

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2025**
Open to Public
Inspection**A** For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization CAPITAL REGION COMMUNITY FOUNDATION		D Employer identification number 38-2776652
	Doing business as		E Telephone number (517) 272-2870
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	330 MARSHALL STREET	300	
	City or town, state or province, country, and ZIP or foreign postal code LANSING, MI 48912		G Gross receipts \$ 28,259,238.
F Name and address of principal officer: LAURIE STRAUSS KUERBITZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.OURCOMMUNITY.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1987	M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD PHILANTHROPIC SOLUTIONS THAT BUILD VIBRANT COMMUNITIES IN INGHAM, EATON AND CLINTON COUNTIES		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	87
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,139,917.	4,141,004.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	111,068.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,913,426.	4,524,704.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,971.	0.
		17,161,314.	8,776,776.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,523,687.	6,745,482.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	987,553.	1,092,578.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	20,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	26,238.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	524,087.	3,476,797.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,035,327.	11,334,857.
	19 Revenue less expenses. Subtract line 18 from line 12	10,125,987.	-2,558,081.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	169,299,112.	190,551,784.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,824,863.	21,321,739.
		151,474,249.	169,230,045.

Part II Signature Block

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

Sign Here	Signature of officer LAURIE STRAUSS KUERBITZ, PRESIDENT & CEO		Date	
	Type or print name and title			
Paid Preparer Use Only	Preparer's name ANASTASIA LOEW, CPA	Preparer's signature ANASTASIA LOEW, CPA	Date 09/16/26	Check if self-employed ☐ PTIN P03014873
	Firm's name MANER COSTERISAN PC	Firm's EIN 38-2157642	Phone no. 517-323-7500	
	Firm's address 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,647,544. including grants of \$ 6,745,482.) (Revenue \$ 111,068.)

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 10,647,544.Form **990** (2025)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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.	9		X

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

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

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
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 ContractorsCheck 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 STRAUSS KUERBITZ PRESIDENT & CEO	40.00			X				215,270.	0.	28,475.
(2) KRISTIN ROGERS CFO & VP OF OPERATIONS	40.00			X				125,479.	0.	21,630.
(3) CINDY HALES VP OF COMMUNITY INVESTMENT	40.00				X			111,416.	0.	22,008.
(4) CYNTHIA WATTERS VP OF DONOR SERVICES	40.00				X			118,400.	0.	3,607.
(5) WARREN H. KRUEGER, III TRUSTEE	1.00	X						0.	0.	0.
(6) REBECCA BAHAR-COOK TRUSTEE	1.00	X						0.	0.	0.
(7) MOLLY PETITJEAN TRUSTEE	1.00	X						0.	0.	0.
(8) ANDY WELLS TRUSTEE	1.00	X						0.	0.	0.
(9) LISA BOND BREWER TRUSTEE	1.00	X						0.	0.	0.
(10) BRUCE CALTRIDER TRUSTEE	1.00	X						0.	0.	0.
(11) RYAN CARTER TRUSTEE	1.00	X						0.	0.	0.
(12) EDWARD JACKSON TRUSTEE	1.00	X						0.	0.	0.
(13) BRIAN HUGGLER TRUSTEE	1.00	X						0.	0.	0.
(14) TIM JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(15) TIMOTHY SALISBURY TRUSTEE	1.00	X						0.	0.	0.
(16) MICHELLE MASSEY TRUSTEE	1.00	X						0.	0.	0.
(17) NATALIE BOUNDS STUDENT TRUSTEE (ENDED 6/30)	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) JAKE STAGG STUDENT TRUSTEE	1.00	X						0.	0.	0.
(19) ANN VOGELSANG PAST CHAIR	1.00	X		X				0.	0.	0.
(20) TOM HOFMAN TREASURER	1.00	X		X				0.	0.	0.
(21) BRYAN BEVERLY VICE CHAIR/SECRETARY	1.00	X		X				0.	0.	0.
(22) FERN GRIESBACH CHAIR	1.00	X		X				0.	0.	0.
1b Subtotal								570,565.	0.	75,720.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								570,565.	0.	75,720.

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

4

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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
WIELAND 4162 ENGLISH OAK DRIVE, LANSING, MI 48911	GENERAL CONTRACTOR	2,700,498.
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	1	

Form 990 (2025)

Part VIII Statement of RevenueCheck 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	10,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,131,004.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 811,966.			
	h	Total. Add lines 1a-1f		4,141,004.			
Program Service Revenue	2 a	ADMINISTRATIVE FEES	Business Code	561000	111,068.	111,068.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		111,068.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,320,148.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-795,444.		-795,444.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,776,776.	111,068.	0.	4,524,704.

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 ...	6,181,631.	6,181,631.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	563,851.	563,851.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	390,855.	202,967.	186,442.	1,446.
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	556,319.	288,889.	265,371.	2,059.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,849.	11,866.	10,899.	84.
9 Other employee benefits	57,410.	29,812.	27,386.	212.
10 Payroll taxes	65,145.	33,829.	31,075.	241.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,327.		4,327.	
c Accounting	21,452.		21,452.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	20,000.			20,000.
f Investment management fees	49,138.	49,138.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,975.	25,742.	5,233.	
12 Advertising and promotion	9,103.	9,103.		
13 Office expenses	18,852.	9,788.	8,994.	70.
14 Information technology	61,385.	32,024.	29,135.	226.
15 Royalties				
16 Occupancy	72,746.	37,776.	34,701.	269.
17 Travel	2,623.	1,049.	1,049.	525.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	24,209.	8,985.	15,224.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,795.	2,827.	3,968.	
23 Insurance	17,922.	9,307.	8,549.	66.
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	3,017,930.	3,017,930.		
b MISCELLANEOUS EXPENSES	89,244.	86,680.	2,564.	
c EVENT EXPENSE	35,439.	35,439.		
d DUES AND SUBSCRIPTIONS	7,938.	3,969.	3,969.	
e All other expenses	6,719.	4,942.	737.	1,040.
25 Total functional expenses. Add lines 1 through 24e	11,334,857.	10,647,544.	661,075.	26,238.
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 ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,543,511.	1	976,751.
	2 Savings and temporary cash investments	869,684.	2	1,691,109.
	3 Pledges and grants receivable, net	924,434.	3	96,849.
	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	10,786.	9	17,980.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 153,071.		
	b Less: accumulated depreciation	10b 141,309.		
		17,263.	10c	11,762.
	11 Investments - publicly traded securities	158,598,239.	11	187,572,679.
	12 Investments - other securities. See Part IV, line 11	7,042,749.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	292,446.	15	184,654.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	169,299,112.	16	190,551,784.	
Liabilities	17 Accounts payable and accrued expenses	103,404.	17	64,053.
	18 Grants payable	256,207.	18	304,724.
	19 Deferred revenue	500.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	17,227,851.	21	20,825,114.
	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	236,901.	25	127,848.
	26 Total liabilities. Add lines 17 through 25	17,824,863.	26	21,321,739.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	150,549,815.	27	169,133,196.
	28 Net assets with donor restrictions	924,434.	28	96,849.
	Organizations that do not follow FASB ASC 958, check here ☐			
	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	151,474,249.	32	169,230,045.	
33 Total liabilities and net assets/fund balances	169,299,112.	33	190,551,784.	

