Form	990
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	CAPITALIZE ALBANY CORPORATION			
	Name			22-23539	05
	Initial return		Room/suite	E Telephone number	
	Final return	21 LODGE ST		(518)434	-2532
	termir ated			G Gross receipts \$	9,214,379.
	Amen	ALBANI, NI $12207-2104$		H(a) Is this a group re	
	Applie diam	F Name and address of principal officer: ANDERS IOMSON		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>  1</u>	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 🗌 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1979 N	I State of legal domicile: NY
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: FACI			
uc n		DEVELOPMENT AND TRANSFORMATIVE INVESTMENT			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3			3	13
త	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10
iviti	6	al number of volunteers (estimate if necessary)			13
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,839,088.	2,491,090.
Revenue	9	Program service revenue (Part VIII, line 2g)		59,070.	<u>36,065.</u> 433,523.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,048. 791,911.	879,523.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,760,117.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		212,014.	<u>3,840,269.</u> 271,482.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,014.	271,402.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,120,239.	1,123,632.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	<u> </u>
ens		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		771,049.	642,096.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,103,302.	2,037,210.
	19	Revenue less expenses. Subtract line 18 from line 12		2,656,815.	1,803,059.
or				ginning of Current Year	End of Year
ance	20	Total assets (Part X, line 16)		22,590,414.	24,751,088.
Assets Balanc	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		5,402,204.	5,756,280.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		17,188,210.	18,994,808.
Pa	art II	Signature Block		,,	_0,551,0000
1		-			

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			Date				
-	ASHLEY MOHL, INTERIM PRES	IDENT						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JAMES DANIELS	JAMES DANIELS	10/10					
Preparer	Firm's name UHY ADVISORS NORT	HEAST, INC.		Firm's EIN 14-1555429				
Use Only	Firm's address 4 TOWER PLACE, EX	ECUTIVE PARK,	7TH FLOOR					
	ALBANY, NY 12203			Phone no. (518) 449-3166				
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

	990 (2023) CAPITALIZE ALBANY CORPORATION	22-2353905	5 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE MISSION OF CAPITALIZE ALBANY CORPORATION IS TO FAC		
	STRATEGIC ECONOMIC DEVELOPMENT AND STIMULATE TRANSFORM		1ENT
	THROUGHOUT THE CITY OF ALBANY, MAKING NEW YORK'S CAPIT.	AL A VIBRANT	
	PLACE TO THRIVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	<b>Y</b>	'es 🚺 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expens	95
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	• •	
		thers, the total expenses	, anu
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$1,183,302including grants of \$271,482) (F		5,656.)
4a			),050.)
	CAPITALIZE ALBANY CORPORATION (CAC) PROVIDES ECONOMIC		(1)
	SERVICES IN THE CITY OF ALBANY, WHICH INCLUDE AMONG OT		(1)
	THE MANAGEMENT OF THE CITY OF ALBANY INDUSTRIAL DEVELO		
		DMINISTRATION	
	SMALL BUSINESS GRANT PROGRAMS ON BEHALF OF THE CITY OF		(3)
	THE DEVELOPMENT AND IMPLEMENTATION OF STRATEGIC ECONOM		
	INITIATIVES SUCH AS IMPACT DOWNTOWN AND THE LIBERTY PA	<u>RK DEVELOPMEN</u>	TI
	AND CLINTON MARKET COLLECTIVE.		
4b			
40	(Code:) (Expenses \$ including grants of \$) (F	levenue \$	)
4.0			
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
4-1			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	))	
4e	Total program service expenses     1,183,302.		

Form 990 (		_		CORPORATION
Part IV	Checklis	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	44-1	х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
IZd		12a	х	
h	Schedule D, Parts XI and XII	IZa	- 23	
D		126		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	170		
D	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		х
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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form	990	(2023)
	330	

			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		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	┝──
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
	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?			- v
07	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	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 on Schedule O for Part VI, lines 11b and 19?	00	v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon in Somedule O contains a response of note to any life in this Fait V		V	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Х	
				L

Form	990 (2023) CAPITALIZE ALBANY CORPORATION 22-2353	905	Р	age <b>5</b>
Pa	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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a 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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	<u>7a</u>		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
		9a		
a b		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	- 55		
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

# CAPITALIZE ALBANY CORPORATION

22-2353905 Page 6

X

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

Check if Schedule O contains a response or note to any line in this Part VI	Section A. Governing Body and Management	
	Check if Schedule O contains a response or note to any line in this Part VI	

