Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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.



ΑΙ	For th	e 2019 calendar year, or tax year beginning and	ending			
Β	Check if applicat	e: C Name of organization	C Name of organization			
	Addr	CAPITALIZE ALBANY CORPORATION				
	Name			22-235390	05	
	Initial		Room/suite	E Telephone number		
	Final returr	/ 21 LODGE ST		(518)434	-2532	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,421,880.	
	Amer returr	ADDANI, NI $12207-2104$		H(a) Is this a group re	turn	
	Appli tion	F Name and address of principal officer: HICHAED CASTEDDAMA		for subordinates	? Yes X No	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) ()$	or 527	If "No," attach a	list. (see instructions)	
		te: > WWW.CAPITALIZEALBANY.COM		H(c) Group exemption		
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1979 N	State of legal domicile: NY	
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: PRESI				
Governance		EMPLOYMENT AND COMMERCIAL/INDUSTRIAL TAX				
ern	2	Check this box if the organization discontinued its operations or dispose				
Š	3				16	
		Number of independent voting members of the governing body (Part VI, line 1b)		16		
es	5	- · · · · · · · · · · · · · · · · · · ·			9	
ivit	6	Total number of volunteers (estimate if necessary)			16	
Activities &	7 a				0.	
	b	Net unrelated business taxable income from Form 990-T, line 39			0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		1,003,131.	4,818,709.	
Revenue	9	Program service revenue (Part VIII, line 2g)		87,025.	72,996.	
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		223,456.	210,240.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		494,006.	487,165.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,807,618.	5,589,110.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		194,419.	186,976.	
	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)		846,010.	895,439.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.	
ăx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	746 000	466 005	
ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		746,820.	466,895.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,787,249.	1,549,310.	
	19	Revenue less expenses. Subtract line 18 from line 12		20,369.	4,039,800.	
S OF				ginning of Current Year	End of Year	
Assets (20	Total assets (Part X, line 16)		14,531,196.	24,213,667.	
Net As		Total liabilities (Part X, line 26)		3,430,554.	8,996,435.	
Ľ	22	Net assets or fund balances. Subtract line 21 from line 20		11,100,642.	15,217,232.	

Part II Signature Block

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

Sign	Signature of officer		ĺ	Date			
Here	SARAH REGINELLI, PRESI	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/	20 self-employed P00603621			
Preparer	Firm's name 🕒 UHY ADVISORS NY,	INC.	I	Firm's EIN ▶ 14–1555429			
Use Only	Firm's address 🕨 4 TOWER PLACE, E	XECUTIVE PARK, 7TH	FLOOR				
	ALBANY, NY 12203		1	Phone no. (518) 449-3166			
May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	IN S2001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

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Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	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 2019,
	SEVERAL ORGANIZATIONS UTILIZED THE PROGRAMS AND INCENTIVES OF CAIDA.
	THE APPROVAL OF THE PROJECTS WILL RESULT IN OVER \$185 MILLION OF
	INVESTMENT WITHIN THE CITY OF ALBANY. THESE PROJECTS ARE ANTICIPATED TO
	CREATE OR RETAIN NEARLY 1,000 TEMPORARY AND PERMANENT JOBS WITHIN THE
	CITY AND CREATE MORE THAN 625 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 \$)
15	
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 866,957.
	Form 990 (2019)
	SEE SCHEDILE O FOR CONTINUETON(S)

<u>Form 990 (</u>				CORPORATION
Part IV	Checklist	of Required 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7				v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
<u>،</u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			х
Ь	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	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
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	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	Schedule K. If "No," go to line 25a	24a		X
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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	0.5.1		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a	х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"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? <i>If</i> "Yes," <i>complete</i>			
	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		
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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F •		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6		x
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
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?	7a		x
a b		7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
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?	76 7f		X
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 organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	3 , , , , <u>1</u>			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ū		
	(mis dection b requests mormation about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.0		
Ū	in Schedule O how this was done	12c	х	
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 approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a	X	<u> </u>
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		- 23
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	conky)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	s or iry)	avalia	
10	▲ Own website ▲ Own website ↓ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finen		
19		manc	nal	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION – (518)434–2532			
	$\frac{1112}{21}$ ONGE ST. ALBANY, NY 12207-2104			

Form 990 (2019)	CAPITALIZE ALBANY CORPORATION	22-2353905	Page 7				
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employe	es, and Independent Contractors						
Check if Sc	chedule O contains a response or note to any line in this Part VII						
Section A. Officers, I	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 orga 	anization's current officers, directors, trustees (whether individuals or organization	s), regardless of amount of compens	sation.				