Form **990** (2025)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,776,776.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,334,857.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,558,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	151,474,249.
5	Net unrealized gains (losses) on investments	5	23,275,248.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,961,371.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	169,230,045.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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		X
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	X	
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.	X	
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?		X
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		

Form 990 (2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

CAPITAL REGION COMMUNITY FOUNDATION

Employer identification number

38-2776652

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,144,312.	5,125,206.	4,872,829.	4,334,993.	4,141,004.	24,618,344.
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	6,144,312.	5,125,206.	4,872,829.	4,334,993.	4,141,004.	24,618,344.
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)						2,193,622.
6 Public support. Subtract line 5 from line 4.						22,424,722.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	6,144,312.	5,125,206.	4,872,829.	4,334,993.	4,141,004.	24,618,344.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,407,609.	5,622,798.	4,015,127.	4,540,693.	5,320,148.	21,906,375.
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.)						
11 Total support. Add lines 7 through 10						46,524,719.
12 Gross receipts from related activities, etc. (see instructions)					12	487,165.
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	48.20	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	54.25	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
☒			
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
☐			
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
☐			
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
☐			

Schedule A (Form 990) 2025

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

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 - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2025		
a	From 2020		
b	From 2021		
c	From 2022		
d	From 2023		
e	From 2024		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2025 distributable amount		
i	Carryover from 2020 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2025 from Section D, line 6: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2025 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2026. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2021		
b	Excess from 2022		
c	Excess from 2023		
d	Excess from 2024		
e	Excess from 2025		

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Disclosure Copy

**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).

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

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

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

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		\$ 105,439.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 472,121.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 100,250.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
4		\$ 280,477.	Person Payroll Noncash ☒ (Complete Part II for noncash contributions.)
5		\$ 200,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
6		\$ 341,782.	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 I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 135,500.	Person ☒ Payroll Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 222,844.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
9		\$ 100,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
10		\$ 161,000.	Person ☐ Payroll Noncash (Complete Part II for noncash contributions.)
11		\$ 825,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
12		\$ 250,428.	Person Payroll Noncash ☐ (Complete Part II for noncash contributions.)

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

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
13		\$ 100,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
14		\$ 123,449.	Person ☒ Payroll Noncash ☒ (Complete Part II for noncash contributions.)
15		\$ 100,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
16		\$ 234,990.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
17		\$ 100,000.	Person ☒ Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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
4	STOCK	\$ 280,477.	05/05/25
7	STOCK	\$ 130,500.	12/04/25
12	STOCK	\$ 250,428.	12/05/25
14	STOCK	\$ 113,449.	12/26/25
		\$	

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

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2025

Open to Public
Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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

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-.

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

Schedule C (Form 990) 2025 Created 7/1/25

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		11,334,857.	
e Total exempt purpose expenditures (add lines 1c and 1d)		11,334,857.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		716,743.	
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)		179,186.	
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?			☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount		607,464.	501,766.	716,743.	1,825,973.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,738,960.
c Total lobbying expenditures		297.			297.
d Grassroots nontaxable amount		151,866.	125,442.	179,186.	456,494.
e Grassroots ceiling amount (150% of line 2d, column (e))					684,741.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2025

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

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

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

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

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

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

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

Part IV	Supplemental Information
---------	--------------------------

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

[illegible]

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	77	
2 Aggregate value of contributions to (during year)	1,014,052.	
3 Aggregate value of grants from (during year)	2,164,570.	
4 Aggregate value at end of year	22,011,097.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

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

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

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 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)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	143,784,497.	122,548,094.	107,702,718.	133,635,429.	115,231,600.
b Contributions	7,438,833.	10,122,814.	7,092,419.	6,611,752.	7,544,522.
c Net investment earnings, gains, and losses	22,077,343.	21,810,285.	21,422,190.	-23,836,912.	17,318,337.
d Grants or scholarships	5,681,250.	5,329,479.	4,832,913.	5,073,720.	5,860,520.
e Other expenditures for facilities and programs					1,867.
f Administrative expenses	9,060,817.	5,367,217.	8,836,320.	3,633,831.	596,643.
g End of year balance	158,558,606.	143,784,497.	122,548,094.	107,702,718.	133,635,429.

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	71,598.	7,903.
e Other		73,570.	69,711.	3,859.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,762.

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

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	37,039.
(3) OPERATING LEASE LIABILITIES	90,809.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	127,848.

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 ... ☒

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

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, 2025 WAS
\$20,825,114.

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 XIII Supplemental Information *(continued)*

Public Disclosure Copy

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities.

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KAREN PIRICH CURRIE KC COMMUNICATIONS CONSULTANTS -	FUNDRAISING, STATE APPROPRIATION		X	0.	20,000.	0.
Total					20,000.	

