Form <b>JJU</b>
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Department of the Treasury

Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

A For the 2017 calendar year, or tax year beginning and ending						
B c	Check if pplicab	e: C Name of organization	C Name of organization D Employer identification number			
	Addre	CAPITALIZE ALBANY CORPORATION				
	Name			22-2	353905	
	Initial		Room/suite			
	Final		noon, ouno		)434-2532	
	termi			G Gross receipts \$	4,430,488.	
	Amer	ded ATRANY NY $12207-2104$		H(a) Is this a group re		
	Appli			for subordinates		
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in		
11	ax-ex	empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 🗌 527		list. (see instructions)	
		te: ▶ WWW.CAPITALIZEALBANY.COM		H(c) Group exemptio		
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 1979	A State of legal domicile: NY	
Pa	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: PRESI	ERVATI	ON AND EXPAN	NSION OF	
Activities & Governance		EMPLOYMENT AND COMMERCIAL/INDUSTRIAL TAX	BASE :	IN THE CITY	OF ALBANY	
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		13		
ۍ مې	4	Number of independent voting members of the governing body (Part VI, line 1b)		13		
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			8	
viti	6	Total number of volunteers (estimate if necessary)			0	
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		775,344.	548,417.	
en	9	Program service revenue (Part VIII, line 2g)		152,266.	120,191.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		74,400.	72,418.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		507,812.	498,560.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,509,822.	1,239,586.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		254,114.	66,011.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		832,605.	717,841.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	200 422	201 542	
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		388,433.	391,542.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,475,152.	1,175,394.	
	19	Revenue less expenses. Subtract line 18 from line 12		34,670.	64,192.	
IC S				eginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		14,905,082.	14,611,553.	
etA	21	Total liabilities (Part X, line 26)		3,868,536.	<u>3,444,400.</u> 11,167,153.	
	art II	Net assets or fund balances. Subtract line 21 from line 20		11,036,546.	11,10/,103.	
			and states	anto and to the best of an	unourlodge and balled it '-	
UND	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s anu statem	ents, and to the best of my	r knowledge and bellet, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
Here	SARAH REGINELLI, PRESID	DENT			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	JAMES DANIELS	JAMES DANIELS	05/29/	/18 self-employed P00603621	
Preparer	Firm's name <b>WHY ADVISORS NY</b> ,	INC.		Firm's EIN 🕨 14-1555429	
Use Only	Firm's address 🖕 4 TOWER PLACE, EX	<b>XECUTIVE PARK, 7TH</b>	FLOOR		
	ALBANY, NY 12203			Phone no. (518) 449-3166	
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)				
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)				

	990 (2017) CAPITALIZE ALBANY CORPORATION 22-2353905 Page 2 t III Statement of Program Service Accomplishments
Iu	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FACILITATING THE CREATION OF NEW EMPLOYMENT OPPORTUNITIES, RETAINING
	EXISTING JOBS AND ENCOURAGING INVESTMENT THAT WILL EXPAND THE COMMERCIAL AND INDUSTRIAL TAX BASE WITHIN THE CITY OF ALBANY.
	COMMERCIAL AND INDUSTRIAL TAX DASE WITHIN THE CITT OF ADDANT.
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," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	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
40	revenue, if any, for each program service reported. (code:) (Expenses \$ 551,030. including grants of \$ 103,554. ) (Revenue \$ 618,751. )
4a	(Code:) (Expenses \$551,030. including grants of \$03,554.) (Revenue \$618,751.) CAPITALIZE ALBANY CORPORATION (THE "CORPORATION") ADMINISTERS AND
	PROVIDES STAFFING, OFFICE EQUIPMENT, PHONE AND COMPUTER NETWORK SUPPORT
	TO THE CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY (CAIDA) AND THE
	CITY OF ALBANY CAPITAL RESOURCE CORPORATION (CACRC). DURING 2017,
	SEVERAL ORGANIZATIONS UTILIZED THE PROGRAMS AND INCENTIVES OF CAIDA.
	THE APPROVAL OF THE PROJECTS WILL RESULT IN OVER \$100 MILLION OF
	INVESTMENT WITHIN THE CITY OF ALBANY. THESE PROJECTS ARE ANTICIPATED TO
	CREATE OR RETAIN NEARLY 897 TEMPORARY AND PERMANENT JOBS WITHIN THE
	CITY AND CREATE MORE THAN 350 UNITS OF BOTH AFFORDABLE AND MARKET-RATE
	HOUSING.
	THE REVITALIZATION OF DOWNTOWN ALBANY IS A STRATEGIC PRIORITY OF THE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
10	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 551,030.
	Form <b>990</b> (2017)

<u>Form 990 (</u>				CORPORATION
Part IV	Checklist of R	equired Schedule	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b>v</b>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
a	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	1/1		x
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
	complete Schedule G. Part III	19		x

Form **990** (2017)

Form 990 (20			CORPORATION
Part IV	Checklist of Required Schedul	es (continued	)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
L	Schedule K. If "No", go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.1		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2017)

