			IMPACT GRANT
LANSING 5:01 1820 DENNISON RD. EAST LANSING, MI 48823	38-2390996	501(C)(3)	20,000.	0.			FIELD OF INTEREST
LANSING AREA AIDS NETWORK 913 W HOLMES RD STE 115 LANSING, MI 48910	38-2791807	501(C)(3)	18,000.	0.			CAPACITY BUILDING
LANSING ART GALLERY & EDUCATION CENTER - 300 S. WASHINGTON SQ., SUITE 100 - LANSING, MI 48933	38-1889973	501(C)(3)	25,000.	0.			CAPACITY BUILDING
LANSING COMMUNITY COLLEGE - STUDENT FINANCE - 309 N. WASHINGTON SQ., STE. 200 - LANSING, MI 48933	38-1787641	501(C)(3)	8,745.	0.			AGENCY/SCHOLARSHIP FUNDS
LANSING COMMUNITY COLLEGE FOUNDATION - 309 N WASHINGTON SQUARE, SUITE 201 - LANSING, MI 48933	38-2372751	501(C)(3)	5,779.	0.			DESIGNATED FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANSING ECONOMIC AREA PARTNERSHIP FOUNDATION, INC. (LEAP) - 1000 SOUTH WASHINGTON AVENUE, SUITE 201 - LANSING, MI 48910	26-0206557	501(C)(3)	35,000.	0.			FIELD OF INTEREST
LANSING EDUCATIONAL ADVANCEMENT FOUNDATION - 1221 REO ROAD - LANSING, MI 48910	38-2587743	501(C)(3)	21,677.	0.			AGENCY/SCHOLARSHIP FUNDS
LANSING FOODIES LLC 200 S PENNSYLVANIA AVE LANSING, MI 48912	92-3639852	501(C)(3)	10,000.	0.			FIELD OF INTEREST
LANSING PUBLIC SCHOOL DISTRICT 519 W. KALAMAZOO STREET LANSING, MI 48933	38-6001599	501(C)(3)	53,398.	0.			LANSING EASTERN HS ALUMNI FUND
LANSING REGIONAL SISTER CITIES COMMISSION - 500 E. MICHIGAN AVE, SUITE 200 - LANSING, MI 48912	38-3202808	501(C)(3)	6,000.	0.			LANSING EASTERN HS ALUMNI FUND
LANSING SYMPHONY ASSOCIATION, INC. 104 S WASHINGTON SQUARE STE. 300 LANSING, MI 48933	38-6072025	501(C)(3)	10,000.	0.			DONOR ADVISED
LANSING SYMPHONY ASSOCIATION, INC. 104 S WASHINGTON SQUARE STE. 300 LANSING, MI 48933	38-6072025	501(C)(3)	34,359.	0.			DESIGNATED FUND
LANSING SYMPHONY ASSOCIATION, INC. 104 S WASHINGTON SQUARE STE. 300 LANSING, MI 48933	38-6072025	501(C)(3)	15,000.	0.			CAPACITY BUILDING
LMTS COMMUNITY OUTREACH SERVICES 1122 W HOLMES RD SUITE 3 LANSING, MI 48910	38-3423484	501(C)(3)	50,000.	0.			IMPACT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES MINISTRIES 831 NORTH SYCAMORE STREET LANSING, MI 48906	38-2407196	501(C)(3)	10,588.	0.			AGENCY FUNDS
LOAVES AND FISHES MINISTRIES 831 NORTH SYCAMORE STREET LANSING, MI 48906	38-2407196	501(C)(3)	15,000.	0.			DONOR ADVISED
MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL STREET, SUITE 200 LANSING, MI 48912	38-2959692	501(C)(3)	41,849.	0.			FIELD OF INTEREST
MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL STREET, SUITE 200 LANSING, MI 48912	38-2959692	501(C)(3)	1,063,607.	0.			AGENCY FUNDS
MICHIGAN SHIGA SISTER STATE BOARD PO BOX 4715 EAST LANSING, MI 48826	37-1506011	501(C)(3)	7,056.	0.			AGENCY FUNDS
MICHIGAN STATE BAR FOUNDATION 306 TOWNSEND STREET LANSING, MI 48933	38-1459016	501(C)(3)	118,164.	0.			AGENCY FUNDS
MICHIGAN STATE UNIVERSITY - FINANCIAL AID - 556 E CIRCLE DRIVE - EAST LANSING, MI 48824	38-6005984	501(C)(3)	10,000.	0.			DESIGNATED FUND
MICHIGAN STATE UNIVERSITY - GIFT PROCESSING - 535 CHESTNUT ROAD - EAST LANSING, MI 48824	38-6005984	501(C)(3)	36,050.	0.			DONOR ADVISED
MICHIGAN STATE UNIVERSITY - GIFT PROCESSING - 535 CHESTNUT ROAD - EAST LANSING, MI 48824	38-6005984	501(C)(3)	45,695.	0.			DESIGNATED FUND