		Ι.	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1.2			
b	Enter the number of voting members included on line 1a, above, who are independent	_1b	13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			37
_	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			77
	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 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	77	X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				v	
	more members of the governing body?			7a	X	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	OCKNO	iders, or		x	
~	persons other than the governing body?			7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0-	х	
a L	The governing body?			8a	X	
ь 9	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	Did the organization have local chapters, branches, or affiliates?			100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptore	, anniacos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v befoi	e filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	g			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					
	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>		<b>T</b> ( ), <b>T</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	- 1 (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website Upon request Other (explain		,	L <b>4</b> 5		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	i finano	cial	
00	statements available to the public during the tax year.		draaarda			
20	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - (518)434-2532	oks and	u records			
	21 LODGE ST, ALBANY, NY 12207-2104					

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List and the organization's current high approach of any see the instructions for definition of key employees,

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title         Average hours per bills any below         Description mode and a field for bills any hours for below         Description mode below         Reportable compension from bills any below         Reportable compension from bills any below         Estimated a field organization         Estimated source           (1) SARAH REGINELLI TYPERTM PRES/DITE COL BUVEL         37.50         X         199,667.         52,2411.           (2) ARAH REGINELLI TYPERTM PRES/DITE COL BUVEL         37.50         X         199,667.         52,2411.           (3) ARABEY MOLL TYPERTM PRES/DITE COL BUVEL         37.50         X         117,954.         13,295.           (4) THORAS CONSCRATI (3) ANDERN CORCIDE         37.50         X         0.         0.         0.           (1) CARLE FARCHER (2) ANDERN CORCIDE         37.50         X         117,954.         0.         13,295.           (3) ANDERN CORCIDE         37.50         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0	(A)	(B)	(C)					(D)	(E)	(F)	
Hours per veek (His any neuron at all of any method organizations)         Interveek (His any neuron at all of any method organizations)         compensation from the organizations         compensation from the organizations         compensation from the organizations         annount of other compensation (W-2/1009-NEC)         annount of other compensation and related organizations           (1) SARAH REGINELLI (2) ASHLEY MOHL (3) ANDREW MOLT (3) ANDREW CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (4) THOMAS CONOSCENTI (4) THOMAS CONOSCENTI (5) KAWEEDA ADAMS (5) KAWEEDA ADAMS (6) MICHAEL FANCHER (6) MICHAEL FANCHER (6) MICHAEL FANCHER (1) CON DIRECTOR         X         147,165.         0.         46,649.           (1) NATER V CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (3) ANDREW CORCIONE (4) THOMAS CONOSCENTI (4) THOMAS CONOSCENTI (5) KAWEEDA ADAMS (5) KAWEEDA ADAMS (5) KAWEEDA ADAMS (6) MICHAEL FANCHER (1.00) DIRECTOR         X         147,954.         0.         0.         0.           (6) MICHAEL FANCHER (10) DIRECTOR         1.000 X         X         0.         0.         0.         0.           DIRECTOR         1.000 X         X         0.         0.         0.         0.         0.           DIRECTOR         1.000 X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.			(do	Position							
Week (list ary ours for ganizations below line)         Week (list ary ours for ganizations (W2/1099-MEC)         Inoline (W2/1099-MEC)         Inoline (W2/1099-MEC)         Compensation from the organizations (W2/1099-MEC)           (1) SASAH REGINELLI PRESIDENT (UNTIL 11/17/23)         37.50         X         199,667.         0.         52,411.           (2) ASILEY MORL (I) ASILEY MORL         37.50         X         147,165.         0.         46,649.           (3) ANDREW CORCIONE (4) THOMA CONSCIONET         37.50         X         117,954.         0.         13,295.           (4) THOMA CONSCIONET         37.50         X         0.         0.         0.         0.           (14) THOMA CONSCIONET         37.50         X         117,954.         0.         13,295.           (14) THOMA CONSCIONET         37.50         X         0.         0.         0.           DIRECTOR OF REAL ESTATE DEV         11.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (6) MEATHER MULIDAN, ESO.         1.000         X         0.         0.         0.         0.           (13) DATHONY GADY         1.000         X         0.         0.         0. <td< td=""><td></td><td>hours per</td><td>box,</td><td colspan="2">box, unless person is bo</td><td colspan="2">is both an</td><td>compensation</td><td>compensation</td><td>amount of</td></td<>		hours per	box,	box, unless person is bo		is both an		compensation	compensation	amount of	
(1) SARAH REGINELLI       37.50       x       199,667.       0.       52,411.         (2) SABLE WOLL       37.50       x       147,165.       0.       46,649.         (3) ANDREW CORCIONE       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       85,538.       0.       24,833.         (5) KAMEEDA ADAMS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       x       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       x       0.       0.       0.       0.       0.         (10) SONA DEL PERAL       1.000       x       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEN PETER       1.000       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		week				id a director/trustee)				from related	other