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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	dual t	ltiona	_	nploy	st cor	ar			organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAWEEDA ADAMS	1.00									
DIRECTOR		х						0.	Ο.	0.
(2) HEATHER BRICCETTI, ESQ.	1.00									
DIRECTOR		х						0.	Ο.	0.
(3) ROBERT CURLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(4) SONYA DEL PERAL	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MICHAEL FANCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DAVID PARENTE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SUSAN PEDO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MATTHEW PETER	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) DR. HAVIDAN RODRIGUEZ	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) JEFFREY SPERRY	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) KAREN TORREJON	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(12) MICHELE VENNARD	1.00	x						0.	0.	0
DIRECTOR (13) MICHAEL CASTELLANA	1.00	A						0.	0.	0.
(13) MICHAEL CASTELLANA CHAIRMAN	1.00	х		x				0.	0.	0.
(14) ANDERS TOMSON	1.00	^		^				0.	0.	0.
VICE CHAIR	1.00	x		x				0.	0.	0.
(15) JOHN HARRIS, ESQ.	1.00			1					0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(16) JOHN VERO, ESQ.	1.00							0.		<u>v</u> .
SECRETARY (FROM SEPTEMBER)		х		x				0.	0.	0.
(17) SARAH REGINELLI	37.50									<u> </u>
PRESIDENT		1		x				166,287.	Ο.	44,372.
	1						·		2.	990 (2010)

932007 01-20-20

	990 (20	19) CAPITALI	ZE ALBAN	IY	CO	RP	OR	RAT	IC	DN	22-23	<u>353</u>	905	Р	'age 8
Par	t VII S	ection A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
		(A)	(B)		,		C)	•		(D)	(E)			(F)	
		Name and title	Average			Pos	itior			Reportable	Reportable		Fe	timate	ed
		Name and the	hours per	(do not c						compensation	compensatio	I		ount	
			week					or/trus		from	from related			other	
			(list any	tor						the	organization			pensa	
			hours for	direc				5		organization	(W-2/1099-MIS	I		om th	
			related	e or	stee			nsate		(W-2/1099-MISC)	()	,		anizat	
			organizations	ruste	al tru		/ee	mper					•	d relat	
			below	dual t	rtion	L	i plo	st co	Ju Ju					nizati	
			line)	ndividual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				Ŭ		
(18)	THOMAS	S OWENS, ESQ.	7.50	_	-		-	<u> </u>							
		L & SECRETARY (TO AUGUST)		1		x				85,484.		0.			0.
						11		-		05,404.		~ •			••
				1											
								-							
				·											
							-								
				1											
1b	Subtot	al	•							251,771.		0.	44	1.3	72.
		om continuation sheets to Part V								0.		0.			0.
		dd lines 1b and 1c)								251,771.		0.	4	1 3	72.
		imber of individuals (including but r							-		200 of reportable			1,5	/ 4 •
2			lot limited to th	ose	liste	ed ac	oove	e) wn	o re	eceived more than \$100,	JUU of reportable	1			1
	comper	sation from the organization													1
												ſ		Yes	No
3	Did the	organization list any former officer	, director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a?	If "Yes," complete Schedule J for s	uch individual										3		X
4		individual listed on line 1a, is the su													
	and rela	ted organizations greater than \$15	0,000? If "Yes	" co	mole	ete S	Sche	edule	. I f	or such individual			4	Х	
5	Did anv	person listed on line 1a receive or	accrue comper	isati	on fr	rom	anv	unre	late	ed organization or individ	ual for services				
Ū		d to the organization? If "Yes," con											5		x
Sect		ndependent Contractors	ipiele Schedule	<u>, </u>	or si	<u>ICN </u>	oers	:011 .					5		
										· · · · · · · · · · · · · · · · · · ·	100.000 - (
1	•	te this table for your five highest co	•	•							•	ensat	tion tro	m	
	the orga	anization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin		ear.				
		(A)								(B)		-	(C		
		Name and business	address	N	ONE	5				Description of s	ervices	C	omper	isatio	n
									\dashv						
									_						
2	Total nu	imber of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100.00	0 of compensation from the organi	zation 🕨				(0							