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

MI

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

SEE PART IV FOR CONTINUATIONS

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

LHA 532081 04-01-25

37

15220915 755817 166860

2025.04022	CAPITAL REGION COMMUNITY	166860	1
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name

Address

- 16 Gaming manager information:

Name

Gaming manager compensation \$ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: KAREN PIRICH CURRIE KC COMMUNICATIONS CONSULTANTS

(I) ADDRESS OF FUNDRAISER: 844 WALBRIDGE DRIVE, EAST LANSING, MI 48823

Part IV Supplemental Information *(continued)*

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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)	31,000.	0.			IMPACT GRANT
ALLEN NEIGHBORHOOD CENTER 1611 EAST KALAMAZOO STREET LANSING, MI 48912	38-3502484	501(C)(3)	1,400.	0.			FIELD OF INTEREST
ALLEN NEIGHBORHOOD CENTER 1611 EAST KALAMAZOO STREET LANSING, MI 48912	38-3502484	501(C)(3)	50,000.	0.			IMPACT GRANT
ARTS COUNCIL OF GREATER LANSING, INC. - 1208 TURNER ST. - LANSING, MI 48906	38-2086424	501(C)(3)	51,229.	0.			AGENCY FUNDS
ASSISTANCE LEAGUE OF ATLANTA 3584 BROAD ST CHAMBLEE, GA 30341	58-1526181	501(C)(3)	10,000.	0.			DONOR ADVISED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 126.

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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRY COMMUNITY FOUNDATION 231 SOUTH BROADWAY HASTINGS, MI 49058	38-3246131	501(C)(3)	10,106.	0.			DESIGNATED FUND
BOYS AND GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	18,500.	0.			DONOR ADVISED
BOYS AND GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	22,461.	0.			AGENCY FUNDS
BOYS AND GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	75,000.	0.			IMPACT GRANT
BURCHAM HILLS FOUNDATION 2700 BURCHAM DRIVE EAST LANSING, MI 48823	38-3443746	501(C)(3)	44,867.	0.			AGENCY FUNDS
BURCHAM HILLS FOUNDATION 2700 BURCHAM DRIVE EAST LANSING, MI 48823	38-3443746	501(C)(3)	3,470.	0.			DESIGNATED FUND
CAMP GRAYLING HISTORICAL SOCIETY, INC. - P.O. BOX 443 - GRAYLING, MI 49738	38-3450470	501(C)(3)	28,705.	0.			AGENCY FUNDS
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 HOUSING PARTNERSHIP 600 W MAPLE STREET, SUITE D LANSING, MI 48906	38-3099281	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	28,753.	0.			AGENCY FUNDS
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	16,883.	0.			DESIGNATED FUND
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	2,000.	0.			DONOR ADVISED
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	75,000.	0.			IMPACT GRANT
CASA FOR KIDS, INC. 3303 WEST SAGINAW STREET SUITE B2 LANSING, MI 48917	38-3408893	501(C)(3)	100,000.	0.			DONOR ADVISED
CASA FOR KIDS, INC. 3303 WEST SAGINAW STREET SUITE B2 LANSING, MI 48917	38-3408893	501(C)(3)	32,500.	0.			IMPACT GRANT
CATHOLIC CHARITIES OF INGHAM, EATON & CLINTON COUNTIES - 2800 W. WILLOW ST. - LANSING, MI 48917	38-1779460	501(C)(3)	4,313.	0.			DESIGNATED FUND
CATHOLIC CHARITIES OF INGHAM, EATON & CLINTON COUNTIES - 2800 W. WILLOW ST. - LANSING, MI 48917	38-1779460	501(C)(3)	37,500.	0.			DONOR ADVISED
CENTRAL MICHIGAN UNIVERSITY - GIFTS PROCESSING - 524 E. BELLows STREET - MT. PLEASANT, MI 48859	38-6004447	501(C)(3)	6,856.	0.			DESIGNATED FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND FAMILY CHARITIES 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501(C)(3)	3,559.	0.			DESIGNATED FUND
CHILD AND FAMILY CHARITIES 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501(C)(3)	6,000.	0.			DONOR ADVISED
CITY RESCUE MISSION OF LANSING, MI 2216 S CEDAR ST LANSING, MI 48910	38-1626400	501(C)(3)	29,089.	0.			DESIGNATED FUND
CITY RESCUE MISSION OF LANSING, MI 2216 S CEDAR ST LANSING, MI 48910	38-1626400	501(C)(3)	17,000.	0.			DONOR ADVISED
COUNCIL OF MICHIGAN FOUNDATIONS 125 OTTAWA NW, SUITE 437 GRAND RAPIDS, MI 49503	38-6263347	501(C)(3)	15,000.	0.			FIELD OF INTEREST
EAST LANSING EDUCATIONAL FOUNDATION - 501 BURCHAM DRIVE - EAST LANSING, MI 48823	38-2542525	501(C)(3)	62,135.	0.			AGENCY FUNDS
EASTSIDE COMMUNITY ACTION CENTER 1001 DAKIN LANSING, MI 48912	65-1276049	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
EATON COMMUNITY HEALTH PO BOX 307 CHARLOTTE, MI 48813	81-1913749	501(C)(3)	100,000.	0.			DONOR ADVISED
ELE'S PLACE CAPITAL REGION 1145 WEST OAKLAND AVENUE LANSING, MI 48915	38-2976751	501(C)(3)	37,703.	0.			AGENCY FUNDS

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

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ELE'S PLACE CAPITAL REGION 1145 WEST OAKLAND AVENUE LANSING, MI 48915	38-2976751	501(C)(3)	2,604.	0.			DESIGNATED FUND
ELE'S PLACE CAPITAL REGION 1145 WEST OAKLAND AVENUE LANSING, MI 48915	38-2976751	501(C)(3)	20,277.	0.			DONOR ADVISED
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	8,000.	0.			DONOR ADVISED
FIRST CONGREGATIONAL CHURCH OF LAINGSBURG - P.O. BOX 15 - LAINGSBURG, MI 48848	38-2290332	501(C)(3)	13,930.	0.			DESIGNATED FUND
FIRST CONGREGATIONAL CHURCH OF VERMONTVILLE - 110 S. MAIN ST. - VERMONTVILLE, MI 49096	38-2136122	501(C)(3)	12,448.	0.			AGENCY FUNDS
FORSTER WOODS ADULT DAY SERVICES 201 HILLSDALE COURT EAST LANSING, MI 48823	45-4844675	501(C)(3)	24,000.	0.			CAPACITY BUILDING
GRAND LEDGE EMERGENCY ASSISTANCE PROGRAM (GLEAP) - PO BOX 402 - GRAND LEDGE, MI 48837	38-2503008	501(C)(3)	5,000.	0.			DONOR ADVISED
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	38-2424756	501(C)(3)	19,620.	0.			DESIGNATED FUND
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	38-2424756	501(C)(3)	47,000.	0.			DONOR ADVISED