Pert U         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedulo Contains a response or note to any line in this Part V         Image: Check if Schedulo Contains a response or note to any line in this Part V         Yes           a Enter the number or promoted in Box 3 of Form 1006. Enter 0- if not applicable         1a         12           b Enter the number of proms W20 related in line 1a. Enter 0- if not applicable         1a         12           2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Image of the calendar year online State and Structure 2         8           3 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Image of the calendar year online State and Structure 2         8           4 If the calendar year online State and Structure 200 your by be required to e, dig test times and Structure 2         8           3 Ext the organization the variable basiness gross income of 1,000 or more during the year?         3a           4 At any time during the calendar year, oid the caganization have an interest in, or a signature or other authority over, a the financial accounts (PIEAPI).         3a           5 If Yes, "near the name of the foreign CONF Tort Near 21 'No'; to line B, provide and epideration?         3b         X           6 If Yes, "near the ane of the foreign CONF Tort Near 21 'No'; to line B, provide and services provide to the game and the foreign CONF Tort Near 21 'No'; to line B, provide and service 10 'No'; to line B, provide and service 10 'No'; to line B, provide an	Form	990 (2017) CAPITALIZE ALBANY CORPORATION 22-235	3905	j F	age 5
1a       Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable       1a       12         b       Enter the number of Forms W-2G include in line 1a. Enter 0- if not applicable       1b       12         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming tigganning withon within the year covered by this return       2a       8         2a       Enter the number of Forms W-2G include in fine 1a. Enter 0- if not applicable       2a       8         2b       If at least one is reported on line 2a, dolt the organization file all required to d-dig se instructions)       3a       3a         3b       Did the organization have unrelated basiness gross income of \$1000 or more during the year?       3a       3b         3c       If "wein the anion of Did This year? If "Not \$1 files applicable       a instructions in Scheduke O       3a         4a       Any time during the calendar year, did the organization have an interest in, or a signature or other financial account?       4a       X         b       If any time during the calendar year, did the organization have an interest in, or a signature or other financial account?       5a       X         b       If any time during the calendar year differed metallocity out; a financial Accounts (EAFR).       5a       X         b       If "Se," in the applicable cantrable on thind the apregratization fine R888617       6c <th></th> <th></th> <th></th> <th></th> <th>9</th>					9
1a         Enter the number exported in Dox 3 of Form 1066. Enter -0 <sup>1</sup> in the applicable         1a         12           b         Enter the number of forms W040 included in into 1a. Enter-0 <sup>1</sup> into applicable         1b         0           c         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within be year overred by this return         2a         X           b         If at less to is reported on line 2a, did the organization the all equiced federal employment tax return?         8           b         If at less to is reported on line 2a, did the organization the all equiced federal employment tax return?         8           b         If at less to diving the calendary year, dith or organization have an interest in, or a signature or other authority over, a financial account?         3a         X           b         If Yes, 'thai it fliid a form 900. Tor this year? (If No, 'to line 3b, provide an explication in Scheedule O         3b         X           b         If Yes, 'to line 3b or Sb, did the organization have an explication in Scheedule O         3b         X           b         If Yes, 'to line 3b or Sb, did the organization have an explication in Scheedule O         3b         X           b         If Yes, 'to line 3b or Sb, did the organization have an explication in scheedule O         3c         X           b         If Yes, 'to line 3b or Sb, did the organization have an explicati		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W20 included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaming (gambing) winnings to pitze winners?       10       0         2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, (2a)       8       2a         2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, (2a)       8       2a       X         b       If at least one is reported on line 2a, did the organization file all required fedral employment tax returns?       2a       X         Note, If the sum of Ines 1a and 2a is greater than the vair covered by the return       3a       X         11 "Yes," hast filed a Form 907-16 Toft his yes?" (Yes, 1c) <i>ibits</i> 20, covide an explanation in Schedulo 0       3a       X         3a       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Transmittal organization for this regaring the start francal accounts (FBAR).       5a       X         5a       Max sthe organization for bits regurants for Form 14. Report of Foreing 14. Report of Fransmatla accounts (FBAR).       5a       X         5b       Did any taxable party noity the organization have an interest in , or a signature or other authority ore, a fass account is foreing particula accounts (FBAR).       5a       X         5c       The "Yes," idid the organization include with ever y so				Yes	No
b       Enter the number of Forms W2G included in line 14. Enter 0-If not applicable       10       the organization comply with backup withholding rules for reportable payments to ventors and reportable garring garabing) winnings to prize winners?       2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,       2a       8         2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,       2a       8         b       It at least one is reported on ine 2a, did the organization fie al required bedraft exploring the year?       3a       X         3b       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       If "Yes," inder form 300 DT for this year?       4a       X       X         3c       Max any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a fars a bank account, ecurities account, or other financial accounts? (FBAP), 5a       X         3b       Max the organization to the was or is a party to a prohibited tax sheller transaction?       5a       X         3c       If "Yes," it of and Sa or Sb, did the organization the form 888-7?       5a       X         3c       If "Yes," it did the organization the was an orbit pa	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	2		
gambing winnings to pitze winners?       1c       X         2a       Enter the number of employees reported on from W-3. Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return       2a       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8       8 <th>-</th> <td></td> <td>0</td> <td></td> <td></td>	-		0		
2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the for the calendar year anding with or within the year covered by this returns?       2a       8         b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?       2a       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-file</i> (see instructions)       3a       X         b If "Yes," has it filed a form 990-T for this year? <i>If v</i> 1/w, 'to <i>line 3b, provide an explanation in Schedule O</i> 3a       X         b If "Yes," has it filed a form 990-T for this year? <i>If v</i> 1/w, 'to <i>line 3b, provide an explanation</i> in <i>Schedule O</i> 3a       X         b If "Yes," that filed a form 990-T for this year? <i>If v</i> 1/w, 'to <i>line 3b, provide an explanation</i> in <i>Schedule O</i> 3a       X         b If "Yes," that filed a form 990-T for this year? <i>If v</i> 1/w, 'to <i>line 3b, provide an explanation</i> an express account, or other financial accountly (SAA, Y       5a       X         b If "Yes," to line 5a or 5b, dd the organization has the schedule ax shelfer transaction?       5b       X         c If "Yes," to line 5a or 5b, dd the organization has express statement that such contributions or gifts were not tax deductible as charitable contributions?       5a       X         b If "Yes," did the organization nucles weights of the acponization and express statement that such contributions or gifts were not tax deductible?       5a       X         b Uf	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a       b       b       c       b         1       1       1       1       2       b       2       b         2       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 </th <th></th> <td>(gambling) winnings to prize winners?</td> <td>1c</td> <td>Х</td> <td></td>		(gambling) winnings to prize winners?	1c	Х	
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note. If the sum diase 1 and 2a is greater than 250, you may be required to a- <i>shie</i> (see instructions)       3a       X         B       Differe organization have unmetated business poss income of 15, provide an explanation in Schedule O       3a       X         B       T*ves, * has it field a Form 390-T for this year?       tr is of this year and year is of the of this	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> , <i>fig</i> (see instructions)       3a         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendary year, did the organization have an interest in, or a signature or other famcial account?       3a       X         4a       At any time during the calendary year, did the organization have an interest in, or a signature or other famcial account?       4a       X         bit "Yes," has it field a Form 000-T for this year?       5a       X       5a       X         bit "Yes," enter the name of the foreign country.       5a       X       5b       X         5a with organization a party to a prohibited tax shelt transaction at any time during the tax year?       5a       X         5a       0 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       0 bid any taxable party notify the organization the Form 880-7?       5a       X         5a       0 bid any taxable party notify the organization the form 800-7?       5a       X         5a       0 bid any taxable party notify the organization the form 800-7 form 800 and services provided to the paraization service 4.       5a       X         5a       0 bid any taxable party ot a protholized t		filed for the calendar year ending with or within the year covered by this return	8		
3a     Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     X       b     If "Yes," has filed a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule O     4a       A 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 county (such as a bark account, securities account, or other financial account)?     4a     X       b     If 'Yes,' then the mane of the foreign county?     >     5b     X       c     Was the organization a party to a prohibited tax shelt transaction at any time during the tax year?     5c     X       5     Did any taxable party notify the organization that if was or is a party to a prohibited tax shelt transaction?     5c     X       5     Descente organization have annual gross exection tax deductibles as chartable contributions?     5c     X       7     Organization netwa apprent in receive adoutcible contributions?     5c     X       9     If 'Yes,' id the organization netwy apprent in receive and party for porods and services provided to the party?     7a     X       7     Toganization netwa apprent in receive any fund, directly or indirectly, to parperimation an express statement that such contributions or gifts     5b     X       9     Did the organization netwa apprent in receive any fund, directly or indirectly, to parperimation and party for goods and services provided to the party?     7a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If Yes, * has it filed a Form 990-T for this yea? If 'No, * to line 3b, provide an explanation in Schedule 0       3b         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 foreing nearly is a bank account, ar other financial account)?       4a       X         b       If 'Yes, * enter the name of the foreign county: ▶		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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 is a brain account, securities account, or other financial account;       4a       X         b If 'Yes,' enter the name of the foreign country:	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
inf "Yes," entreme in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If "Yes," entreme of the foreign country:	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b       If Yes," enter the name of the foreign country:					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).       Sa         Sa       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sa       X         Sa       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twas or that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?       Sa       X         D if "Yes," did the organization notify the door of the value of the goods or services provided?       Ta       X         T Wes, "I did the organization notify the door of the value of the goods or services provided?       Ta       X         D if the organization receive a payment in excess of \$57 made parity as a contribution and parity for goods and services provided?       Ta       X         D id the organization neceive any thotas, directly or indirectly, to pay premiums on a personal benefit contract?       Ta       X         If "Nes," indicate the number of Forms \$282 filed during the year?       Ta       X       X         If the organization receive a contribution of qualified intiletual property, did the organization file a Form 10896.C?       The       X         Sponsoring organization have ex		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c1       Yes," to line 5a or 5b, did the organization line Form 8886-17?       5a       X         for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?       6a       X         b       If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor?       7a       X         b       If 'Yes," did the organization settify the donor of the value of the goods or services provided?       7b       7c       X         d       If 'Yes," did the organization settify the donor of the value of the goods or services provided?       7c       X         d       If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization settify a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8890 as required?       7t       X         f       If did the organization receive any funds, directly or indirectly, or advised fund maintained by the sponsoring orga	b	If "Yes," enter the name of the foreign country: ►			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17       5c       5c         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6a       X         7       Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization receive any thinds, directly or indirectly, to pay premiums, on a personal benefit contrat?       7e       X         g       If the organization neceive an outribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1080c?       7n       N         S Sponsoring organization make and idstributions underesection 4966?       9a       9a <th></th> <th>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</th> <th></th> <th></th> <th></th>		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       5c         Gb       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charatible contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatible contributions?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization notify the donor of the value of the goods or services provided?       7a       X         7       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization notify the donor of the value of the goods and services provided?       7c       X         7       Did the organization notify the donor of the value of the goods and services provided?       7c       X         7       If "Yes," indicate the number of Forms 8282 field during the year       7d       Td       X         9       Spons	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		
Gas       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?       Ga       X         B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Ga       X         7       Organization shat may receive deductible contributions under section 170(c).       Ga       X       Gb       Gb       Ga       X         6       Did the organization necleve a payment in excess of \$75 made party as a contribution and party for goods and services provided 7       7a       X       Ya       X         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       Tc       X       Yt       X         6       Did the organization receive any funds, directly or indirectly, to na personal benefit contract?       Tr       X       Yt       X         7       The organization received a contribution of cars, boats, anjaneas, or other vehicles, did the organization file a Form 1098-C?       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       Sponsoring organization make any taxable distributions or or advised, fund maintained by the sponsoring organization make any taxable dist	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
any contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       Gb       Gb         7       Organizations that may receive deductible contributions under section 170(c).       Gb       Gb       Gb         7       Organization state may receive deductible contributions under section 170(c).       To go an intervent of the contribution of the donor of the value of the goods or services provided?       To       To         c Did the organization notify the donor of the value of the goods or services provided?       To       To       To         c Did the organization notify the donor of the value of the goods or services provided?       To       X       To         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified fuellectual property, did the organization file Form 1098-C?       Th       X         8       Sponsoring organization maintaining donor advised funds.       Did do corganization receive a lastituition of qualified fuellectual property, did the organization file form 899 as required?       Th       X         9       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization maintaining donor advised funds.       Did the sponsoring organization maintain	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         7       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?       7b       7a       X         7b       To an intervent of the organization outly the donor of the value of the goods or services provided?       7b       7c       X         7c       X       7d       7c       X       7c       X         7c       X       7d       7c       X       7c       X         7d       To sponsoring organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         9       Byto reganization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7t       X         9       Sponsoring organizations maintaining door advised funds.       9a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     7a       7     7a       7     7a       7     7a       7     7a       7     7a       7     7a       7a     7a       7b     7a       7b     7a       7c     7a       <		any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       ft "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7c       X         d       ft "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7d       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organization make any taxable distributions under section 4966?       9a       9b		were not tax deductible?	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n       X         8       Sponsoring organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         Did the sponsoring organizations. Enter:       10a       10a       10a       10a       10a         1       Section 501(c)(7) organizations. Enter:       10b       11a       10b       11a	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Image: Transmission of the second s	а	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?			
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7r       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 089C?       7g       7n       X         8 Sponsoring organization have excess business holdings at any time during the year?       9a       1aa			7b		──
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Te       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg       X         g If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         8 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9a       9b       9a       9b       9a       9b       9b       9b       9a       9b       9a       9a       9a       9a       9a       9a       9a       9a       9b       9a       9b       9a       9b       9a       9a       9a       9a       9a       9a       9a       9a       9a       9b       9a       9b       9a       9b       9a       9a       9a       9b       9a       9a       9a       9a       9a <th>С</th> <th>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</th> <th></th> <th></th> <th>  <u></u></th>	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u></u>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089.C?       7n       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089.C?       7n       X         8 Sponsoring organizations maintaining donor advised funds.       a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9 Did the sponsoring organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10a       9b       9b         10 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       10a       10b       11b       12a			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(12) organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       12a         12       Gross income from members or shareholders       11a       12a       12a       12a         13       Gross income from other sources (Do not net amounts due or painization filing Form 990 in lieu of Form 1041?       12a       12a       13a         14       Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a			_		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Section 501(c)(7) organizations. Enter:       10a       9b       9b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       111         12 Gross income from members or shareholders       11a       10b       12a       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a       13a         14a       X       13b       13b       13a       13a       13a       13a	е				
h       if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       Image: Control of Contero of Contend control of Control of Cont	f				
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         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:       10a       10b         a       Gross income from members or shareholders       11a       10b         12       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       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         Note. See the instructions for additional information is required to maintain by the states in which the organization is licensed to	-				<u> </u>
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11         12       Gross income from members or shareholders       11a       10b       11         13       Section 501(c)(12) organizations. Enter:       11b       11b       12a         12       Section 501(c)(21) organization termuther sources (Do not net amounts due	-		7h		-
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10a       10b         a       Gross income from members or shareholders       11a       11b       12a         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         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       Is the organization licensed to issue qualified health plans       13b       13a         14a       Did the organization receive any payments for indoor tanning services d	8				
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         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:       11a         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         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         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       13a       13a	•		8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         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         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         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       13c <th></th> <th></th> <th></th> <th></th> <th></th>					
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         a       Gross income from members or shareholders       11a       11b       11b       12a         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       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13b       13a					+
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:       10b         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.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         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       13b       13c         14a       X			90		
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:       11a         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         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         0       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       13b         14a       X					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       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       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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       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       13b         c       Enter the amount of reserves on hand       13c       14a       X			-		
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.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         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       13a         14a       X			-		
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       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       13b         c       Enter the amount of reserves on hand       13c       14a       X					
amounts due or received from them.)       11b       12a         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       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       13b         c       Enter the amount of reserves on hand       13c       14a       X			-		
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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b         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       13b         c       Enter the amount of reserves on hand       13c       14a       X	D				
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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         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       X	122		129		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         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       X			120		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         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         14a       X					
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Imag			139		
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       13b         c Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	d		104		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	h				
c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	U				
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	r				
		Did the encoder the term of the term of the term is a set in the term of t	149		x
					+