Ра	rt \	/111								
			Check if Schedule O o	contains a	a respons	e or note to any line I	<u>e in this Part VIII</u> (A)	(B)	(C)	[D]
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
ts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
ang Ame		с	Fundraising events		1c					
àifts ar /		d	Related organizations		1d					
s, G		е	Government grants (contr	ributions)	1e	4,737,109.				
tion r Si		f	All other contributions, gifts,	grants, an	d					
ibu:			similar amounts not included	l above 📖	1f	81,600.				
ontr d O		g	Noncash contributions included in		1g \$					
an Co		h	Total. Add lines 1a-1f	<u></u>			4,818,709.			
						Business Code				
ce	2	а	PROGRAM SERVICE INTE			532000	59,731.	59,731.		
ervi		b	PARTICIPATION REVENU	UE		561499	13,265.	13,265.		
ר Se		С				_				
Jev		d								
Program Service Revenue	1	е				-				
д.		f	All other program service				70.000			
			Total. Add lines 2a-2f				72,996.			
	3		Investment income (includ				139 944			138,844.
			other similar amounts)				138,844.			130,044.
	4		Income from investment of		•					
	5		Royalties		(i) Real	(ii) Personal				
		_	Overe verte		298,473					
	0	a ⊾	Gross rents	6a 6b	264,876					
		b	Less: rental expenses Rental income or (loss)	60 60	33,59					
		c d	Net rental income or (loss)		,		33,597.	33,597.		
	7		Gross amount from sales of		Securities	ii) Other				
	'	a	assets other than inventory		,639,290	,				
		h	Less: cost or other basis	7a - 7	, ,					
e		~	and sales expenses	7b 5	,567,894	1.				
Revenue		с	Gain or (loss)		71,396					
Sev			Net gain or (loss)				71,396.			71,396.
er	8		Gross income from fundraisi				,			,
Oth	_		including \$							
-			contributions reported on		_					
			Part IV, line 18			Ba				
		b	Less: direct expenses			Bb				
			Net income or (loss) from			►				
	9	а	Gross income from gamin	ng activitie	es. See					
			Part IV, line 19)a				
		b				b				
		с	Net income or (loss) from	gaming a	ctivities	>				
	10	а	Gross sales of inventory, I	less returi	ns					
			and allowances		1	0a				
		b	Less: cost of goods sold		1	0b				
		С	Net income or (loss) from	sales of in	nventory					
S						Business Code				
e e	11	-	AIDA MANAGEMENT FEE			900099	394,228.	394,228.		
lan. enu			MEMBERSHIP FEES			900099	28,150.	28,150.		
Miscellaneous Revenue		•	ENTERPRISE COMM ADM			-	15,313.	15,313.		
Mis	1		All other revenue				15,877.	15,877.		
			Total. Add lines 11a-11d				453,568.			
	12		Total revenue. See instruction	ons		🕨	5,589,110.	560,161.	0.	210,240.

CAPITALIZE ALBANY CORPORATION

Form 990 (2019)

22-2353905

Page **9**

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	186,976.	186,976.		
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,			105 505	
	trustees, and key employees	305,364.	199,777.	105,587.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	426,275.	160,881.	265,394.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,784.	18,484.	30,300.	
9	Other employee benefits	73,570.	44,309.	29,261.	
10	Payroll taxes	41,446.	16,861.	24,585.	
11	Fees for services (nonemployees):				
а	Management	113,282.		113,282.	
b	Legal				
С	Accounting	40,800.		40,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		1		
f	Investment management fees	15,980.	15,980.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	90,552.	68,352.	22,200.	
12	Advertising and promotion	2,500.	2,500.		
13	Office expenses	20,092.	20,092.		
14	Information technology	6,184.	6,184.		
15	Royalties				
16	Occupancy	18,885.	18,885.		
17	Travel	4,448.	4,448.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,229.	9,229.		
20	Interest	19,503.	19,503.		
21	Payments to affiliates	10.000		10.000	
22	Depreciation, depletion, and amortization	19,292.		19,292.	
23	Insurance	31,652.		31,652.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT	44,304.	44,304.		
b	MEMBERSHIP EXPENSES	18,805.	18,805.		
с	MISCELLANEOUS EXPENSE	5,847.	5,847.		
d	TRAINING & EDUCATION	2,965.	2,965.		
е	All other expenses	2,575.	2,575.		
25	Total functional expenses. Add lines 1 through 24e	1,549,310.	866,957.	682,353.	0 .
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure 1 if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) CAPITALIZE AL Part IX Statement of Functional Expenses

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

CAPITALIZE ALBANY COR	PORATION
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22-2353905 Page 11

		Charle if Cabadula O contains a reasonance or not	. to on	/ line in this Dort V			
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	4				239,693.	1	134,299.
	1				6,294,265.	1	9,956,202.
	2	Savings and temporary cash investments			411,269.		437,081.
	3	Pledges and grants receivable, net			118,036.	3 4	135,320.
	4	Accounts receivable, net			110,030.	4	155,520.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst				_	
		controlled entity or family member of any of thes		ſ		5	
	6	Loans and other receivables from other disqualif					
	_	under section 4958(f)(1)), and persons described			1,465,222.	6	1 202 701
ets	7	Notes and loans receivable, net			1,403,222.	7	1,303,701.
Assets	8	Inventories for sale or use			25 400	8	26 7/1
4	9				25,490.	9	26,741.
	10a	Land, buildings, and equipment: cost or other		E E72 020			
		basis. Complete Part VI of Schedule D	10a	5,573,928.	2 216 060		0 1 4 0 4 1 4
		Less: accumulated depreciation	10b	3,424,514.	2,216,960.	10c	2,149,414.
	11	Investments - publicly traded securities			3,031,912.	11	6,010,348.
	12	Investments - other securities. See Part IV, line 1			613,434.	12	54,720.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			114 015	14	
	15	Other assets. See Part IV, line 11			114,915.	15	4,005,841.
	16	Total assets. Add lines 1 through 15 (must equa			14,531,196.	16	24,213,667.
	17	Accounts payable and accrued expenses			442,491.	17	168,276.
	18	Grants payable			064 504	18	
	19	Deferred revenue			964,584.	19	6,965,753.
	20				1,350,000.	20	1,150,000.
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form		I			
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela		Г		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X	672 470		712 406
		of Schedule D			673,479.		712,406.
	26	Total liabilities. Add lines 17 through 25		► ▼	3,430,554.	26	8,996,435.
s		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.			10 077 010		15 000 060
alar	27				<u>10,977,819.</u> 122,823.	27	<u>15,099,962.</u> 117,270.
Ä	28	Net assets with donor restrictions	122,023.	28	117,270.		
ŭ		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 🛄			
ъ		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			11 100 640	31	
Ne	32	Total net assets or fund balances			11,100,642.	32	15,217,232.
	33	Total liabilities and net assets/fund balances			14,531,196.	33	24,213,667.