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GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48906	38-2424756	501(C)(3)	17,663.	0.			FIELD OF INTEREST
HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR - LANSING, MI 48906	91-1914868	501(C)(3)	2,400.	0.			CAPACITY BUILDING
HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR - LANSING, MI 48906	91-1914868	501(C)(3)	3,674.	0.			DESIGNATED FUND
HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR - LANSING, MI 48906	91-1914868	501(C)(3)	1,000.	0.			DONOR ADVISED
HELPING HANDS OF EATON COUNTY 621 JEFFERSON STREET CHARLOTTE, MI 48813	38-2548472	501(C)(3)	110,000.	0.			DONOR ADVISED
HELPING HANDS OF EATON COUNTY 621 JEFFERSON STREET CHARLOTTE, MI 48813	38-2548472	501(C)(3)	150,000.	0.			IMPACT GRANT
HELPING HANDS OF EATON COUNTY 621 JEFFERSON STREET CHARLOTTE, MI 48813	38-2548472	501(C)(3)	6,000.	0.			MINI GRANTS
HIGHFIELDS, INC. 5123 OLD PLANK RD ONONDAGA, MI 49264	38-6099698	501(C)(3)	3,673.	0.			AGENCY FUNDS
HIGHFIELDS, INC. 5123 OLD PLANK RD ONONDAGA, MI 49264	38-6099698	501(C)(3)	6,500.	0.			DONOR ADVISED

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

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HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	9,636.	0.			DESIGNATED FUND
HOSPICE OF LANSING & STONELEIGH RESIDENCE - 3186 PINE TREE ROAD - LANSING, MI 48911	38-2306757	501(C)(3)	22,000.	0.			DONOR ADVISED
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 48933	23-7200548	501(C)(3)	8,500.	0.			DONOR ADVISED
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 48933	23-7200548	501(C)(3)	25,865.	0.			DESIGNATED FUND
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DRIVE LANSING, MI 48933	23-7200548	501(C)(3)	54,351.	0.			AGENCY FUNDS
INGHAM COUNTY ANIMAL SHELTER FUND 600 BUHL ST. MASON, MI 48854	45-5073933	501(C)(3)	16,060.	0.			DESIGNATED FUND
INGHAM COUNTY ANIMAL SHELTER FUND 600 BUHL ST. MASON, MI 48854	45-5073933	501(C)(3)	1,000.	0.			DONOR ADVISED
JUDSON LOVE CLOTHING CENTER 531 GLENDALE AVE LANSING, MI 48910	38-2281817	501(C)(3)	5,000.	0.			MINI GRANTS
JUDSON LOVE CLOTHING CENTER 531 GLENDALE AVE LANSING, MI 48910	38-2281817	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANSING AREA AIDS NETWORK 913 W HOLMES RD STE 115 LANSING, MI 48910	38-2791807	501(C)(3)	7,700.	0.			DESIGNATED FUND
LANSING AREA AIDS NETWORK 913 W HOLMES RD STE 115 LANSING, MI 48910	38-2791807	501(C)(3)	3,600.	0.			FIELD OF INTEREST
LANSING COMMUNITY COLLEGE FOUNDATION - 309 N WASHINGTON SQUARE, SUITE 201 - LANSING, MI 48933	38-2372751	501(C)(3)	18,089.	0.			DESIGNATED FUND
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 PUBLIC SCHOOL DISTRICT 519 W. KALAMAZOO STREET LANSING, MI 48933	38-6001599	501(C)(3)	1,607.	0.			DESIGNATED FUND
LANSING PUBLIC SCHOOL DISTRICT 519 W. KALAMAZOO STREET LANSING, MI 48933	38-6001599	501(C)(3)	800.	0.			DONOR ADVISED
LANSING PUBLIC SCHOOL DISTRICT 519 W. KALAMAZOO STREET LANSING, MI 48933	38-6001599	501(C)(3)	51,021.	0.			LANSING EASTERN HS ALUMNI FUND
LANSING SYMPHONY ASSOCIATION, INC. 104 S WASHINGTON SQUARE STE. 300 LANSING, MI 48933	38-6072025	501(C)(3)	4,400.	0.			DONOR ADVISED
LANSING SYMPHONY ASSOCIATION, INC. 104 S WASHINGTON SQUARE STE. 300 LANSING, MI 48933	38-6072025	501(C)(3)	35,739.	0.			DESIGNATED FUND

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

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LOAVES AND FISHES MINISTRIES 831 NORTH SYCAMORE STREET LANSING, MI 48906	38-2407196	501(C)(3)	10,896.	0.			AGENCY FUNDS
LOAVES AND FISHES MINISTRIES 831 NORTH SYCAMORE STREET LANSING, MI 48906	38-2407196	501(C)(3)	4,721.	0.			DONOR ADVISED
MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL STREET, SUITE 200 LANSING, MI 48912	38-2959692	501(C)(3)	42,429.	0.			FIELD OF INTEREST
MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL STREET, SUITE 200 LANSING, MI 48912	38-2959692	501(C)(3)	1,012,889.	0.			AGENCY FUNDS
MICHIGAN SHIGA SISTER STATE BOARD PO BOX 4715 EAST LANSING, MI 48826	37-1506011	501(C)(3)	7,209.	0.			AGENCY FUNDS
MICHIGAN STATE BAR FOUNDATION 306 TOWNSEND STREET LANSING, MI 48933	38-1459016	501(C)(3)	118,246.	0.			AGENCY FUNDS
MICHIGAN STATE UNIVERSITY - GIFT PROCESSING - 535 CHESTNUT ROAD - EAST LANSING, MI 48824	38-6005984	501(C)(3)	50,572.	0.			DONOR ADVISED
MICHIGAN STATE UNIVERSITY - GIFT PROCESSING - 535 CHESTNUT ROAD - EAST LANSING, MI 48824	38-6005984	501(C)(3)	51,555.	0.			DESIGNATED FUND
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD, SUITE 174A DENVER, CO 80246	84-6032307	501(C)(3)	16,060.	0.			DESIGNATED FUND