Form 990 (	
Part VI	Gov

#### CAPITALIZE ALBANY CORPORATION

22-2353905 Page 6

X

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,	

000	tion A. doverning body and Management					
		I.	4.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		10			
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			37
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	37	X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_	v	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				x	
•	persons other than the governing body?			7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0-	x	
a	The governing body?			8a	^ X	
b	Each committee with authority to act on behalf of the governing body?			8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					х
Sec	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O		·····	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	Na
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y below		110		
12a				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}			12.0		
U	in Schedule O how this was done	,		12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) av	ailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest policy, and	financ	ial	
	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 box THE ORGANIZATION - (518) $434-2532$	oks and	records: ►			
	21 LODGE ST. ALBANY, NY 12207-2104					

CAPITALIZE ALBANY CORPORATION

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		I	mzu			ip on	oure			(5)
(A)	(B)			(C Posi	ر) ition	,		(D)	(E)	(F)
Name and Title	Average		not c	heck r	more	than o		Reportable	Reportable	Estimated
	hours per week			ss per Id a di				compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensate		(W-2/1099-MISC)		organization
	organizations	trus	nal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Emple	Fori			
(1) ROBERT CURLEY	1.00									
DIRECTOR		Х						2,700.	0.	0.
(2) MICHAEL FRANCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(3) JAMES LINNAN	1.00									
DIRECTOR (TO APR)		Х						0.	0.	0.
(4) KAREN O'BRIEN	1.00									
DIRECTOR (FROM MAY)		Х						1,500.	0.	0.
(5) DAVID PARENTE	1.00									
DIRECTOR		х						0.	0.	0.
(6) SUSAN PEDO	1.00									
DIRECTOR		Х						2,700.	0.	0.
(7) MATTHEW PETER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) HAVIDAN RODRIGUEZ	1.00									
DIRECTOR (FROM DEC)		Х						0.	0.	0.
(9) JEFF SPERRY	1.00									
DIRECTOR		Х						1,500.	0.	0.
(10) JAMES STELLAR	1.00									
DIRECTOR (TO OCT)		Х						0.	0.	0.
(11) MICHELE VENNARD	1.00									
DIRECTOR		Х						1,200.	0.	0.
(12) JOHN VERO	1.00									
DIRECTOR		Х						1,200.	0.	0.
(13) NANCY ZIMPHER	1.00									
DIRECTOR (TO JUN)		Х						0.	0.	0.
(14) MICHAEL CASTELLANA	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(15) ANDERS TOMSON	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(16) DORSEY WHITEHEAD	1.00									
SECRETARY (TO AUG)		х		х				0.	0.	0.
(17) DR. MARK SULLIVAN	1.00									
TREASURER (TO OCT)		х		Х				2,700.	0.	0.
								•		Form <b>990</b> (2017)

732007 11-28-17

	<u>990 (2017)</u> CAPITALI2	ZE ALBAN	Y	CO	RP	OR	AT	IC	<b>N</b>	22-23	539	05	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	verage urs per week         Position (do not check more than one box, unless person is both an officer and a director/trustee)         Reportable compensation         Reportable compensation           from         from relation						(E) Reportable compensation from related		<b>(F)</b> Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fro orgai and	ensation m the nization related nizations
	JOHN HARRIS	1.00	x			_			0.		0.		
	SURER (FROM DEC) SARAH REGINELLI	37.50	<u> </u>				-		0.		<u> </u>		0.
	IDENT	57.50			х				124 402		0.	22	044
	BRADLEY CHEVALIER	37.50			Δ				134,492.		<u> </u>	33	,044.
	F ECONOMIC DEV (TO JAN)	37.50			x				6,999.		0.		770.
											$\square$		
											$\square$		
											$\square$		
											$\square$		
											$\square$		
1b	Sub-total								154,991.		0.	33	,814.
	Total from continuation sheets to Part VI								0.		0.		0.
 2	Total (add lines 1b and 1c)								154,991.		<u>.</u>	33	,814.
2	compensation from the organization		726	IISLE	u au	000	<i>y</i> wii	016	ceived more than \$100,				1
											_	`	res No
3	Did the organization list any former officer,	,		·		•			0				
	line 1a? If "Yes," complete Schedule J for s										-	3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					•	-	L	4	x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr					-			•			5	x
Sec	tion B. Independent Contractors	ipiele Schedule	0 /	51 30		5613	011 .				<u></u>		
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	nsatio	n fron	n
	(A) Name and business			ONE					(B) Description of s		Cor	(C)	
2	Total number of independent contractors (ii \$100,000, of compensation from the organi		ot lin	nitec	l to f	thos (		ted	above) who received mo	ore than			

Form	n 990 (			BANY CORI	PORATION		22-2353	905 Page 9
Pa	rt VII	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S CO	1 -	Federated campaigns	1a			Tovondo		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ı a b							
<u>n</u> G	0	Membership dues           Fundraising events						
fts, r Aı	ט א	Related organizations						
, Gi Jila	u o	Government grants (contributi		466,817.				
Sins	e f	All other contributions, gifts, gran		100,01/1				
utic	•	similar amounts not included abov		81,600.				
trib Ott	a	Noncash contributions included in lines						
Son	9 h	Total. Add lines 1a-1f			548,417.			
0.0				Business Code	· · · ·			
•	2 a	PROGRAM SERVICE INTERES	ST	532000	104,405.	104,405.		
vice	b			561499	15,786.	15,786.		
Ser	c				· · · · ·	, -		
m S	d							
Program Service Revenue	e							
Pro	f	All other program service reve	nue					
	q			•	120,191.			
	3	Investment income (including						
		other similar amounts)			83,916.			83,916.
	4	Income from investment of tax						
	5	Royalties						
		-	(i) Real	(ii) Personal				
	6 a	Gross rents	300,844.					
	b	Less: rental expenses	211,867.					
	с	Rental income or (loss)	88,977.					
	d	Net rental income or (loss)		►	88,977.	88,977.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,967,537.					
	b	Less: cost or other basis						
		and sales expenses	2,979,035.					
	С	Gain or (loss)	-11,498.					
		Net gain or (loss)		· <u>·····</u>	-11,498.			-11,498.
e	8 a	Gross income from fundraising	g events (not					
enu		including \$	of					
3ev		contributions reported on line						
erF		Part IV, line 18						
Other Revenue		Less: direct expenses						
-		Net income or (loss) from fund		<b>&gt;</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· ►				
	iu a	Gross sales of inventory, less						
	h	and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenue		Business Code				
	11 a		0	900099	348,582.	348,582.		
	b			900099	31,325.	31,325.		
	ы С	ENT COMM ADMIN COST ALI	LOWANCE	900099	19,806.	19,806.		
		All other revenue		900099	9,870.	9,870.		
	e	<b>—</b>			409,583.	,		
	12	Total revenue. See instructions.			1,239,586.	618,751.	0.	72,418.