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Form	990 (2019) CAPITALIZE ALBANY CORPORATION	22-	2353905	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,58	9,1	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,54	9,3	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,03	9,8	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,10	0,6	42.
5	Net unrealized gains (losses) on investments	5	7	6,7	90.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,21	7,2	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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 Aud	it		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

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
2019
Open to Public Inspection

Name of the	organization
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Name o	Aame of the organization Employer identification number										
			ANY CORPORAT				2	2-2353905			
Part I	Reason for Public (Charity Status (/	All organizations must co	mplete thi	s part.) Se	e instructions					
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)						
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	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	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	-	-	ntial part of its support fi	om a gove	ernmental	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	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
10	university:	II	then 00 1/00/ of its sure								
10	An organization that norma										
	activities related to its exem		• •	. ,				•			
	income and unrelated busir		(less section 511 tax) inc	in pusities	ses acqui	ed by the org	anization a	inter Julie 30, 1975.			
11	See section 509(a)(2). (Complete Part III.) 1 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12	An organization organized a	-	•	•			rv out the	nurnoses of one or			
	more publicly supported or	-	-				•				
		-									
a	 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 										
	the supported organization	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 [Type II. 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	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	oorted			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d	Type III non-functionally						-				
	that is not functionally int	v	e ,	•		-	an attentiv	veness			
Г	requirement (see instructi										
e	Check this box if the orga					Type I, Type I	I, Type III				
	functionally integrated, or		<i>y</i> o 11	0 0							
	ter the number of supported o	•	d arganization(a)								
<u> </u>	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	monetary	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see in	structions)	support (see instructions)			
			above (see instructions))								
Total											

Schedule A (Form 990 or 990-EZ) 2019 CAPITALIZE ALBANY CORPORATION Part II Support Schedule for Organizations Described in Sections 170(b)

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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	ection A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	674,487.	775,344.	548,417.	1003131.	4818709.	7820088.	
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	674,487.	775,344.	548,417.	1003131.	4818709.	7820088.	
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.						7820088.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	674,487.	775,344.	548,417.	1003131.	4818709.	7820088.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	59,415.	74,523.	83,916.	96,561.	138,844.	453,259.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						8273347.	
	Gross receipts from related activities,	etc. (see instructio	uns)			12 4	,160,429.	
	First five years. If the Form 990 is for		,					
	organization, check this box and stop	-			•			
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	94.52 %	
	Public support percentage from 2018		-			15	90.63 %	
	33 1/3% support test - 2019. If the o					ore, check this bo		
	stop here. The organization qualifies					,		
b	33 1/3% support test - 2018. If the o		•					
	and stop here. 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 the	-						
	organization meets the "facts-and-circ							
19	Private foundation. If the organization		•	-				
10	rivate iounuation. Il the organizatio	IT UIU HUL CHECK a		a, 100, 17a, 01 170	, oneon unis dux al	in see instructions		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			l formale d'all i	I	- 501(-)(2)	
14	First five years. If the Form 990 is fo	-			-		
Se	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018		-			16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2019. If the					· · · ·	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2019 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

10b

Schedule A (Form 990 or 990-EZ) 2019 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 Part VI 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> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI 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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	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) 2019

. are v		cionally integrated	303(4)(5) 5	upporting organizati	0113
Part V	Type III Non-Eun	tionally Integrated	500(2)(3) 6	upporting Organizati	one
Schedule A	(Form 990 or 990-EZ) 20	19 CAPITALIZE	ALBANY	CORPORATION	

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		
	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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) 2019

1

Schedule A (Form 990 or 990 EZ) 2019 CAPITALIZE ALBANY CORPORATION

Sect	rt V Type III Non-Functionally Integrated 509(ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mot ourooses		Ourrent roui
2	Amounts paid to supported organizations to accomposition excl			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets	s of supported organizations	,	
- 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
0		le organization is responsive		
0	(provide details in Part VI). See instructions.			
<u>9</u> 0	Distributable amount for 2019 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	(;)	(::)	(:::)
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
u				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 CAPITALIZE ALBANY CORPORATION	22-2353905 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	; Part V, Section B, line 1e; Part V,

Department of the Treasury

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.