(1) SARAH REGINELLI       37.50       x       199,667.       0.       52,411.         (2) SABLE WOLL       37.50       x       147,165.       0.       46,649.         (3) ANDREW CORCIONE       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       85,538.       0.       24,833.         (5) KAMEEDA ADAMS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       x       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       x       0.       0.       0.       0.       0.         (10) SONA DEL PERAL       1.000       x       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEN PETER       1.000       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			ector.							J.	
(1) SARAH REGINELLI       37.50       x       199,667.       0.       52,411.         (2) SABLE WOLL       37.50       x       147,165.       0.       46,649.         (3) ANDREW CORCIONE       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       85,538.       0.       24,833.         (5) KAMEEDA ADAMS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       x       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       x       0.       0.       0.       0.       0.         (10) SONA DEL PERAL       1.000       x       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEN PETER       1.000       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			or dir	e			ated			•	
(1) SARAH REGINELLI       37.50       x       199,667.       0.       52,411.         (2) SABLE WOLL       37.50       x       147,165.       0.       46,649.         (3) ANDREW CORCIONE       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       85,538.       0.       24,833.         (5) KAMEEDA ADAMS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       x       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       x       0.       0.       0.       0.       0.         (10) SONA DEL PERAL       1.000       x       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEN PETER       1.000       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			Istee	truste		e.	pensi			1099-NEC)	•
(1) SARAH REGINELLI       37.50       x       199,667.       0.       52,411.         (2) SABLE WOLL       37.50       x       147,165.       0.       46,649.         (3) ANDREW CORCIONE       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       85,538.       0.       24,833.         (5) KAMEEDA ADAMS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       x       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       x       0.       0.       0.       0.       0.         (10) SONA DEL PERAL       1.000       x       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEN PETER       1.000       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1 V	ual tri	ional		ploye	t com		1099-NEC)		
(1) SARAH REGINELLI       37.50       x       199,667.       0.       52,411.         (2) SABLE WOLL       37.50       x       147,165.       0.       46,649.         (3) ANDREW CORCIONE       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       117,954.       0.       13,295.         (4) THOMAS CONOSCENTI       37.50       x       85,538.       0.       24,833.         (5) KAMEEDA ADAMS       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       x       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       x       0.       0.       0.       0.       0.         (10) SONA DEL PERAL       1.000       x       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEN PETER       1.000       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			ndivid	nstitut	officer	ey em	lighes mploy	ormeı			organizations
PRESIDENT (UNTLI 11/17/23)         X         199,667.         0.         52,411.           (2) ASHLEY MOHL         37.50         X         147,165.         0.         46,649.           (3) ANDERW CORCIONE         37.50         X         117,954.         0.         13,295.           (4) THOMAS CONSCENTI         37.50         X         117,954.         0.         13,295.           VICE PRESIDENT (UNTIL 6/30/23)         X         85,538.         0.         24,833.           (5) KAWEEDA ADAMS         1.00         X         0.         0.         0.           DIRECTOR         RAVEGON (DUTIL 6/30/23)         X         0.         0.         0.           (6) MICHAEL FANCHER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (7) ANTHONY GADDY         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (1) SONA DEL PERAL         1.00         X         0.         0.         0.         0.     <	(1) SARAH REGINELLI	,	=			×	ът	ш			
(2)         ASHLEY MOLL         37.50         X         147,165.         0.         46,649.           INTERIM PRES/DIR ECON DEVEL         37.50         X         117,954.         0.         13,295.           (3)         ANDEM CORCIONE         37.50         X         117,954.         0.         13,295.           (4)         TROMAS CONSCENTI         37.50         X         85,538.         0.         24,833.           (5)         KAWEEDA ADAMS         1.00         X         0.         0.         0.           OIRECTOR         TROMAS CONSCENTI         X         0.         0.         0.         0.           (5)         KAWEEDA ADAMS         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (6)         MICHAEL FANCHER         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         DAVID FARENTE         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X	PRESIDENT (UNTIL 11/17/23)				x				199,667.	Ο.	52,411.
(3) ANDREW CORCIONE         37.50         X         117,954.         0.         13,295.           DIRECTOR OF REAL ESTATE DEV         37.50         X         117,954.         0.         13,295.           VICE PRESIDENT (UNTIL 6/30/23)         37.50         X         85,538.         0.         24,833.           (5) KAMEEDA ADAMS         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OKAMEEDA ADAMS         1.00         X         0. <td>(2) ASHLEY MOHL</td> <td>37.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) ASHLEY MOHL	37.50									