CAPITALIZE ALBANY CORPORATION Part IX Statement of Functional Expenses

Do i	not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	his Part IX (B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	CC 011	cc 011		
	and domestic governments. See Part IV, line 21	66,011.	66,011.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	158,840.	75 116	02 121	
•	trustees, and key employees	130,040.	75,416.	83,424.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	383,347.	145,714.	237,633.	
7	Other salaries and wages	505,547.	,/_4•	437,033.	
8	Pension plan accruals and contributions (include section 401/k) and 403(b) employer contributions)				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	137,218.	57,088.	80,130.	
		38,436.	15,858.	22,578.	
10 11	Payroll taxes Fees for services (non-employees):	50,450.		22,570.	
	Management	79 403.		79,403.	
a b	Legal	79,403. 46,835.	46,835.	/ 5 / ±05 •	
	Accounting	38,310.	10,0001	38,310.	
d	Lobbying	00,0101			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,610.	12,610.		
g	Other. (If line 11g amount exceeds 10% of line 25,	•			
3	column (A) amount, list line 11g expenses on Sch O.)	70,632.	37,406.	33,226.	
12	Advertising and promotion	7,470.	7,470.		
13	Office expenses	18,740.	18,740.		
14	Information technology	7,047.	7,047.		
15	Royalties				
16	Occupancy	19,145.	19,145.		
17	Travel	809.	809.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,347.	3,347.		
20	Interest	25,255.	25,255.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,945.		23,945.	
23	Insurance	25,715.		25,715.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	C 000	6 000		
a	MEMBERSHIP EXPENSES	6,998.	6,998.		
b	MISCELLANEOUS EXPENSE	2,074.	2,074.		
c	TRAINING & EDUCATION	1,075.	1,075.		
d	BAD DEBT EXPENSE/(RECOV	1,017.	1,017.		
-	All other expenses	1,115.	1,115.	624 264	^
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,175,394.	551,030.	624,364.	0.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				

CAPITALIZE	ALBANY	CORPORATION

		Oberly if Orberly Is O contains a mean and an materia any line in this Dart V			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	440,898.	1	440,991.
	2	Savings and temporary cash investments	4,569,142.	2	5,202,123.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	241,869.	4	222,858.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	2,893,770.	7	2,082,522.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,869.	9	13,000.
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a5,415,498.Less: accumulated depreciation10b3,039,954.	2,574,972.	10c	2,375,544.
	11	Investments - publicly traded securities	1,178,772.	11	2,365,986.
	12	Investments - other securities. See Part IV, line 11	2,346,891.	12	1,260,395.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	643,899.	15	648,134.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,905,082.	16	14,611,553.
	17	Accounts payable and accrued expenses	161,676.	17	169,960.
	18	Grants payable		18	
	19	Deferred revenue	972,246.	19	903,496.
	20	Tax-exempt bond liabilities	2,030,000.	20	1,700,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	704,614.	25	670,944. 3,444,400.
	26	Total liabilities. Add lines 17 through 25	3,868,536.	26	3,444,400.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			
an c	27	Unrestricted net assets	10,739,279.	27	10,874,638.
3ala	28	Temporarily restricted net assets	297,267.	28	292,515.
Ы	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
r		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	11,036,546.	33	11,167,153.
	34	Total liabilities and net assets/fund balances	14,905,082.	34	14,611,553.

Form **990** (2017)

# Part X Balance Sheet

Form	990	(2017

_	1990 (2017) CAPITALIZE ALBANY CORPORATION	22-2	2353905	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,239		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,175		
3	Revenue less expenses. Subtract line 2 from line 1			<u>92.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,036		
5	Net unrealized gains (losses) on investments	5	66	5,43	<u>15.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,167	<mark>/,1</mark> !	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			6	000	

Form **990** (2017)

SCI	HED	UL	Ε.	Α
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)	
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# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Nam	Aame of the organization Employer identification number								
		CAPI	TALIZE ALBA	ANY CORPORATI	ION			2	2-2353905
Par	tl	Reason for Public (	Charity Status (/	All organizations must co	mplete thi	s part.) Se	e instructions		
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
,		city, and state:							
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
r		section 170(b)(1)(A)(iv). (C							
<b>6</b> [		A federal, state, or local gov	-						
7 [	X	An organization that norma	•	ntial part of its support fr	om a gove	rnmental	unit or from th	e general p	public described in
- [		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9 [		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agrici	uiture (see instructions).	Enter the r	name, city	, and state of	the college	or
10		university: An organization that norma		than 22 1/20/ of its supr	ort from o	ontributio	an mombarak	in food on	d aroos respirate from
10 [		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor			in busines	SCS acqui			
11 [		An organization organized a	-	vely to test for public sat	etv See	section 50	9(a)(4).		
12		An organization organized a	-		•			rrv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		<b>Type III functionally inte</b>						ly integrate	d with,
		its supported organization	.,.,,						
d		Type III non-functionally						-	
		that is not functionally int	0	<b>v</b>	•			an attentiv	veness
		requirement (see instructi		•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
f	Ento	functionally integrated, or the number of supported c							
		ride the following information	•	d organization(s)					
9_		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

#### Schedule A (Form 990 or 990-EZ) 2017 CAPITALIZE ALBANY CORPORATION Part II

22-2353905 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	837,747.	714,547.	674,487.	775,344.	548,417.	3550542.
2	Tax revenues levied for the organ-						
	ization'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	837,747.	714,547.	674,487.	775,344.	548,417.	3550542.
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)						
6	Public support. Subtract line 5 from line 4.						3550542.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	837,747.	714,547.	674,487.		548,417.	3550542.
	Gross income from interest,		-	-		-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	86,561.	69,831.	59,415.	74,523.	83,916.	374,246.
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	<b>Total support.</b> Add lines 7 through 10						3924788.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 4	,330,181.
	First five years. If the Form 990 is for						,,
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11. co	olumn (f))		14	90.46 %
	Public support percentage from 2016					15	91.16 %
	<b>33 1/3% support test - 2017.</b> If the c					ore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2016. If the c						
	and <b>stop here.</b> The organization qual					·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	-					
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	•			
				., 100, 170, 01 170	, 511001 tillo DOA al		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 CAPITALIZE ALBANY CORPORATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (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 per- formed, or facilities furnished in any activity that is related to the exception for the exception for the e						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(-) 0010	(1-) 0014	(-) 0015	(.1) 0010	(-) 001	7 (0) T + + - 1
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	the organization	l	l fourth or fifth to		1 = 501(x)(0) = 1	
14	First five years. If the Form 990 is for	•					
500	check this box and stop here						<b>P</b>
	•			(f)		45	
	Public support percentage for 2017 (li					15	%
	Public support percentage from 2016 ction D. Computation of Inves					16	%
	•		•			47	
	Investment income percentage for 20					17	<u> </u>
18	Investment income percentage from 2					<b>18</b>	%
19a	<b>33 1/3% support tests - 2017.</b> If the						
	more than 33 1/3%, check this box ar						►
b	<b>33 1/3% support tests - 2016.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	<u></u>

## Schedule A (Form 990 or 990-EZ) 2017 CAPITALIZE ALBANY CORPORATION

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Schedule A (Form 990 or 990-EZ) 2017 CAPITALIZE ALBANY CORPORATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		100	110
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

	(Form 990 or 990-EZ) 2017				
Part V	Type III Non-Function	onally Integrated	509(a)(3) S	upporting Organizati	ons

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2017

1

# Schedule A (Form 990 or 990 EZ) 2017 CAPITALIZE ALBANY CORPORATION

	t V Type III Non-Functionally Integrated 509(			• • • • •
-	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	[		
ect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	EXCOUNTINE TO			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 CAPITALIZE ALBANY CORPORATION	22-2353905	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	1 and 2; Part IV, Section t V, Section B, line 1e; Par	C, t V,