Interna	Revenue Service Go to www.irs.gov/For	n. Inspection				
Nam	e of the organization CAPITALIZE ALBANY		2	Employer identification number $22 - 2353905$		
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or A	ccounts.	Complete if the		
	organization answered "Yes" on Form 990, Part IV	', line 6.				
	-		(b) Funds an	d other accounts	3	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
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		ds			
	are the organization's property, subject to the organization	n's exclusive legal control?		Yes	No	
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be used o	only			
	for charitable purposes and not for the benefit of the donc	or or donor advisor, or for any other purpose confer	ring			
	impermissible private benefit?		<u></u>	Yes	No	
Par	t II Conservation Easements. Complete if the	e organization answered "Yes" on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organiz	zation (check all that apply).				
	Preservation of land for public use (for example, rec	reation or education) Preservation of a hist	orically impo	rtant land area		
	Protection of natural habitat	Preservation of a cert	ified historic	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the form of a co	nservation e	asement on the I	ast	
	day of the tax year.		Held	at the End of the T	ax Year	
а	Total number of conservation easements		2a			
b			2b			
С	Number of conservation easements on a certified historic	structure included in (a)	2c			
d	Number of conservation easements included in (c) acquire	ed after 7/25/06, and not on a historic structure				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred,	, released, extinguished, or terminated by the organ	ization during	g the tax		
	year 🕨					
4	Number of states where property subject to conservation					
5	Does the organization have a written policy regarding the					
	violations, and enforcement of the conservation easement			Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspectir	ng, handling of violations, and enforcing conservation	on easements	s during the year		
_	▶					
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation ea	isements dur	ing the year		
-	▶\$					
8	Does each conservation easement reported on line 2(d) at					
•	and section 170(h)(4)(B)(ii)?			Yes	No	
9	In Part XIII, describe how the organization reports conserv	1		41		
	balance sheet, and include, if applicable, the text of the fo	bothote to the organization's financial statements th	at describes	the		
Par	organization's accounting for conservation easements.	of Art, Historical Treasures, or Other S	Similar As	sets		
	Complete if the organization answered "Yes" on Fo		//////			
10	If the organization elected, as permitted under FASB ASC		anco choot y	vorke		
Ia	of art, historical treasures, or other similar assets held for	· ·				
	service, provide in Part XIII the text of the footnote to its fi	. , ,		•		
b	If the organization elected, as permitted under FASB ASC		e sheet work	sof		
D	art, historical treasures, or other similar assets held for pul	-				
	provide the following amounts relating to these items:			.,		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
2	If the organization received or held works of art, historical	treasures, or other similar assets for financial gain	· · ·			
2	the following amounts required to be reported under FASI		PLOVIDE			
9		-	▶ \$			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained interms (check all that apply): d Loan or exchange program b Scholarly research e Other Other The second of the organization acquisition of the organization acquisition of the organization accession, and other records, check any of the following that make significant use of its accessing the there organization accession. Provide accessing the organization accession. Yes No Provide accessing the organization accelection? Yes No No No Part III Construction of the organization accelection? Yes No No Part V Information accuration from 900, Part X, line 21. Interpretation accuration from 900, Part X, line 21. Yes No b H'Yes, 'explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Yes No b Difference Interpretation accuration include an amount on Form 990, Part X, line 21. Yes No b H'Yes, 'explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Perture inthe accuratin accuratin accuration include an amount on Form 990,	Sche		IZE ALBANY							53905		ige 2
collection items (check all that apply): d Loan or exchange program a Puble exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	[·] Similar	Assets	(contin	ued)	
a Public exhibition d Loan or exchange program b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing tha	t make si	gnificant u	ise of its			
b Scholarly research e Other c Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donators of art, historical treasures, or other similar assets to to solicit or race with donators of art, historical treasures, or other similar assets tota 6 Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization anagement in Part XIII and complete the following table: Amount c Beginning balance 4 4 14 d Additions during the year 16 16 16 d Distributions during the year (a) Current year (b) for year balance (c) Two years back (b) four years back (c) four years back (collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asets 1 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K. line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 3 Dot the organization include an amount on Form 990, Part X, line 21, for escrow and custodial account liability? Yes No	а	Public exhibition	d	I 🛄 I	Loan or excl	hange progr	am					
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During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part V Escrow and Clustodial Arrangements. Complete if the organization answered "Ves" on Form 190, Part V, line 9, or reported an amount on Form 190, Part X, line 21. Is the organization angement in Part XIII and complete the following table: C Beginning balance C Beginning the year C Beginning the year C Beginning balance C Beginning the year C Beginning balance C Beginning of year balance C Beginning of year balance C Beginning of year balance C Net Investment earnings, galas, and losses C Beginning of year balance C Beginning a the created organization is could equal 100%. Complete the edgination or galaxiation is could equal 100%. Complete the organizations is could equal 100%. Complete the formination servered "Ves" on Form 990, Part X, line 10. Complete if the organizations is chowement funds Complete if the organization is contemp 10% Part X,	с	Preservation for future generations										