Schedule I (Form 990)

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

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MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD, SUITE 174A DENVER, CO 80246	84-6032307	501(C)(3)	15,828.	0.			DESIGNATED FUND
MPARKS - MICHIGAN RECREATION & PARK ASSOCIATION FOUNDATION - P.O. BOX 27609 - LANSING, MI 48909	33-1047456	501(C)(3)	16,566.	0.			AGENCY FUNDS
NONPROFIT NETWORK 209 E WASHINGTON AVE, STE 430-23 JACKSON, MI 49201	38-3444092	501(C)(3)	22,500.	0.			FIELD OF INTEREST
NORTHWEST INITIATIVE 510 W. OTTAWA ST., FL 2 LANSING, MI 48933	06-1674223	501(C)(3)	50,000.	0.			IMPACT GRANT
NOTRE DAME ALUMNI ASSOCIATION 100 ECK VISITORS CENTER NOTRE DAME, IN 46556	35-0868188	501(C)(3)	10,000.	0.			DONOR ADVISED
NOTTINGHAM NATURE NOOK 16848 TOWAR AVE EAST LANSING, MI 48823	47-2030851	501(C)(3)	5,000.	0.			MINI GRANTS
NOTTINGHAM NATURE NOOK 16848 TOWAR AVE EAST LANSING, MI 48823	47-2030851	501(C)(3)	34,060.	0.			FIELD OF INTEREST
ORIGAMI REHABILITATION 3181 SANDHILL RD MASON, MI 48854	38-1413585	501(C)(3)	75,000.	0.			IMPACT GRANT
OURSACE FOUNDATION 3003 E MICHIGAN AVE 1039 LANSING, MI 48912	93-2628637	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OURSPLACE FOUNDATION 3003 E MICHIGAN AVE 1039 LANSING, MI 48912	93-2628637	501(C)(3)	20,000.	0.			FIELD OF INTEREST
PECKHAM, INC. 3510 CAPITAL CITY BLVD LANSING, MI 48906	38-2322117	501(C)(3)	10,985.	0.			AGENCY FUNDS
PECKHAM, INC. 3510 CAPITAL CITY BLVD LANSING, MI 48906	38-2322117	501(C)(3)	15,000.	0.			DONOR ADVISED
REACH STUDIO ART CENTER 1804 S. WASHINGTON AVE LANSING, MI 48910	20-0864458	501(C)(3)	30,000.	0.			CAPACITY BUILDING
REFUGEE DEVELOPMENT CENTER 600 W. MAPLE ST. SUITE A LANSING, MI 48906	26-3936253	501(C)(3)	20,000.	0.			CAPACITY BUILDING
ROTARY CLUB OF LANSING FOUNDATION PO BOX 13156 LANSING, MI 48901-3156	38-2232717	501(C)(3)	193,240.	0.			AGENCY FUNDS
SACRED HEART ACADEMY FOUNDATION P.O. BOX 522 MT. PLEASANT, MI 48804	38-2141515	501(C)(3)	22,987.	0.			DESIGNATED FUND
SALVATION ARMY - LANSING CAPITAL AREA - 525 N PENNSYLVANIA AVE - LANSING, MI 48912	36-2467910	501(C)(3)	8,401.	0.			DESIGNATED FUND
SHARED PREGNANCY WOMEN'S CENTER 831 N WASHINGTON AVE LANSING, MI 48906	38-2479382	501(C)(3)	10,000.	0.			DONOR ADVISED