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

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MPARKS - MICHIGAN RECREATION & PARK ASSOCIATION FOUNDATION - P.O. BOX 27609 - LANSING, MI 48909	33-1047456	501(C)(3)	16,963.	0.			AGENCY FUNDS
NEXT GENERATION FAMILY SERVICES 1020 LONG BLVD. SUITE 11A LANSING, MI 48911	88-4315132	501(C)(3)	22,000.	0.			CAPACITY BUILDING
NEXT GENERATION FAMILY SERVICES 1020 LONG BLVD. SUITE 11A LANSING, MI 48911	88-4315132	501(C)(3)	2,500.	0.			MINI GRANTS
NONPROFIT NETWORK 209 E WASHINGTON AVE, STE 430-23 JACKSON, MI 49201	38-3444092	501(C)(3)	15,250.	0.			FIELD OF INTEREST
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)	5,000.	0.			FIELD OF INTEREST
PECKHAM, INC. 3510 CAPITAL CITY BLVD LANSING, MI 48906	38-2322117	501(C)(3)	11,148.	0.			AGENCY FUNDS
PECKHAM, INC. 3510 CAPITAL CITY BLVD LANSING, MI 48906	38-2322117	501(C)(3)	3,000.	0.			DONOR ADVISED
REFUGEE DEVELOPMENT CENTER 600 W. MAPLE ST. SUITE A LANSING, MI 48906	26-3936253	501(C)(3)	1,000.	0.			DONOR ADVISED

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

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REFUGEE DEVELOPMENT CENTER 600 W. MAPLE ST. SUITE A LANSING, MI 48906	26-3936253	501(C)(3)	75,000.	0.			IMPACT GRANT
ROTARY CLUB OF LANSING FOUNDATION PO BOX 13156 LANSING, MI 48901-3156	38-2232717	501(C)(3)	194,670.	0.			AGENCY FUNDS
SACRED HEART ACADEMY FOUNDATION P.O. BOX 522 MT. PLEASANT, MI 48804	38-2141515	501(C)(3)	23,237.	0.			DESIGNATED FUND
SALVATION ARMY - LANSING CAPITAL AREA - 525 N PENNSYLVANIA AVE - LANSING, MI 48912	36-2167910	501(C)(3)	8,812.	0.			DESIGNATED FUND
SALVATION ARMY - LANSING CAPITAL AREA - 525 N PENNSYLVANIA AVE - LANSING, MI 48912	36-2167910	501(C)(3)	27,000.	0.			DONOR ADVISED
SMALL TALK CHILDREN'S ADVOCACY CENTER - 3400 PINE TREE RD STE 106 - LANSING, MI 48911	32-0441060	501(C)(3)	100,500.	0.			DONOR ADVISED
SOUTHSIDE COMMUNITY COALITION 2101 W. HOLMES ROAD LANSING, MI 48910	52-2377012	501(C)(3)	1,000.	0.			DONOR ADVISED
SOUTHSIDE COMMUNITY COALITION 2101 W. HOLMES ROAD LANSING, MI 48910	52-2377012	501(C)(3)	5,000.	0.			FIELD OF INTEREST
ST. DAVID'S EPISCOPAL CHURCH 1519 ELMWOOD ROAD LANSING, MI 48917-1543	23-7410392	501(C)(3)	44,978.	0.			DESIGNATED FUND

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ST. GREGORY'S ABBEY 56500 ABBEY ROAD THREE RIVERS, MI 49093-9595	38-1627960	501(C)(3)	425.	0.			DESIGNATED FUND
ST. JAMES EPISCOPAL CHURCH P. O. BOX 412 PENTWATER, MI 49449	38-2239812	501(C)(3)	8,995.	0.			DESIGNATED FUND
ST. JOHN CHURCH & STUDENT CENTER 327 M.A.C. AVE EAST LANSING, MI 48823	38-1557940	501(C)(3)	182,283.	0.			AGENCY FUNDS
ST. JOHNS AREA COMMUNITY FUND P O BOX 33 ST. JOHNS, MI 48879-0033	36-4739594	501(C)(3)	25,758.	0.			AGENCY FUNDS
ST. JOHNS CALL-IN COALITION 1354 W WEBB RD DEWITT, MI 48820	92-2210378	501(C)(3)	5,000.	0.			FIELD OF INTEREST
ST. JOHNS CALL-IN COALITION 1354 W WEBB RD DEWITT, MI 48820	92-2210378	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
ST. JOSEPH CATHOLIC SCHOOL 440 E WASHINGTON ST HOWELL, MI 48843	38-1359737	501(C)(3)	67,538.	0.			DESIGNATED FUND
ST. MICHAEL CATHOLIC CHURCH 325 EDWARDS STREET GRAND LEDGE, MI 48837	38-1675940	501(C)(3)	6,000.	0.			DONOR ADVISED
ST. STEPHEN'S COMMUNITY CHURCH GREER COMMUNITY LEARNING CENTER 1007 KIMBERLY DR - LANSING, MI 48912	38-2762261	501(C)(3)	23,166.	0.			AGENCY FUNDS

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STATE OF MICHIGAN - MICHIGAN COMMUNITY SERVICE COMMISSION - LANDMARK BUILDING, 105 W. ALLEGAN ST. SUITE 3 - LANSING, MI 48933	38-6000134	501(C)(3)	8,586.	0.			DESIGNATED FUND
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)	20,210.	0.			DESIGNATED FUND
SUNFIELD HISTORICAL SOCIETY/WELCH MUSEUM - PO BOX 251 - SUNFIELD, MI 48890	38-3506581	501(C)(3)	1,000.	0.			DONOR ADVISED
T.W.I.G.S. TO WORK IN GRATEFUL SERVICE - 4025 HOLT RD., SUITE 220 - HOLT, MI 48842	32-0614928	501(C)(3)	2,000.	0.			DONOR ADVISED
T.W.I.G.S. TO WORK IN GRATEFUL SERVICE - 4025 HOLT RD., SUITE 220 - HOLT, MI 48842	32-0614928	501(C)(3)	5,000.	0.			MINI GRANTS
THE HOUSE OF PROMISE PO BOX 27032 LANSING, MI 48909	45-5272090	501(C)(3)	4,937.	0.			AGENCY FUNDS
THE HOUSE OF PROMISE PO BOX 27032 LANSING, MI 48909	45-5272090	501(C)(3)	100,000.	0.			DONOR ADVISED
THE PEOPLES CHURCH OF EAST LANSING 200 WEST GRAND RIVER AVENUE EAST LANSING, MI 48823	38-1359227	501(C)(3)	8,500.	0.			DONOR ADVISED