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21, for each other sector of the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21, for escrow or custodial account liability? Ves No b If 'Yes, ' explain the arrangement in Part XII and complete the following table: Image: Complete if the organization and the explanation has been provided on Part XII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes', explain the arrangement in Part XII. Image: Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back image: Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Image: Complete if the organization is the organization answered "Yes' on Form 990, Part X, li	5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	ures, or oth	er similar	assets		_		
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? No b If "Yes," explain the arrangement in Part XIII and complete the following table:	_									_		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 16 c Beginning balance 14 14 d Additions during the year 14 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fedowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IX, line 10. Part V Endownent Funds. (e) Current year (b) Prior year (c) Two years back (f) Four years back 1a Beginning of year balance (e) Ourent year (b) Prior year (c) Two years back (f) Four years back 1a Beginning of year balance (e) Ourent year (b) Prior year (c) Two years back (f) Four years back 1a Beginning of year balance (e) Ourent year (b) Prior year (f) Three years back (f) Four years back 1a Beginning of year balance (h) Prior year (h) Pr	Par			ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Beginning balance 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Stack (e) Four years back (e) Four years back (e) Four years back (e) Four years back if a diministrative expenditures for facilities and programs c Onthroutions		reported an amount on Form 990, Pa	rt X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			•						_		
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Id Id Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part Y, line 10. Id Id Id f Administrative expenditures for facilities Id Id Id Id Id g Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part Y, line 10. Id Id <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th> L</th> <th>Yes</th> <th></th> <th>No</th>									L	Yes		No
c Beginning balance 1c 1d 1d 1d	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
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(a) Current year (b) Prior year (c) Two years back (c) Two years b												
1a Beginning of year balance	1 41								oare back	(a) Four	voare k	
b Contributions	10	Paginning of year balance	(a) Current year	(0) P	nor year	(C) TWO yea	IS DACK	(a) Three y	Ears Dack	(e) roui	years i	Jack
c Net investment earnings, gains, and losses	ы											
d Grants or scholarships	u o											
e Other expenditures for facilities and programs	с d											
and programs	u											
f Administrative expenses	e											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 389, 215. 4 Description of property (a) Cost or other basis (investment) basis (other) 389, 215. basis (linvestment) 4, 528, 947. 485, 035. 3, 275, 179. 1, 738, 803. c Leasehold improvements												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		,	ent year end balance	l 9 (line 1a	column (a)) held as:						
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Buildings (e) Leasehold improvements (f) Cost or other (h) Cost or other (h) Cost or other (h) Cost or other (h) So to a start was solved with the solved was solved	- a		•		, column (a)	/ 11010 23.						
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	h											
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(i) 3a (ii) 3a(ii) 3a(iii) 3a(ii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) 3a(iii) A pescribe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 339,915. 49,300. 389,215. 5 b Buildings 4,528,947. 485,035. 3,275,179. 1,738,803. c Leasehold improvements 170,731. 149,335. 21,396.	c											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) Sa(i)	•		•									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost (c) Accumulated (c) Accumulated (d) Book value (d) Book value (3a			ation that	t are held an	d administe	red for the	e organiza	tion			
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 339, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) basis (other) (c) Accumulated depreciation 1a Land 339, 915. 49, 300. 389, 215. b Buildings 4, 528, 947. 485, 035. 3, 275, 179. 1, 738, 803. c Leasehold improvements 170, 731. 149, 335. 21, 396. e Other 0ther 0ther 0ther 0ther								9		Г	Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 339, 915. 49, 300. 389, 215. b Buildings 4, 528, 947. 485, 035. 3, 275, 179. 1, 738, 803. c Complete improvements		-										
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Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land339,915.49,300.389,215.b Buildings4,528,947.485,035.3,275,179.1,738,803.c Leasehold improvements170,731.149,335.21,396.e Other0000	Par	t VI Land, Buildings, and Equipm	ient.									
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b Buildings 4,528,947. 485,035. 3,275,179. 1,738,803. c Leasehold improvements 170,731. 149,335. 21,396. e Other 1 1 1 1		Description of property			• •				d	(d) Book	value	I
b Buildings 4,528,947. 485,035. 3,275,179. 1,738,803. c Leasehold improvements 170,731. 149,335. 21,396. e Other 1 1 1 1	1a	Land	339,	915.	4	9,300.				389	,21	5.
c Leasehold improvements Image: Constraint of the second sec			1 500			-	3,2	275,17	79.			
d Equipment 170,731. 149,335. 21,396. e Other	с							-				
e Other					17	0,731.	1	49,33	35.	21	, 39	6.
				<u>X. colum</u>	n (B). line 10)c.)				2,149	,41	4.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CAPITALIZE ALBANY CORPORATI	ON
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Other Assets. Part IX