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury \*\* PUBLIC DISCLOSURE COPY

# **Schedule of Contributors**

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

OMB No. 1545-0047

2017

Employer identification number

Name of the	e organization
Internal Revenue	e Service
Department of the	ne Treasury

#### C C

Organization type (check one):

22-2353905

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

CAPITALIZE ALBANY CORPORATION

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**

X 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 or 990-EZ), 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, 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 exclusively religious is charitable, etc., be successively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page **2** 

Employer identification number

Person Payroll (d)

Type of contribution

X

22-2353905

#### CAPITALIZE ALBANY CORPORATION

		\$ <u>153,306.</u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$250,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>29,900.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>51,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$63,511.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

22-2353905

CAPITALIZE ALBANY CORPORATION

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
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	 
(a) No. rom lart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

lame of organi	zation		Employer identification number
CAPITAL	IZE ALBANY CORPORATION		22-2353905
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete or completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	butions to organizations described i olumns (a) through (e) and the follor charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wind line entry. For organizations
(a) No. from Part I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gif	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	it Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gif	
-	Transferee's name, address, an		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	t Relationship of transferor to transferee

Department of the Treasury Internal Revenue Service

Part I

1

2

3

4

5

6

2

3

4

5

6

7

8

9

Part III

Part II 1

# **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.



\_\_\_\_

Nome	of the	organization
Name	or the	organization

	e of the organization CAPITALIZE ALBANY C		Employer identifica	3905
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete	if the
	organization answered "Yes" on Form 990, Part IV, line			
1 2	Total number at end of year Aggregate value of contributions to (during year)	(a) Donor advised funds	(b) Funds and other ac	counts
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w are the organization's property, subject to the organization's experimentation of the organization of t	xclusive legal control?	Yes	s 🗌 No
6	Did the organization inform all grantees, donors, and donor ad for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring	<b>—</b>
Dai				s No
			Part IV, line 7.	
1 2	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ed Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualifie	lucation) Preservation of a his Preservation of a cer	orically important land area tified historic structure	on the last
-	day of the tax year.		Held at the End	
а				
c	Number of conservation easements on a certified historic structure			
	Number of conservation easements included in (c) acquired af			
•••	listed in the National Register	-	2d	
3	Number of conservation easements modified, transferred, release			
4	year ▶			
4 5	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h		Yes	s 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli			ai
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizatio	on's financial statements that describes	the organization's accounting	for
Dai	conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Treasures or O	har Similar Assats	
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.		
1a b	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhil the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC	bition, education, or research in furthera	nce of public service, provide	, in Part XIII,
	treasures, or other similar assets held for public exhibition, edu relating to these items:	ucation, or research in furtherance of pu	blic service, provide the follow	ving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		• • •	
	(ii) Assets included in Form 990, Part X		▶ \$	

	(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, pro-	ovid	е
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$

а	Revenue included on Form 990, Part VIII, line 1	
<b>L</b>	Accests included in Form 000 Dort V	

Schedule D	(Form	990)	2017
	·· •····	,	

\$

►

Sche		IZE ALBANY					235390		age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other S	Similar As	sets <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that	are a signi	ficant use of	its collection	items	
	(check all that apply):								
а	Public exhibition	d	I 📃 Loan or ex	change progra	ms				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	how they further	the organizatio	n's exempt	t purpose in	Part XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple			Yes" on Fo	orm 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod		•						-
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			1
	Did the organization include an amount on F				-	?	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete						<u></u>		
I ai	<b>Endowment Funds.</b> Complete					Thursday			haali
4.	Designing of year balance	(a) Current year	(b) Prior year	(c) Two year	s dack (d)	Three years	back (e) Four	years	раск
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance Provide the estimated percentage of the cur		ling 1 a galuman (						
2	Board designated or quasi-endowment		e (line 19, column (	a)) neiù as.					
a h	Permanent endowment	%							
b	Temporarily restricted endowment								
с	The percentages on lines 2a, 2b, and 2c sho								
30	Are there endowment funds not in the posse		tion that are held :	and administer	ad for the c	vragnization			
Ja	by:		alon that are new a			nganization	1	Yes	No
	(i) unrelated organizations						3a(i)	103	110
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the	-							
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	k value	Э
	F F F 7	basis (investr	. ,	s (other)	• •	ciation			
<b>1</b> a	Land	225,	000.	49,300.			27	4,30	00.
	Buildings	4 5 6 6		67,660.	2,90	0,076.	2,09	6,5	31.
	Leasehold improvements					•		-	
	Equipment		1	44,591.	13	9,878.		4,73	13.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line	10c.)		►	2,37	5,54	44.
	- ieeranni (a) maore								