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THE PEOPLES CHURCH OF EAST LANSING 200 WEST GRAND RIVER AVENUE EAST LANSING, MI 48823	38-1359227	501(C)(3)	10,495.	0.			DESIGNATED FUND
TODD MARTIN YOUTH LEADERSHIP 1220 W KALAMAZOO STREET LANSING, MI 48915	81-0583592	501(C)(3)	20,062.	0.			AGENCY FUNDS
TODD MARTIN YOUTH LEADERSHIP 1220 W KALAMAZOO STREET LANSING, MI 48915	81-0583592	501(C)(3)	5,000.	0.			YAC YOUTH GRANTS
TRI-COUNTY OFFICE ON AGING 5303 S CEDAR ST LANSING, MI 48911	38-2048955	501(C)(3)	4,634.	0.			AGENCY FUNDS
TRI-COUNTY OFFICE ON AGING 5303 S CEDAR ST LANSING, MI 48911	38-2048955	501(C)(3)	1,224.	0.			DESIGNATED FUND
TRI-COUNTY OFFICE ON AGING 5303 S CEDAR ST LANSING, MI 48911	38-2048955	501(C)(3)	20,100.	0.			DONOR ADVISED
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S. WESTNEDGE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	135,702.	0.			AGENCY FUNDS
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S. WESTNEDGE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	2,000.	0.			DONOR ADVISED
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S. WESTNEDGE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	17,000.	0.			FIELD OF INTEREST