Schedule I (Form 990)

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

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SMALL TALK CHILDREN'S ADVOCACY CENTER - 3400 PINE TREE RD STE 106 - LANSING, MI 48911	32-0441060	501(C)(3)	28,000.	0.			IMPACT GRANT
ST. DAVID'S EPISCOPAL CHURCH 1519 ELMWOOD ROAD LANSING, MI 48917-1543	23-7410392	501(C)(3)	44,378.	0.			DESIGNATED FUND
ST. GREGORY'S ABBEY 56500 ABBEY ROAD THREE RIVERS, MI 49093-9595	38-1627960	501(C)(3)	5,452.	0.			DESIGNATED FUND
ST. JAMES EPISCOPAL CHURCH P. O. BOX 412 PENTWATER, MI 49449	38-2239812	501(C)(3)	8,875.	0.			DESIGNATED FUND
ST. JOHN CHURCH & STUDENT CENTER 327 M.A.C. AVE EAST LANSING, MI 48823	38-1557940	501(C)(3)	160,000.	0.			AGENCY FUNDS
ST. JOHNS AREA COMMUNITY FUND P O BOX 33 ST. JOHNS, MI 48879-0033	36-4739594	501(C)(3)	17,520.	0.			AGENCY FUNDS
ST. JOHNS CALL-IN COALITION 1354 W WEBB RD DEWITT, MI 48820	92-2210378	501(C)(3)	20,000.	0.			YAC YOUTH GRANTS
ST. JOSEPH CATHOLIC SCHOOL 440 E WASHINGTON ST HOWELL, MI 48843	38-1359737	501(C)(3)	63,769.	0.			DESIGNATED FUND
ST. MICHAEL CATHOLIC CHURCH 325 EDWARDS STREET GRAND LEDGE, MI 48837	38-1675940	501(C)(3)	6,000.	0.			DONOR ADVISED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHEN'S COMMUNITY CHURCH, GREER COMMUNITY LEARNING CENTER - 1007 KIMBERLY DR - LANSING, MI 48912	38-2762261	501(C)(3)	22,015.	0.			AGENCY FUNDS
STATE OF MICHIGAN - MICHIGAN COMMUNITY SERVICE COMMISSION - LANDMARK BUILDING, 105 W. ALLEGAN ST. SUITE 3 - LANSING, MI 48933	38-6000134	501(C)(3)	14,927.	0.			DESIGNATED FUND
STREETS 517 MINISTRIES P.O. BOX 80033 LANSING, MI 48908	81-2742739	501(C)(3)	5,000.	0.			MINI GRANTS
STREETS 517 MINISTRIES P.O. BOX 80033 LANSING, MI 48908	81-2742739	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
SUNFIELD HISTORICAL SOCIETY/WELCH MUSEUM - PO BOX 251 - SUNFIELD, MI 48890	38-3506581	501(C)(3)	18,674.	0.			DESIGNATED FUND
THE HOUSE OF PROMISE PO BOX 27032 LANSING, MI 48909	45-5272090	501(C)(3)	10,390.	0.			IMPACT GRANT
THE HOUSE OF PROMISE PO BOX 27032 LANSING, MI 48909	45-5272090	501(C)(3)	100,000.	0.			DONOR ADVISED
THE KIWANIS CLUB OF EAST LANSING FOUNDATION - P.O. BOX 1092 - EAST LANSING, MI 48826	38-2752559	501(C)(3)	10,000.	0.			IMPACT GRANT