Schedule D (Form 990) 2017

Part VIII       Investments - Other Securities.         Complete if the organization answered 'Yes' on Form 990. Part IV, line 11b. See Form 990, Part X, line 12.         (a) Detectipion of security of category (rectures summy       (b) Book value         (c) CoseX-Heid equity interests       (c) Method of valuation: Cost or end-of-year market value         (d) Other       (e) MonEY MARKET FUNDS       7, 814.       END-OF-YEAR MARKET VALUE         (d)       (f)       (f)       (f)       (f)         (e)       (f)       (f)       (f)         (f)       (f)       (f)       (f)         (g)       (g)       (g)       (g)         (h)       (g)       (g)       (g)         (h)       (g)       (g)       (g)         (g)       (g)       (g)       (g)         (g)       (g)       (g)       (g)         (h)       (g)       (g)       (g)         (g)       (g)	Schedule [	D (Form 990) 2017	CAPITALIZE	ALBANY	CORPORA	ATION		22	-2353905	Page 3
(a) Exclution of security of category including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) Financial derivatives       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests         (3) Other       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests         (b) Other       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests         (b) Other       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests         (b) Other       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests         (c) Other       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests       (c) Cosely-hold equity interests         (c) Other Lagal Form 990, Part X, col. (b) inter 12) <b>b</b> 1, 260, 395.       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Description of investment       (c) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 116. See Form 990, Part X, line 15.       (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 116. See Form 990, Part X, line 15.	Part VII	Investments -	Other Securities.							
(1) Francial derivatives       (1)       (1)         (2) Closely-held equity intreests       (1)       (2)         (3) Other       (3) Other       (3)         (4) CERTIFICATES OF DEPOSIT       (1, 252, 581.       END-OF-YEAR MARKET VALUE         (5)       (6)       (7)       (8)         (6)       (6)       (6)       (7)         (7)       (1)       (1, 260, 395.       (6)         (7)       (1, 0)       (1, 0)       (1, 0)         (6)       (6)       (6)       (6)         (7)       (1, 0)       (1, 0)       (1, 0)         (6)       (1, 0)       (1, 0)       (1, 0)       (1, 0)         (7)       (1, 0)       (1, 0)       (1, 0)       (1, 0)         (8)       (2)       (2)       (2)       (2)         (9)       (1)       (1)       (2)       (2)         (9)       (1)       (1)       (2)       (2)       (2)         (9)       (1)       (1)       (2)       (2)       (2)         (9)       (1)       (1)       (2)       (2)       (2)       (2)         (1)       (1)       (2)       (2)       (2)       (2		Complete if the org	anization answered "Yes"	1		1				
(2) Closely-held equity interests       (3) Other         (3) Other       (4) CERTIFICATES OF DEPOSIT       1, 252, 581.       END-OF-YEAR MARKET VALUE         (5) MONEY MARKET FUNDS       7, 814.       END-OF-YEAR MARKET VALUE         (7) Other       (7) S14.       END-OF-YEAR MARKET VALUE         (6) Other       (7) S14.       END-OF-YEAR MARKET VALUE         (7) Other       (7) S14.       END-OF-YEAR MARKET VALUE         (6) Other       (7) Other Jaste (20, 0) S15.       (7) S14.         (7) Teal. (20, (b) must equal Form 900, Part X, on (G) line 12.)       1, 260, 395.       (9) Other Jaste (20, 395.)         Part VIII Investments - Program Related.       (6) Deok value       (c) Method of valuation: Cost or end-of-year market value         (1)       (2) Other Jaste (20, 0)       (2) Other Jaste (20, 0)       (3) Other Jaste (20, 0)         (4)       (5) Other Jaste (20, 0)       (6) Other Jaste (20, 0)       (7) Other Jaste (20, 0)         (6)       (9) Other Jaste (20, 0)       (9) Other Jaste (20, 0)       (9) Other Jaste (20, 0)         (11)       (2) Other Jaste (20, 0)       (2) Other Jaste (20, 0)       (2) Other Jaste (20, 0)         (8)       (9) Other Jaste (20, 0)       (9) Other Jaste (20, 0)       (9) Other Jaste (20, 0)         (9)       (1) Other Jaste (20, 0)       (2) Other Jaste (20, 0)	(a) Descri	iption of security or categ	OTY (including name of security)	(b) Boo	ok value	(c) Method of va	aluation	: Cost or end	l-of-year market	value
(a) Other       I. 252, 581.       END-OF-YEAR MARKET VALUE         (b) MOREY MARKET FUNDS       7, 814.       END-OF-YEAR MARKET VALUE         (c)       7, 814.       END-OF-YEAR MARKET VALUE         (c)	(1) Financ	ial derivatives								
(a)       CERTIFICATES OF DEPOSIT       1,252,581.       END-OF-YEAR MARKET VALUE         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)         (d)       (c)       (c)       (c)         (e)       (c)       (c)       (c)         (f)       (c)       (c)       (c)       (c)         (f)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)	(2) Closely	y-held equity interests								
(9)       MONEY MARKET FUNDS       7,814.       END-OF-YEAR MARKET VALUE         (0)       (0)       (0)         (10)       (11)       (11)         (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)       (11)       (11)       (11)         (12)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)       (11)										
(G)       (G)         (B)       (B)         (G)       (G)         (G)				1,2						
(D)         (E)           (E)         (C)           (G)         (C)           (H)         (C)           (E)         (C)           (H)         (C)           (G)         (C)           (G)         (C)           (G)         (C)           (G)         (C)           (G)         (C)           (a) Description of investment         (b) Book value           (f)         (c) Method of valuation: Cost or end-of-year market value           (1)         (C)           (a)         (C)           (a)         (C)           (a)         (C)           (G)         (C)	(B) <b>M</b>	ONEY MARKET	FUNDS		7,814.	END-OF-Y	EAR	MARKET	VALUE	
(E)       (G)         (G)       (G)         (H)	(C)									
(F)       (G)         (G)       (H)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶       1, 260, 395.         Part VIII Investments - Program Related.       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a) Description       (c) Method of valuation: Cost or end-of year market value         (a)       (b) Description       (c) Method of valuation: Cost or end-of year market value         (a)       (b) Description       (c) Method of valuation: Cost or end-of year market value         (b)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (b)       (c) Method of valuation: Cost or end-of year market value       (c)         (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       <	(D)									
(G)       (H)         (H)       (H)         (Dit)       (L)         (Dit)	(E)									
(H)       1, 260, 395.         Part Vill       Investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. <ul> <li>(a) Description of investment</li> <li>(b) Book value</li> <li>(c) Method of valuation: Cost or end-of-year market value</li> <li>(d)</li> <li>(e)</li> <li>(f)</li> <li>(g)</li> <li>(g)<td>(F)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>	(F)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ↓       1, 260, 395.         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)       (a) Description of investment       (b) Book value       (c) Method of valuation. Cost or end-of year market value         (2)       (a)       (b) Book value       (c) Method of valuation. Cost or end-of year market value         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (c)       (c)         Part IX       Other Assets.       (c) Description       (b) Book value         (1)       (c) Description       (c) Book value       (c)         (a)       (c) Description       (b) Book value       (c)         (b)       (c) Context and answered "Yes" on Form 990, Part X, line 15.       (c)         (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)         (e)       (c)       <	(G)									
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)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (c) Method of valuation: Cost or end-of-year market value         (d)           (4)         (c)         (c) Method of valuation: Cost or end-of-year market value           (6)         (c)         (c)         (c)           (6)         (c)         (c)         (c)           (7)         (c)         (c)         (c)           (8)         (c)         (c)         (c)           (9)         (c) (b) must equal Form 990, Part X, col. (B) line 13.)         (c)         (c)           Part X         Other Assets.         (c)         (c)           (a) Description         (b) Book value         (c)         (c)           (1)         (c)         (c)         (c)         (c)           (2)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)<	(H)									
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) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value   (a) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value   (a) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value   (b) (c) (c) (c) (c) (c)   (c) (c) (c) (c) (c) (c)   (d) (c) (c) (c) (c) (c)   (e) (c) (c) (c) (c) (c)   (f) (c) (c) (c) (c) (c)   (a) Description (b) Book value (c)   (f) (a) (c) (c) (c)   (a) Description (b) Book value   (f) (c) (c) (c)   (a) Description (b) Book value   (f) (c) (c) (c)   (g) (c) (c) (c)   (g) (c) (c) (c)   (h) (c) (c) (c)   (f) (c) (c) (c)   (g) (c) (c) (c)   (h) (c) (c) (c)   (c) (c) (c) (c)   (d) (c) (c) (c)   (e) (c) (c) </td <td>Total. (Col.</td> <td>(b) must equal Form 990</td> <td>, Part X, col. (B) line 12.) 🕨</td> <td>1,2</td> <td>60,395.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Total. (Col.	(b) must equal Form 990	, Part X, col. (B) line 12.) 🕨	1,2	60,395.					
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (a)         (a)         (a)           (3)         (b) Book value         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (1)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)         (c)	Part VII		•							
(1)       1       1       1         (2)       3       1       1         (3)       1       1       1         (4)       1       1       1         (5)       1       1       1         (6)       1       1       1         (7)       1       1       1         (8)       1       1       1         (9)       0 ther Assets.       1       1         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (4)       1       1         (5)       1       1       1         (6)       1       1       1          (7)       (a)       1       1       1         (8)       1       1       1       1         (9)       1       1       1       1       1         (1)       Form 990, Part X, col. (B) line 15.       1       1         (a) Descript										
(2)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         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)       (b) Book value         (1)       (b) Book value         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         (9)       (6)         (7)       (6)         (7)       (7)         (8)       (9)         (9)       (7)         (8)       (6)         (9)       (7)         (8)       (6)         (9)       (1)         (1)       (2)         (2)       (3)         (1)       (1)         (2)       (2)         (3)       (1)         (4)       (2)         (9)       (1)         (1) <td></td> <td>(a) Description of</td> <td>investment</td> <td>(b) Boo</td> <td>ok value</td> <td>(c) Method of va</td> <td>aluation</td> <td>: Cost or end</td> <td>l-of-year market</td> <td>value</td>		(a) Description of	investment	(b) Boo	ok value	(c) Method of va	aluation	: Cost or end	l-of-year market	value
(3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Jotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (3)       (4)         (6)       (5)       (6)         (7)       (7)       (7)         (8)       (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 111. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (2)         (2)       (2)       (1) Federal income taxes         (2)       REVOLVING LOAN FUND LIABILITY       670, 944.	(1)									
(4)       (5)         (5)       (7)         (8)       (8)         (9)       (7)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Complete if	(2)									
(5)       (6)         (7)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (b) Book value       (c)         (2)       (a) Description       (b) Book value         (1)       (b) Book value       (c)         (a)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       Description of liability       (b)       (c)       (c)       (c)       (c)         (c)       Description of liability       (b)       (c)       (c)       (c)       (c)         (a)       Description of liability       (b)       (c)       (c)	(3)									
(6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (b) Book value       (c)         (c)       (c)         (c	(4)									
(7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (b) Book value       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)       (c)         (9)       (c)       (c)       (c)       (c)         (a) Description of liabilities.       (c)       (c)       (c)       (c)         (1)       Federal income taxes       (c)       (c)       (c)	(5)									
(8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       Part IX         Other Assets.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (1) Federal income taxes         (2) REVOLVING LOAN FUND LIABILITY       670, 944.	(6)									
(9)       Intel (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         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       (c)         (1) Federal income taxes       (c)         (2) REVOLVING LOAN FUND LIABILITY       670, 944.	(7)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (a)         (3)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (c) REVOLVING LOAN FUND LIABILITY         (2) REVOLVING LOAN FUND LIABILITY       670, 944.	(8)									
Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (3)       (4)         (4)       (5)       (6)         (7)       (6)       (7)         (8)       (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         Part X       Other Liabilities.       (b) Book value         (1)       (a) Description of liability       (b) Book value         (1)       (b) Book value       (c) Book value         (1)       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (c)         (2)       REVOLVING LOAN FUND LIABILITY       670, 944.	(9)									
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)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1.         (a) Description of liability       (b) Book value         (1)       (2) REVOLVING LOAN FUND LIABILITY			, Part X, col. (B) line 13.) 🕨							
(a) Description       (b) Book value         (1)       (2)         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (2) REVOLVING LOAN FUND LIABILITY         (2) REVOLVING LOAN FUND LIABILITY       670, 944.	Part IX	1								
(1)       (2)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) REVOLVING LOAN FUND LIABILITY       670, 944.		Complete if the org			, Part IV, line	11d. See Form 990, I	Part X, I	ine 15.		
(2)       (3)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         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         (1) Federal income taxes       (b) Book value         (2) REVOLVING LOAN FUND LIABILITY       670, 944.			(a)	Description					( <b>b</b> ) Book V	aiue
(3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) REVOLVING LOAN FUND LIABILITY       670,944.										
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) REVOLVING LOAN FUND LIABILITY       670, 944.										
(5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) REVOLVING LOAN FUND LIABILITY       670,944.										
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) REVOLVING LOAN FUND LIABILITY       670,944.										
(7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15,)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       REVOLVING LOAN FUND LIABILITY										
(8)         (9)         Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       REVOLVING LOAN FUND LIABILITY										
(9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       REVOLVING LOAN FUND LIABILITY										
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       REVOLVING LOAN FUND LIABILITY										
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         (1) Federal income taxes         (2) REVOLVING LOAN FUND LIABILITY										
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       (a) Construction of LOAN FUND LIABILITY       670,944.		umn (b) must equal Fo	<u>rm 990, Part X, col. (B) lin</u>	<u>e 15.)</u>				🕨		
1.     (a) Description of liability     (b) Book value       (1) Federal income taxes     (2) REVOLVING LOAN FUND LIABILITY     670,944.	FartA	J								
(1) Federal income taxes (2) REVOLVING LOAN FUND LIABILITY 670,944.				on Form 990			990, P	art X, line 25.		
(2) REVOLVING LOAN FUND LIABILITY 670,944.		. ,	escription of liability			(b) BOOK value				
						680.044				
(3)	(2) R.	EVOLVING LOA	AN FUND LIABI			670,944.				
(4)										
(5)	(5)									
(6)	(6)									
(7)	(7)									
(8)	(8)									
(9)	(9)									
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 670,944.	<u>Total. (Col</u>	umn (b) must equal Fo	<u>rm 990, Part X, col. (B) lin</u>	e 25.)	►	670,944.				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	2. Liabilit	y for uncertain tax pos	itions. In Part XIII, provide	e the text of th	ne footnote to	the organization's fir	nancial	statements th	nat reports the	_