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) LIBERTY PARK PROPERTIES	4,005,841.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	4 005 041
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	▶ 4,005,841.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See For	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REVOLVING LOAN FUND LIABILITY	712,406.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 712,406.

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 CAPITALIZE ALBANY CORPORATI	ON		22-2	2353905 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re		
	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	5,930,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	76,790.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	264,876.		
е	Add lines 2a through 2d			2e	341,666.
3	Subtract line 2e from line 1			3	5,589,110.
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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	5,589,110.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,814,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	264,876.		
е	Add lines 2a through 2d			2e	264,876.
3	Subtract line 2e from line 1			3	1,549,310.
4	Amounts included on Form 990, Part IX, line 25, 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 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,549,310.
Par	t XIII Supplemental Information.				
Provi	de 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:

RENT EXPENSE, NET AGAINST RENTAL INCOME

264,876.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE, NET AGAINST RENTAL INCOME

264,876.

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2019
Department of the Treasury	Comp	ete il tile el guillatio	Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization CAPITALIZ	E ALBANY (CORPORATION					Employer identification number $22 - 2353905$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than					(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
420 BROADWAY ALBANY, LLC 525 UNION STREET, SUITE #101 SCHENECTADY, NY 12305	46-4730028		12,990.	0.			BUILDING FACADE GRANT PROGRAM
A VILLAGE, INC 3 LINCOLN SQUARE ALBANY, NY 12202	30-0631023	501(C)(3)	5,000.	0.			AMPLIFY ALBANY GRANT PROGRAM
CENTRAL DISTRICT MANAGEMENT ASSOC, INC. – 176 CENTRAL AVENUE – ALBANY, NY 12206	14-1803886	501(C)(3)	10,000.	0.			BUILDING FACADE GRANT PROGRAM
DINO'S PIZZA AND PASTA, INC 420 MADISON AVENUE ALBANY, NY 12210	26-0609639		7,783.	0.			BUILDING FACADE GRANT PROGRAM
HUDSON PARK DEVELOPMENT & MANAGEMENT, LLC - 54 STATE STREET, SUITE 1003 - ALBANY, NY 12207	47-4302592		8,430.	0.			BUILDING FACADE GRANT PROGRAM
MICHAEL LIPNICK DMD & VINCENT GIGLIO DDS - 822 NEW SCOTLAND AVENUE - ALBANY, NY 12208	81-0851894		15,000.	0.			BUILDING FACADE GRANT PROGRAM
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	I table					

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

Schedule I (Form 990) (2019)

CAPITALIZE ALBANY CORPORATION Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN ASSOCIATION OF THE							
BLIND AT ALBANY, INC 301							
WASHINGTON AVENUE - ALBANY, NY							BUILDING FACADE GRANT
12206	14-1338302	501(C)(3)	10,000.	0.			PROGRAM
P & P PROPERTIES							
123 MADISON AVENUE							BUILDING FACADE GRANT
ALBANY, NY 12202	14-1652522		5,597.	0.			PROGRAM
PRINZO'S BAKERY 344 DELAWARE AVENUE							BUILDING FACADE GRANT
ALBANY, NY 12209	14-1596188		12,500.	0.			PROGRAM
	14-1550100		12,500.				FROGRAM
RDS TRIO, INC.							
90 N PEARL STREET							DOWNTOWN RETAIL GRANT
ALBANY, NY 12207	83-1749689		25,360.	0.			PROGRAM
SEMBLANCE MEDSPA LLC							
59 N PEARL STREET, SUITE #2							DOWNTOWN RETAIL GRANT
ALBANY, NY 12207	83-2785426		23,600.	0.			PROGRAM
STEAMER NO. 10 THEATRE							
500 WESTERN AVENUE							BUILDING FACADE GRANT
ALBANY, NY 12203	14-1718518		5,000.	0.			PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) (2019) 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) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SC	HEDULE J							
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>		
	-	Compensated Employees		20	IJ	J		
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		-	Inspection			
Nam	ne of the organization			identificatio		mber		
		CAPITALIZE ALBANY CORPORATION	22-	235390	5			
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments						
		pending account Personal services (such as maid, chauffe	ur, chet)					
	If a more falls a la surre							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>		
2	-	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>		
2	ladiaatakiala if a		_					
3		y, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
	·	tion of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee					
4	During the year dia	any parage listed on Form 000. Bart VII. Section A line 1a with respect to the filing						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
~	organization or a re			4a		x		
a b		e payment or change-of-control payment?		·····		X		
c		beive payment from, an equity-based compensation arrangement?				X		
C		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				<u> </u>		
	In res to any or in							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
•	contingent on the r		511					
а	-			5a		x		
		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 compensation	on					
-	contingent on the r							
а	-			6a		X		
		ation?				x		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5					
		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 contract that was subject to t						
				8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
	Regulations section			9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2019		

22-2353905

Page 2

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) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) SARAH REGINELLI	(i)	166,287.	0.	0.	18,937.	25,435.	210,659.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(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) 2019