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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)	17,426.	0.			AGENCY FUNDS
WOMEN'S CENTER OF GREATER LANSING 1712 E. MICHIGAN AVE LANSING, MI 48912	35-2245745	501(C)(3)	2,104.	0.			AGENCY FUNDS
WOMEN'S CENTER OF GREATER LANSING 1712 E. MICHIGAN AVE LANSING, MI 48912	35-2245745	501(C)(3)	5,777.	0.			DESIGNATED FUND
WOMEN'S CENTER OF GREATER LANSING 1712 E. MICHIGAN AVE LANSING, MI 48912	35-2245745	501(C)(3)	1,000.	0.			DONOR ADVISED
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)	9,636.	0.			DESIGNATED FUND
YMCA OF METROPOLITAN LANSING 900 LONG BLVD LANSING, MI 48911	38-1359576	501(C)(3)	5,000.	0.			FIELD OF INTEREST
AGAINST ALL ODDS FOUNDATION PO BOX 80542 LANSING, MI 48908	38-3494365	501(C)(3)	2,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAINST ALL ODDS FOUNDATION PO BOX 80542 LANSING, MI 48908	38-3494365	501(C)(3)	5,000.	0.			FIELD OF INTEREST
AMERICAN RED CROSS OF MID MICHIGAN 1800 E GRAND RIVER AVENUE LANSING, MI 48912	53-0196605	501(C)(3)	1,725.	0.			DESIGNATED FUND
AMERICAN RED CROSS OF MID MICHIGAN 1800 E GRAND RIVER AVENUE LANSING, MI 48912	53-0196605	501(C)(3)	19,000.	0.			DONOR ADVISED
BUILDING TWENTYONE 1288 N. CEDAR MASON, MI 48854	45-2763910	501(C)(3)	500.	0.			MINI GRANTS
BUILDING TWENTYONE 1288 N. CEDAR MASON, MI 48854	45-2763910	501(C)(3)	4,800.	0.			YAC YOUTH GRANTS
CHADD, INC. 4221 FORBES BLVD., SUITE 270 LANHAM, MD 20706	59-2817697	501(C)(3)	10,000.	0.			DONOR ADVISED
CHRIST COMMUNITY CHURCH 227 N. CAPITAL AVENUE LANSING, MI 48933	38-1555560	501(C)(3)	50,000.	0.			DONOR ADVISED
COMMUNITY CIRCLE PLAYERS, INC./RIVERWALK THEATRE - 228 MUSEUM DR. PO BOX 12249 - LANSING, MI 48933	38-6093206	501(C)(3)	5,600.	0.			CAPACITY BUILDING
COMMUNITY CIRCLE PLAYERS, INC./RIVERWALK THEATRE - 228 MUSEUM DR. PO BOX 12249 - LANSING, MI 48933	38-6093206	501(C)(3)	2,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS PO BOX 5023 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	7,750.	0.			DONOR ADVISED
EAST TENNESSEE FOUNDATION 520 W. SUMMIT HILL DRIVE, STE.1101 KNOXVILLE, TN 37902	62-0807696	501(C)(3)	524,630.	0.			DONOR ADVISED
EATON COUNTY FOSTER CLOSET 1029 W. BROADWAY HWY CHARLOTTE, MI 48813	47-1050478	501(C)(3)	5,000.	0.			MINI GRANTS
ELSIE AREA FOOD PANTRY 219 S. OVID ST. PO BOX 311 ELSIE, MI 48831	85-3039049	501(C)(3)	18,694.	0.			IMPACT GRANT
ELSIE AREA FOOD PANTRY 219 S. OVID ST. PO BOX 311 ELSIE, MI 48831	85-3039049	501(C)(3)	1,000.	0.			OVID-ELSIE COMMUNITY FUND
EVE INC. PO BOX 14149 LANSING, MI 48906	38-2211520	501(C)(3)	12,000.	0.			DONOR ADVISED
FENNER CONSERVANCY 2020 E. MOUNT HOPE AVE. LANSING, MI 48910	38-2295066	501(C)(3)	3,194.	0.			AGENCY FUNDS
FENNER CONSERVANCY 2020 E. MOUNT HOPE AVE. LANSING, MI 48910	38-2295066	501(C)(3)	15,000.	0.			CAPACITY BUILDING
FENNER CONSERVANCY 2020 E. MOUNT HOPE AVE. LANSING, MI 48910	38-2295066	501(C)(3)	4,413.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FENNER CONSERVANCY 2020 E. MOUNT HOPE AVE. LANSING, MI 48910	38-2295066	501(C)(3)	5,000.	0.			DONOR ADVISED
FENNER CONSERVANCY 2020 E. MOUNT HOPE AVE. LANSING, MI 48910	38-2295066	501(C)(3)	75,000.	0.			IMPACT GRANT
FLEDGE FOUNDATION 1300 EUREKA ST LANSING, MI 48912	83-1612275	501(C)(3)	27,700.	0.			IMPACT GRANT
FRIENDS OF THE EAST LANSING PUBLIC LIBRARY - PO BOX 353 - EAST LANSING, MI 48826	38-2581116	501(C)(3)	50,000.	0.			AGENCY FUNDS
GOOD SHEPHERDS LOVE DBA CITY CONSIGNMENT - 916 1/2 MAIN ST. - EATON RAPIDS, MI 48827	88-3117682	501(C)(3)	5,000.	0.			MINI GRANTS
GRAND LEDGE OPERA HOUSE AUTHORITY 121 S. BRIDGE STREET GRAND LEDGE, MI 48837	38-2781549	501(C)(3)	4,478.	0.			AGENCY FUNDS
GRAND LEDGE OPERA HOUSE AUTHORITY 121 S. BRIDGE STREET GRAND LEDGE, MI 48837	38-2781549	501(C)(3)	503.	0.			DESIGNATED FUND
GRAND LEDGE OPERA HOUSE AUTHORITY 121 S. BRIDGE STREET GRAND LEDGE, MI 48837	38-2781549	501(C)(3)	400.	0.			DONOR ADVISED
HAVEN HOUSE 121 WHITEHILLS DR. EAST LANSING, MI 48823	38-2433890	501(C)(3)	11,849.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN HOUSE 121 WHITEHILLS DR. EAST LANSING, MI 48823	38-2433890	501(C)(3)	8,000.	0.			DONOR ADVISED
HIS HEALING HANDS URGENT CARE CENTER - 2025 W. HOLMES - LANSING, MI 48910	26-3067328	501(C)(3)	5,000.	0.			FIELD OF INTEREST
HOLY CROSS SERVICES NEW HOPE COMMUNITY CENTER - 330 MARSHALL STREET, SUITE 102 - LANSING, MI 48912	38-1368326	501(C)(3)	16,000.	0.			DONOR ADVISED
I'LL BE YOUR ROCK 1300 N. SHAYTOWN RD. VERMONTVILLE, MI 49096	88-3536436	501(C)(3)	4,000.	0.			MINI GRANTS
I'LL BE YOUR ROCK 1300 N. SHAYTOWN RD. VERMONTVILLE, MI 49096	88-3536436	501(C)(3)	4,000.	0.			YAC YOUTH GRANTS
MASON COMMUNITY SERVICES INC. 118 W. OAK STREET, SUITE 103 MASON, MI 48854	86-1254767	501(C)(3)	12,768.	0.			FIELD OF INTEREST
MASON COMMUNITY SERVICES INC. 118 W. OAK STREET, SUITE 103 MASON, MI 48854	86-1254767	501(C)(3)	5,000.	0.			MINI GRANTS
MICHIGAN INSTITUTE FOR CONTEMPORARY ART - 1210 TURNER ST. - LANSING, MI 48906	38-2575338	501(C)(3)	20,000.	0.			CAPACITY BUILDING
MID-MICHIGAN AUTISM ASSOCIATION PO BOX 27462 LANSING, MI 48909	38-3226872	501(C)(3)	5,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER TERESA HOUSE PO BOX 13004 LANSING, MI 48901	38-3373796	501(C)(3)	1,000.	0.			DONOR ADVISED
MOTHER TERESA HOUSE PO BOX 13004 LANSING, MI 48901	38-3373796	501(C)(3)	75,000.	0.			IMPACT GRANT
MT. PLEASANT AREA COMMUNITY FOUNDATION - 306 S. UNIVERSITY PO BOX 1283 - MT. PLEASANT, MI 48858	38-2951873	501(C)(3)	5,019.	0.			DESIGNATED FUND
NO SENIOR WITHOUT CHRISTMAS PO BOX 26182 LANSING, MI 48909	76-0840671	501(C)(3)	5,000.	0.			MINI GRANTS
OCEANA CONSERVATION DISTRICT 1064 INDUSTRIAL PARK DR SHELBY, MI 49455	38-2059002	501(C)(3)	30,878.	0.			DONOR ADVISED
OVID-ELSIE AREA SCHOOLS 8989 E. COLONY RD. ELSIE, MI 48831	38-1746020	501(C)(3)	5,128.	0.			AGENCY FUNDS
OVID-ELSIE AREA SCHOOLS 8989 E. COLONY RD. ELSIE, MI 48831	38-1746020	501(C)(3)	5,000.	0.			FIELD OF INTEREST
OVID-ELSIE AREA SCHOOLS 8989 E. COLONY RD. ELSIE, MI 48831	38-1746020	501(C)(3)	10,080.	0.			OVID-ELSIE COMMUNITY FUND
PETALS AND PINECONES, INC. PO BOX 23011 LANSING, MI 48909	61-1660238	501(C)(3)	5,000.	0.			MINI GRANTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYMAKERS FITNESS FOUNDATION 2299 WEST GRAND RIVER AVENUE OKEMOS, MI 48864	27-0931383	501(C)(3)	24,350.	0.			CAPACITY BUILDING
PORTLAND FOUNDATION FOR PUBLIC EDUCATION - PO BOX 301 - PORTLAND, MI 48875	38-3097161	501(C)(3)	5,592.	0.			AGENCY FUNDS
POTTER PARK ZOOLOGICAL SOCIETY 1301 S. PENNSYLVANIA AVE. LANSING, MI 48912	38-2153808	501(C)(3)	16,258.	0.			AGENCY FUNDS
POTTER PARK ZOOLOGICAL SOCIETY 1301 S. PENNSYLVANIA AVE. LANSING, MI 48912	38-2153808	501(C)(3)	5,000.	0.			DONOR ADVISED
POTTER PARK ZOOLOGICAL SOCIETY 1301 S. PENNSYLVANIA AVE. LANSING, MI 48912	38-2153808	501(C)(3)	15,000.	0.			FIELD OF INTEREST
REAL LIFE CHURCH 1848 S. COCHRAN CHARLOTTE, MI 48813	30-0352988	501(C)(3)	45,000.	0.			DONOR ADVISED
SOUTH LANSING MINISTRIES 1905 WEST MOUNT HOPE AVENUE LANSING, MI 48910	35-2240214	501(C)(3)	5,000.	0.			MINI GRANTS
SOUTHSIDE COMMUNITY KITCHEN PO BOX 80844 LANSING, MI 48908	38-2928681	501(C)(3)	1,000.	0.			DONOR ADVISED
SOUTHSIDE COMMUNITY KITCHEN PO BOX 80844 LANSING, MI 48908	38-2928681	501(C)(3)	5,000.	0.			MINI GRANTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS MICHIGAN - AREA 8 2901 WABASH ROAD LANSING, MI 48910	38-1964643	501(C)(3)	506.	0.			DESIGNATED FUND
SPECIAL OLYMPICS MICHIGAN - AREA 8 2901 WABASH ROAD LANSING, MI 48910	38-1964643	501(C)(3)	6,000.	0.			DONOR ADVISED
ST. JOHNS SCHOOLS FOUNDATION FOR EXCELLENCE - PO BOC 96 - ST. JOHNS, MI 48879	38-2633408	501(C)(3)	8,190.	0.			AGENCY FUNDS
ST. PETERS BY-THE-LAKE EPISCOPAL CHURCH - 8435 OLD CHANNEL TR - MONTAGUE, MI 49437	20-2573357	501(C)(3)	20,000.	0.			DONOR ADVISED
ST. THOMAS AQUINAS SCHOOL 915 ALTON ROAD EAST LANSING, MI 48823	38-1359586	501(C)(3)	6,686.	0.			DESIGNATED FUND
THE ART CENTER 6290 ABBOTT'S BRIDGE ROAD, BLDG. 70 JOHNS CREEK, GA 30097	31-1504019	501(C)(3)	10,000.	0.			DONOR ADVISED
THE GLOBAL INSTITUTE OF LANSING 510 W. OTTAWA STREET LANSING, MI 48933	27-3190891	501(C)(3)	25,000.	0.			CAPACITY BUILDING
THE GLOBAL INSTITUTE OF LANSING 510 W. OTTAWA STREET LANSING, MI 48933	27-3190891	501(C)(3)	2,000.	0.			MINI GRANTS
THE NEST LANSING - HOMELESS SHELTER - 124 W ALLEGAN, SUITE 634 - LANSING, MI 48933	39-4127424	501(C)(3)	7,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE READING PEOPLE/CAPITAL AREA LITERACY COALITION - 1028 E. SAGINAW STREET - LANSING, MI 48906	38-2625057	501(C)(3)	2,678.	0.			AGENCY FUNDS
THE READING PEOPLE/CAPITAL AREA LITERACY COALITION - 1028 E. SAGINAW STREET - LANSING, MI 48906	38-2625057	501(C)(3)	4,000.	0.			DONOR ADVISED
THERE'S ALWAYS ROOM INC. 121 HIGH ST WILLIAMSTON, MI 48895	88-1109777	501(C)(3)	5,000.	0.			MINI GRANTS
UNIVERSITY OF MICHIGAN HEALTH - SPARROW FOUNDATION - 1322 E. MICHIGAN AVE., SUITE 204 - LANSING, MI 48912	38-6100687	501(C)(3)	4,337.	0.			AGENCY FUNDS
UNIVERSITY OF MICHIGAN HEALTH - SPARROW FOUNDATION - 1322 E. MICHIGAN AVE., SUITE 204 - LANSING, MI 48912	38-6100687	501(C)(3)	5,146.	0.			DESIGNATED FUND
UNIVERSITY OF MICHIGAN HEALTH - SPARROW FOUNDATION - 1322 E. MICHIGAN AVE., SUITE 204 - LANSING, MI 48912	38-6100687	501(C)(3)	1,500.	0.			DONOR ADVISED
WACOUSTA COOPERATIVE PRESCHOOL 9180 W HERBISON ROAD EAGLE, MI 48822	38-2096291	501(C)(3)	24,100.	0.			CAPACITY BUILDING
WESTERN MICHIGAN UNIVERSITY FOUNDATION - 1903 W. MICHIGAN AVENUE - KALAMAZOO, MI 49008	38-2138856	501(C)(3)	11,000.	0.			DONOR ADVISED
WILDSIDE REHABILITATION AND EDUCATION CENTER - 8601 HOUSTON ROAD - EATON RAPIDS, MI 48827	38-3249187	501(C)(3)	26,385.	0.			FIELD OF INTEREST