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule	D (Form 990) 2017

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	¥
	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	1,517,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	66,415.		
b	Donated services and use of facilities	2b			
с					
d			211,867.		
е	Add lines 2a through 2d			2e	278,282.
3	Subtract line 2e from line 1			3	1,239,586.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,239,586.
-	(This Hust could Form over the				, ,
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	ı.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Returi	ו.
<b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returi	n. 1,387,261.
	rt XII         Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F		ו.
1	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F		ו.
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With	Expenses per F		ו.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	I Expenses per F		ו.
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	Expenses per F		n. <u>1,387,261</u> .
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	211,867.		n. <u>1,387,261</u> . 211,867.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	211,867.	1	n. <u>1,387,261</u> .
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	211,867.	1 2e	n. <u>1,387,261</u> . 211,867.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	211,867.	1 2e	n. <u>1,387,261</u> . 211,867.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	211,867.	1 2e	n. <u>1,387,261</u> . <u>211,867</u> . <u>1,175,394</u> .
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 2d	211,867.	1 2e	n. <u>1,387,261.</u> <u>211,867.</u> 1,175,394. 0.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	211,867.	1 2e 3	n. <u>1,387,261</u> . <u>211,867</u> . <u>1,175,394</u> .

CAPITALIZE ALBANY CORPORATION

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 XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2017

RENT EXPENSE, NET AGAINST RENTAL INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### RENT EXPENSE, NET AGAINST RENTAL INCOME

211,867.

211,867.

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comple	ete if the organization Go to www.ir	n answered "Yes" Attach to Forr s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization	TALIZE ALBANY (	CORPORATION					Employer identification number $22 - 2353905$
Part I General Information on	Grants and Assistance						
<ol> <li>Does the organization maintain criteria used to award the grant</li> <li>Describe in Part IV the organization</li> </ol>	ts or assistance?						
	tance to Domestic Organiz				anization answered "V	as" on Form 990 Part	IV line 21 for any
	ore than \$5,000. Part II can I						
<b>1 (a)</b> Name and address of organ or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBANY JEWISH COMMUNITY CENT 340 WHITEHALL ROAD ALBANY, NY 12208	YER 14-1364462	501(C)(3)	5,000.	0.			CAPITAL REGION JCC MACCABI GAMES OPENING CEREMONY
BULL MARKETS HOLDING COMPANY 488 BROADWAY, #506 ALBANY, NY 12207	7, LLC 81-5272337		32,000.	0.			RETAIL GRANT PROGRAM - FORT ORANGE GENERAL STORE
2 Enter total number of section 5	01(c)(3) and government org	anizations listed in the	e line 1 table	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	I	▶ <u> </u>
3 Enter total number of other org							1.
LHA For Paperwork Reduction Ac	ct Notice, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2017)

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

#### Schedule I (Form 990) (2017) CAPITALIZE ALBANY CORPORATION

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTS ARE DISBURSED AFTER COMPLETION OF THE PROJECTS AND ARE SUBJECT TO A

COMPREHENSIVE EVALUATION PROCEDURE AND COMPLIANCE CHECKLIST TO ENSURE

CONFORMITY WITH THE CORPORATION'S EXEMPT PURPOSE OBJECTIVES.

22-2353905

Page 2

SC	HEDULE J	1	OMB No. 1	545-004	47		
(Fo	rm 990)	Compensation Inform For certain Officers, Directors, Trustees, Key Emp			20	47	,
		Compensated Employees Complete if the organization answered "Yes" on For			20		
Dena	tment of the Treasury	Attach to Form 990.	in 990, Part IV, line 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and to the second s	the latest information.		Inspe		
Nam	e of the organization			Employer i			nber
D		CAPITALIZE ALBANY CORPORATION		22-2	35390	5	
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the following to or for		990,			
		ine 1a. Complete Part III to provide any relevant information regardi	•				
	First-class or c		ce or residence for perso				
	Travel for com		siness use of personal re-				
			club dues or initiation fee s (such as, maid, chauffe				
		pending account Personal services	s (Such as, maid, chaune	ur, chei)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy re	paarding payment or				
b	-	rovision of all of the expenses described above? If "No," complete F			1b		
2	•	require substantiation prior to reimbursing or allowing expenses in	• • • • • • • • • • • • • • • • • • • •				
2	-	s, including the CEO/Executive Director, regarding the items check	•		2		
	trustees, and onloc						
3	Indicate which if a	y, of the following the filing organization used to establish the comp	pensation of the organiza	tion's			
-		ctor. Check all that apply. Do not check any boxes for methods use	•				
		tion of the CEO/Executive Director, but explain in Part III.	a of a rolated organization				
	Compensation		ent contract				
		ompensation consultant Compensation su					
			poard or compensation c	ommittee			
		, <u> </u>	İ				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with res	pect to the filing				
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?			4a		X
b	Participate in, or re-	eive payment from, a supplemental nonqualified retirement plan?			4b		X
с	Participate in, or re	eive payment from, an equity-based compensation arrangement?			4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for eac	ch item in Part III.				
		(3), 501(c)(4), and 501(c)(29) organizations must complete lines					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any compensatio	n			
	contingent on the r	evenues of:					
							X
	Any related organiz	ation?					X
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any compensatio	n			
	contingent on the r	-					37
							X
b		ation?			6b		X
_		r 6b, describe in Part III.	<u>.</u>				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide			_		v
~		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contra					v
~		otion described in Regulations section 53.4958-4(a)(3)? If "Yes," des			8		X
9		d the organization also follow the rebuttable presumption procedure					
	Regulations section				9		
LHA	For Paperwork R	duction Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	n 990)	2017

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(()-(0)	reported as deferred on prior Form 990	
(1) SARAH REGINELLI	(i)	134,492.	0.	0.	15,420.	17,624.	167,536.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### 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.

Schedule J (Form 990) 2017

SCHEDULE L		Tra	nsactior	ıs V	Vith	Interested	P	ersons			O	/IB No. <sup>-</sup>	545-00	47	
(Form 990 or 990-EZ)	Complete if	the o				" on Form 990, Par			6, 27,	28a,		20	17	7	
						-EZ, Part V, line 38a 990 or Form 990-EZ		40b.				Den To			
Department of the Treasury Internal Revenue Service		ào to v	•			nstructions and the		est information.				spect		inc.	
Name of the organization										-	over identification number			mber	
Part I Excess E			E ALBANY								539	05			
						ion 501(c)(4), and 50 art IV, line 25a or 25b					h				
1			Relationship bet			ified					D.	(d)	Corre	cted?	
(a) Name of disquali	fied person	. ,	person and or			(4	<b>c)</b> De	escription of tran	sactio	n				res No	
2 Enter the amount o			•	•			Ŭ			•					
section 4958 <b>3</b> Enter the amount o						nanization				► \$ ► \$					
	rtax, ir arry, or ii	110 2, 6		icu by						ΨΨ					
Part II Loans to	and/or From	n Inte	erested Pers	sons.											
•	•					, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; o	or if th	e orga	nizatic	n		
	amount on For			Ť –	2. Dan to or				( ~	In	<b>(h)</b> Ap	proved	(:) \A	Iritton	
(a) Name of interested person	(b) Relatio with organ		(c) Purpose of loan	fror	n the ization?	(e) Original principal amount	(1	) Balance due		g) In by board or committee?		board or		ment?	
					From				Yes	No	Yes	No	Yes	No	
				<b> </b>										ļ	
														<u> </u>	
Total						▶ \$									
Total Part III   Grants o	r Assistance	Ben	efiting Inter	este	d Per										
Complete if	f the organization	n answ	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.									
(a) Name of interes	sted person	(	<b>(b)</b> Relationship interested pers the organiza	son an		<b>(c)</b> Amount of assistance		<b>(d)</b> Type assistan			(e) Purpose of assistance			f	
		_								-+					
		+								+					
		_								-+					

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV	Business Transaction	ons Involving Inte	erested Per	sons.
Schedule L	(Form 990 or 990-EZ) 2017	CAPITALIZE	ALBANY	CORPORATION

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
ALBANY CONVENTION CENTER A	PRESIDENT S. REGINE	14,932.	ALBANY CONV		X
ALBANY PARKING AUTHORITY	DIRECTOR J. SPERRY	37,500.	LICENSE AGR		X

#### 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: ALBANY CONVENTION CENTER AUTHORITY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT S. REGINELLI AND DIRECTOR M. VENNARD ARE DIRECTORS OF ACCA

(D) DESCRIPTION OF TRANSACTION: ALBANY CONVENTION CENTER AUTHORITY

(ACCA) BOUGHT THE 10 DALLIUS ST. PARKING LOT FROM CAPITALIZE ALBANY

CORP.(CAC) IN 2010. CAC COLLECTS THE RENT ON THE PARKING LOT AND

DISTRIBUTES 70% TO ACCA AS A LICENSE FEE.