SCHEDULE L		Tra	insactior	ns V	Vith	Interested	Ρε	ersons			0	MB No.	1545-00)47
(Form 990 or 990-EZ)	Complete if	the o							6, 27,	28a,		20	19]
Department of the Treasury Internal Revenue Service		io to v	Atta	ch to	Form	990 or Form 990-EZ	Ζ.					pen T spect		olic
Name of the organization	1								Em	ployer	r ident	ificati	on nu	mber
	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer id 22-235 ation Employer id 22-235 Sc Denefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only), ate if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. qualified person (b) Relationship between disqualified person and organization (c) Description of transaction mut of tax incurred by the organization managers or disqualified persons during the year under mut of tax, if any, on line 2, above, reimbursed by the organization > \$ \$ \$ \$ \$ 5 to and/or From Interested Persons. ate if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization or form 990. Part X, line 5, 6, or 22. f (b) Relationship (c) Purpose of loan (d) can teo com teo co					05								
	the organization						o, or F	Form 990-EZ, Pa	art V, I	ine 40	b.	(4)		ected?
1 (a) Name of disqualif	fied person	(a) H				(c	c) De	scription of tran	sactio	n			es	No
												_		
												+		
2 Enter the amount of	tax incurred by	the or	rganization man	agers	or disc	ualified persons duri	ing th	ne year under						
										▶ \$				
3 Enter the amount of	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization				▶ \$				
Part II Loans to	and/or Fron	1 Inte	erested Pers	sons.										
						. Part V. line 38a or F	Form	990. Part IV. lin	e 26: o	or if th	e oraa	nizatio	on	
•	•							, , ,			0			
(a) Name of			• • •				(f)	Balance due			(h) Ap by bo	proved ard or		Vritten
interested person	with organi	zation	orioan	organi	ization?	principal amount				1	comm	nittee?	-	ement?
				To	From				Yes	No	Yes	No	Yes	No
					1									
Total Part III Grants or	* Accietones	Dan	ofiting Intor	<u></u>		▶ <u>\$</u>								
			-											
(a) Name of interes								(d) Type	of		(e) Purp	ose o	of
(4) - 121110 01 1110100	P	`	interested pers	son an							•	assist		
			the organiza	ation										
		_					-+							
		+					-+							
		+												
		+												
		_												
		+					-+							
		+					-+			+				
		1				1								

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 CAPITALIZE ALBANY CORPORATION Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship b person and th	etwee	en interested	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
						Yes	No
ALBANY CONVENTION CENTER A	PRESIDENT	s.	REGINE	18,564.	ALBANY CONV		X
ALBANY PARKING AUTHORITY	DIRECTORS	М.	PETER/	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:

DIRECTORS M. PETER/J. SPERRY EXEC DIR AND DIRECTOR RESPECTIVELY OF APA

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

TO AND EGRESS FROM QUACKENBUSH PARKING LOT.

.LIST 70 _ 4

NOWA42829 - 02/19/19 14:50 WORKSHEET SCHEDULE L - TRANSACTIONS WITH

INTERESTED PERSONS

10 DALLIUS STREET LOT

INCOME ACCT #3306

51019

-35315

EXPENSE ACCT #4307

Schedule L (Form 990 or 990-EZ) 2019

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.



22-2353905

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, 2019, IMPACT DOWNTOWN ALBANY HAS LED TO MORE THAN \$400 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 1,000 UNITS TO DATE.

DURING 2019, THE CORPORATION ALSO PROVIDED APPROXIMATELY \$187,000

FUNDED UNDER THE "AMPLIFY ALBANY", "DOWNTOWN RETAIL", AND "FACADE"

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 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 2012 CAC ENTERED INTO A PROFESSIONAL SERVICES AGREEMENT
932212 09-06-19
Schedule O (Form 990 or 990-EZ) (2019)

	Page 2
Name of the organization	Employer identification number
CAPITALIZE ALBANY CORPORATION	22-2353905
	22 2000900
WITH THE CITY OF ALBANY TO EXECUTE THE CORPORATION'S MISSI	ON. UNDER THIS
AGREEMENT 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 STATEMENTS, FORM

990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE 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

2019 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.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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.	540,818.	COPRORATION
LIBERTY SQUARE DEVELOPMENT - 82-3931951	TO ASSIST CAC IN THE				
21 LODGE STREET	FURTHERANCE OF CAC'S				CAPITALIZE ALBANY
ALBANY, NY 12207	MISSION	NEW YORK	4,108,478.	10,126,195.	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
							───

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

Schedule R (Form 990) 2019

CAPITALIZE ALBANY CORPORATION Schedule R (Form 990) 2019

22-2353905 Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)		1)	(i)	(j)							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated,	Predominant income	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income Share of total (related, unrelated, income excluded from tax under	Share of total Share of total income end-o	Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	^{Il or} Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No						
										+							
										+							

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. Part IV

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

CAPITALIZE ALBANY CORPORATION Schedule R (Form 990) 2019

Part V	Transactions With Related Organia	zations. Complete if the or	rganization answered "Yes" o	on Form 990, Part IV, line 34,	35b. or 36.
	Transactione man neidec or gam		ganzalen anenen eta ree e		

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
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					
	Loans or loan guarantees by related organization(s)	1e					
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.						

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

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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)	()		- \	(1)	(1)	(1.)												
(a)	(b)	(c)	(d)	(e) Are a	i 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												
												 												

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Part VII Supplemental Information

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