THE PEOPLES CHURCH OF EAST LANSING 200 WEST GRAND RIVER AVENUE EAST LANSING, MI 48823	38-1359227	501(C)(3)	6,500.	0.			DONOR ADVISED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEOPLES CHURCH OF EAST LANSING 200 WEST GRAND RIVER AVENUE EAST LANSING, MI 48823	38-1359227	501(C)(3)	9,496.	0.			DESIGNATED FUND
TODD MARTIN YOUTH LEADERSHIP 1220 W KALAMAZOO STREET LANSING, MI 48915	81-0583592	501(C)(3)	15,000.	0.			IMPACT GRANT
TODD MARTIN YOUTH LEADERSHIP 1220 W KALAMAZOO STREET LANSING, MI 48915	81-0583592	501(C)(3)	20,038.	0.			AGENCY FUNDS
TRI-COUNTY OFFICE ON AGING 5303 S CEDAR ST LANSING, MI 48911	38-2048955	501(C)(3)	10,000.	0.			DONOR ADVISED
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S. WESTNEDGE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	132,936.	0.			AGENCY FUNDS
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S. WESTNEDGE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	29,503.	0.			FIELD OF INTEREST
WILLIAMSTON SCHOOL FOUNDATION P.O. BOX 70 WILLIAMSTON, MI 48895	38-2391436	501(C)(3)	7,500.	0.			DESIGNATED FUND
WILLIAMSTON SCHOOL FOUNDATION P.O. BOX 70 WILLIAMSTON, MI 48895	38-2391436	501(C)(3)	17,151.	0.			AGENCY FUNDS
WILLIAMSTON THEATRE PROJECT 122 S PUTNAM STREET WILLIAMSTON, MI 48895	86-1125090	501(C)(3)	23,750.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLDUMAR NATURE ASSOCIATION 5739 OLD LANSING RD. LANSING, MI 48917	38-1804314	501(C)(3)	13,400.	0.			CAPACITY BUILDING
WOMEN'S CENTER OF GREATER LANSING 1712 E. MICHIGAN AVE LANSING, MI 48912	35-2245745	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
WOMEN'S CENTER OF GREATER LANSING 1712 E. MICHIGAN AVE LANSING, MI 48912	35-2245745	501(C)(3)	5,779.	0.			DESIGNATED FUND
YMCA METRO ATLANTA 569 MARTIN LUTHER KING DRIVE ATLANTA, GA 30314	58-0566253	501(C)(3)	10,000.	0.			DONOR ADVISED
YMCA OF METROPOLITAN LANSING 900 LONG BLVD LANSING, MI 48911	38-1359576	501(C)(3)	9,496.	0.			DESIGNATED FUND
YMCA OF METROPOLITAN LANSING 900 LONG BLVD LANSING, MI 48911	38-1359576	501(C)(3)	20,452.	0.			IMPACT GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	88	550,441.	0.		
CEMETERY GRANTS	4	0.	8,539.	FMV	CEMETERY PLOTS DONATED