(A) NAME OF PERSON: ALBANY PARKING AUTHORITY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR J. SPERRY IS ALSO A DIRECTOR OF APA

(D) DESCRIPTION OF TRANSACTION: LICENSE AGREEMENT PROVIDES APA INGRESS

TO AND EGRESS FROM QUACKENBUSH PARKING LOT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



CAPITALIZE ALBANY CORPORATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CORPORATION. IN RESPONSE TO THE RECOGNIZED NEED FOR A COMMON VISION,

STRATEGIC DIRECTION, AND TACTICAL SOLUTIONS TO ISSUES FACING THE

DOWNTOWN NEIGHBORHOOD, THE CORPORATION WORKED WITH A CONSULTANT TEAM IN

2013 TO PREPARE A TACTICAL REVITALIZATION PLAN FOR DOWNTOWN ALBANY.

THIS TACTICAL REVITALIZATION PLAN, THE "IMPACT DOWNTOWN ALBANY

STRATEGY, " WAS LAUNCHED IN 2014 AND CONTINUES TO BE A DRIVING FORCE

BEHIND MUCH OF THE GROWTH SEEN IN THE CITY OF ALBANY. THROUGH DECEMBER

31, 2017, IMPACT DOWNTOWN ALBANY HAS LED TO MORE THAN \$325 MILLION OF

PROJECT INVESTMENT RECENTLY COMPLETED AND UNDERWAY WITHIN THE CITY OF

ALBANY. FACILITATING THE CREATION OF DOWNTOWN RESIDENTIAL UNITS

CONTINUES TO BE A PRIORITY AND WILL ACT AS A DRIVING MARKET FORCE FOR

ECONOMIC DEVELOPMENT. UNDER IMPACT DOWNTOWN ALBANY THE CORPORATION HAS

ASSISTED IN THE CREATION OF MORE THAN 800 UNITS TO DATE.

DURING 2017, THE CORPORATION ALSO PROVIDED APPROXIMATELY \$63,500 FUNDED

UNDER THE "AMPLIFY ALBANY" AND "DOWNTOWN RETAIL" GRANT PROGRAMS TO

VARIOUS RECIPIENTS FOR THE FUNDING OF EVENTS AND OTHER INITIATIVES AND

TO ASSIST WITH COSTS ASSOCIATED WITH RENOVATING OR PREPARING COMMERCIAL

SPACE FOR AN ELIGIBLE RETAIL USE.

FORM 990, PART VI, SECTION A, LINE 6:

DESCRIPTION OF MEMBERSHIP: MEMBERSHIP IS VOLUNTARY, AND IS COMPRISED OF

LOCAL BUSINESSES, INDIVIDUALS AND ORGANIZATIONS THAT SUPPORT THE MISSION OF

CAPITALIZE ALBANY CORPORATION THROUGH PARTICIPATION IN ITS ACTIVITIES AND

PROGRAMS AND THROUGH PAYMENT OF MEMBERSHIP DUES.

CAPITALIZE ALBANY CORPORATION

22-2353905

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS' POWER TO ELECT GOVERNING BODY: THE CORPORATION'S GOVERNING BOARD

IS ELECTED BY THE MEMBERSHIP, EACH MEMBER BEING ENTITLTED TO ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7B:

GOVERNANCE DECISIONS SUBJECT TO MEMBERSHIP APPROVAL: ANY CHANGES TO THE ARTICLES OF INCORPORATION ARE REQUIRED TO BE APPROVED BY A MAJORITY OF THE GENERAL MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCEDURES: THE FORM 990 IS MADE AVILABLE TO THE

CORPORATION'S BOARD OF DIRECTORS FOR THEIR REVIEW AND ANY QUESTIONS OR

CONCERNS ARE ADDRESSED, AFTER WHICH THE FORM IS SIGNED BY THE PRESIDENT FOR FILING.

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

CONFLICT OF INTEREST POLICY PROCEDURES: CAPITALIZE ALBANY CORPORATION REQUIRES ALL DIRECTORS TO SUBMIT A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS. ADDITIONALLY, DIRECTORS MUST RECUSE THEMSELVES FROM DISCUSSIONS OR VOTING ON ISSUES THAT INVOLVE A CONFLICT OF INTEREST. RECUSALS FOR SUCH REASON ARE RECORDED IN THE MINUTES.

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

COMPENSATION PROCEDURES: COMPENSATION FOR CAC'S PRESIDENT AND VICE

PRESIDENT OF ECONOMIC DEVELOPOMENT WAS AUTHORIZED BY THE BOARD WHICH

UTILIZED APPROPRIATE COMPARABLE DATA. THE BOARD CHAIRMAN AUTHORIZED THE

PRESIDENT TO SET NON-OFFICER STAFF SALARIES. IN ADDITION, EFFECTIVE JANUARY
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>						
Name of the organization CAPITALIZE ALBANY CORPORATION	Employer identification number 22-2353905						
2012 CAC ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT WI	TH THE CITY OF						
ALBANY TO EXECUTE THE CORPORATION'S MISSION. UNDER THIS A	GREEMENT THE CITY						
OF ALBANY PROVIDES ECONOMIC DEVELOPMENT, PLANNING AND COMMUNITY DEVELOPMENT							
CONSULTANCY SERVICES TO CAC.							
FORM 990, PART VI, SECTION C, LINE 19:							
PUBLIC ACCESS TO SPECIFIED DOCUMENTS: AUDITED FINANCIAL ST	ATEMENTS, FORM						
990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY A	RE AVAILABLE ON						

THE CORPORATION'S WEBSITE.

SCHEDULE R

#### (Form 990)

# 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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number 22 - 2353905

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### CAPITALIZE ALBANY CORPORATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
CITYWIDE PROPERTY HOLDINGS - 32-0249311	TO ASSIST CAC IN THE				
21 LODGE STREET	FURTHERANCE OF CAC'S				CAPITALIZE ALBANY
ALBANY, NY 12207	MISSION	NEW YORK	0.	533,302.	COPRORATION

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
						Yes	No
	-						
	]						

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

Schedule R (Form 990) 2017

#### Schedule R (Form 990) 2017 CAPITALIZE ALBANY CORPORATION

22-2353905 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes No		
	1											
	1											
										+		
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	{											
	{											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled ity?
		country)				400010		Yes	No

## Schedule R (Form 990) 2017 CAPITALIZE ALBANY CORPORATION

Part V	Transactions With Related Orga	anizations. Com	plete if the organization	answered "Yes" on Fo	orm 990. Part IV. line 3	34. 35b. or 36.
	Thanbadalonio man Holatoa orga		siele in the englanization			.,,

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
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?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a					
	Gift, grant, or capital contribution to related organization(s)	1b					
с	Gift, grant, or capital contribution from related organization(s)	1c					
	Loans or loan guarantees to or for related organization(s)	1d					
	e Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)	1f					
	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					
	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					
	Performance of services or membership or fundraising solicitations for related organization(s)	11					
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)	10					
р	Reimbursement paid to related organization(s) for expenses	1p					
	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 organiza	ation (b) Transactio type (a-s)	(d) Method of determining amount involved
(1)		
(2)		
<u>(3)</u>		
(4)		
(5)		
(6)		

\_

#### Schedule R (Form 990) 2017 CAPITALIZE ALBANY CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(-)	(1-)	(-)	(-1)	10		(4)	()		- <b>\</b>	(1)	(1)	(1.)		
(a)	(b)	(c)	(d)	(e) Are a	<b>i</b> ll	(f)	(g)		h)	(i)	(j)	(k)		
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin			
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?			
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>		
				+	-+							+		
									+					
												L		
	-													
												<b> </b>		

Schedule R (Form 990) 2017

#### CAPITALIZE ALBANY CORPORATION

Schedule R (Form 990) 2017 CAPI' Part VII Supplemental Information.

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