Schedule I (Form 990)

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

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.

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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 AND VICE PRESIDENT OF DONOR SERVICES FOR
BUSINESS MEALS AND MEETINGS. THE PRO-RATA SHARE OF DUES ATTRIBUTABLE TO
PERSONAL USE ARE INCLUDED IN W-2 TAXABLE WAGES.

Public Disclosure Copy

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

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

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)CAPITOL FUNDRAISING ASSO	ORGANIZATION OWNED	15,725.	LISTENING T		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAPITOL FUNDRAISING ASSOCIATES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ORGANIZATION OWNED BY BOARD TRUSTEE REBECCA BAHAR-COOK

(D) DESCRIPTION OF TRANSACTION: LISTENING TOUR SERVICES

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2025

Open to Public
Inspection

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	9	811,966.	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 Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2025 Created 12/29/25

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

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	-1,983.
CHANGE IN VALUE OF FUNDS HELD IN AGENCY ENDOWMENTS	-2,959,388.
TOTAL TO FORM 990, PART XI, LINE 9	-2,961,371.

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 532211 04-01-25

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

OMB No. 1545-0047

Open to Public
Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VIBRANT COMMUNITIES, LLC - 83-1031120 330 MARSHALL ST STE 300 LANSING, MI 48912	CONSTRUCTION OF LOCAL COMMUNITY PROJECTS	MICHIGAN	2,852,102.	587,865.	CAPITAL REGION COMMUNITY FOUNDATION

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	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)			

Part VII Supplemental Information

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

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