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

PART I, LINE 2:
 GRANTEES ARE REQUIRED TO PROVIDE REPORTS THAT INCLUDE FINANCIAL INFORMATION
 ABOUT HOW GRANT MONIES WERE SPENT. ALL REQUIRED DOCUMENTATION IS SUBMITTED
 TO THE CAPITAL REGION COMMUNITY FOUNDATION.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization CAPITAL REGION COMMUNITY FOUNDATION	Employer identification number 38-2776652
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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.
PART I, LINE 1A:

THE UNIVERSITY CLUB OF EAST LANSING DUES WERE PAID BY THE ORGANIZATION ON BEHALF OF THE PRESIDENT AND CEO FOR BUSINESS MEALS AND MEETINGS. THE PRO-RATA SHARE OF DUES ATTRIBUTABLE TO PERSONAL USE ARE INCLUDED IN W-2 TAXABLE WAGES.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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: CAPITAL REGION COMMUNITY FOUNDATION
Employer identification number: 38-2776652

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	372,852.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

PART I, COLUMN B REPORTS THE NUMBER OF STOCK CONTRIBUTIONS RECEIVED
(NOT THE NUMBER OF SHARES RECEIVED).

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**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization CAPITAL REGION COMMUNITY FOUNDATION	Employer identification number 38-2776652
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FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM BASED ON INFORMATION OBTAINED DURING THE ANNUAL AUDIT AND SUPPLEMENTED BY ADDITIONAL INFORMATION SUPPLIED BY MANAGEMENT. THE COMPLETED FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT AND CHIEF FINANCIAL OFFICER & VICE PRESIDENT OF OPERATIONS. ONCE APPROVED, A COPY OF THE COMPLETE FORM 990 IS PROVIDED TO EACH INDIVIDUAL MEMBER OF THE BOARD OF TRUSTEES, INCLUDING THE CHAIR OF THE AUDIT COMMITTEE WHO SPECIFICALLY ACKNOWLEDGES RECEIPT AND APPROVAL. AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE PRESIDENT SIGNS AND FILES THE RETURN.

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

PRIOR TO TAKING A VOTE AT BOARD MEETINGS, TRUSTEES ARE PROVIDED THE OPPORTUNITY TO RECUSE THEMSELVES FROM VOTING ON MATTERS WHERE THERE IS A CONFLICT OF INTEREST, A POTENTIAL CONFLICT OF INTEREST OR ITS APPEARANCE AS STATED IN THE WRITTEN CONFLICT OF INTEREST POLICY. THOSE WHO RECUSE THEMSELVES ARE SO NOTED IN THE BOARD MINUTES.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ALSO ACTS AS THE COMPENSATION COMMITTEE WHICH ANNUALLY REVIEWS THE JOB PERFORMANCE OF THE PRESIDENT AND CEO. COMPENSATION CHANGES FOR THE PRESIDENT AND CEO ARE BASED ON THE RESULTS OF THE PERFORMANCE REVIEW, BUDGETARY CONSIDERATIONS, AND REGIONAL COMPENSATION SURVEYS, AND ARE APPROVED BY THE BOARD'S EXECUTIVE COMMITTEE. A TOTAL BUDGET AMOUNT FOR EMPLOYEE COMPENSATION THAT IS APPROVED BY THE BOARD AS PART OF THE BUDGET APPROVAL PROCESS IS THEN ALLOCATED BY THE PRESIDENT AND CEO FOR ALL EMPLOYEES, INCLUDING OFFICERS SUCH AS THE CFO, BASED UPON PERFORMANCE REVIEWS AND COMPENSATION SURVEYS.

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

OUR FORMS 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. THOSE DOCUMENTS, AS WELL AS OUR BYLAWS, ARTICLES OF INCORPORATION, FORM 1023, IRS DETERMINATION LETTER, AND CONFLICT OF INTEREST POLICY, ARE AVAILABLE UPON REQUEST. IN ADDITION, GUIDESTAR PROVIDES COPIES OF OUR FORMS 990, FINANCIAL DATA, MISSION OBJECTIVES AND LEGITIMACY INFORMATION ON ITS WEBSITE. OUR FORMS 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO PUBLIC INFORMATION AVAILABLE THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF GIFT ANNUITY	5,149.
CHANGE IN VALUE OF FUNDS HELD IN AGENCY ENDOWMENTS	-1,890,457.
TOTAL TO FORM 990, PART XI, LINE 9	-1,885,308.

FORM 990, PART VI, SECTION A, LINE 1(A)

EXCEPT AS RESTRICTED BY LAW, OR BY ACTION OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE OF THE BOARD MAY EXERCISE ANY OR ALL POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE FOUNDATION DURING THE INTERIM PERIOD BETWEEN BOARD MEETINGS. PURSUANT TO MICHIGAN LAW, THE EXECUTIVE COMMITTEE DOES NOT HAVE THE POWER OR AUTHORITY TO AMEND THE FOUNDATION'S ARTICLES OF INCORPORATION; ADOPT AN AGREEMENT OF MERGER OR CONSOLIDATION; AMEND THE BYLAWS OF THE FOUNDATION; FILL VACANCIES IN THE BOARD; OR FIX COMPENSATION OF THE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

CAPITAL REGION COMMUNITY FOUNDATION

Employer identification number

38-2776652

TRUSTEES FOR SERVING ON THE BOARD OR ON A COMMITTEE.

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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		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