(3) ANDREW CORCIONE         37.50         x         117,954.         0.         13,295.           DIRECTOR OF REAL ESTATE DEV         37.50         x         117,954.         0.         13,295.           VICE PRESIDENT (UNTIL 6/30/23)         X         85,538.         0.         24,833.           (5) KAWEEDA ADMS         1.00         x         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           OINCHAEL FANCHER         1.00         x         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) ANTHONY GADDY         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (3) DAVID FARENTE         1.000         X         0.	INTERIM PRES/DIR ECON DEVEL				x				147,165.	Ο.	46,649.
(4)         THOMAS CONOSCENTI         37.50         X         85,538.         0.         24,833.           (5)         KAWEEDA ADAMS         1.00          0. </td <td>(3) ANDREW CORCIONE</td> <td>37.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) ANDREW CORCIONE	37.50									
VICE PRESIDENT (UNTIL 6/30/23)         X         85,538.         0.         24,833.           (5)         KAWEEDA ADAMS         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           OBAUTO PARENTE         1.000         X         0.         0.         0.         0.           DIRECTOR         X         0.	DIRECTOR OF REAL ESTATE DEV				Х				117,954.	0.	13,295.
(5) KAWEEDA ADAMS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) MICHAEL FANCHER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) HEATHER MULIGAN, ESQ.       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(4) THOMAS CONOSCENTI	37.50									
DIRECTOR         X         0.         0.         0.         0.           (6) MICHAEL FANCHER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) ANTHONY GADY         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) HEATHER MULLIGAN, ESQ.         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9) DAVID PARENTE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) MATTHEW PETER         1.00         X         0.         0.         0.         0.	VICE PRESIDENT (UNTIL 6/30/23)				Х				85,538.	0.	24,833.
(6) MICHAEL FANCHER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (7) ANTHONY GADY       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10) SONYA DEL PERAL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (11) MATHEW PETER       1.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td>(5) KAWEEDA ADAMS</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) KAWEEDA ADAMS	1.00									
DIRECTOR         X         0.         0.         0.           (7) ANTHONY GADDY         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (8) HEATHER MULIGAN, ESQ.         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (11) SONYA DEL PERAL         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         X         0. <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(7) ANTHONY GADDY       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (8) HEATHER MULLIGAN, ESQ.       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (10) SONYA DEL PERAL       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (11) MATTHEW PETER       1.00       X       0.	(6) MICHAEL FANCHER	1.00									
DIRECTOR         X         0.         0.         0.         0.           (8) HEATHER MULLIGAN, ESQ.         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9) DAVID PARENTE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) SONYA DEL PERAL         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) MATTHEW PETER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) DR. HAVIDAN RODRIGUEZ         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) KAREN TORREJON         1.00         X         X         0.         0. <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(8) HEATHER MULLIGAN, ESQ.       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (9) DAVID PARENTE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         0100000000000000000000000000000000000	(7) ANTHONY GADDY	1.00									
DIRECTOR         X         0         0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.
(9) DAVID PARENTE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10) SONYA DEL PERAL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) MATTHEW PETER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (12) DR. HAVIDAN RODRIGUEZ       1.00       X       0.	(8) HEATHER MULLIGAN, ESQ.	1.00									
DIRECTOR         X         X         0         0.	DIRECTOR		Х						0.	0.	0.
(10) SONYA DEL PERAL       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) MATTHEW PETER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) DR. HAVIDAN RODRIGUEZ       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) KAREN TORREJON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.	(9) DAVID PARENTE	1.00									
DIRECTOR         X         0         0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.
(11) MATTHEW PETER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (12) DR. HAVIDAN RODRIGUEZ       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) KAREN TORREJON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       X       0.	(10) SONYA DEL PERAL	1.00									
DIRECTOR         X         0         0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.
(12) DR. HAVIDAN RODRIGUEZ       1.00       X       0.       0.       0.         DIRECTOR       X       1.00       X       0.       0.       0.         (13) KAREN TORREJON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (14) MICHAEL CASTELLANA       1.00       X       X       0.       0.       0.         (15) ANDERS TOMSON       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.         (16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.	(11) MATTHEW PETER	1.00									
DIRECTOR       X       X       0.       0.       0.       0.         (13) KAREN TORREJON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (14) MICHAEL CASTELLANA       1.00       X       X       0.       0.       0.         (15) ANDERS TOMSON       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.         (16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(13) KAREN TORREJON       1.00       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.         (14) MICHAEL CASTELLANA       1.00       X       X       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.       0.         (15) ANDERS TOMSON       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.         (16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.	(12) DR. HAVIDAN RODRIGUEZ	1.00									
DIRECTOR       X       X       0.       0.       0.       0.         (14) MICHAEL CASTELLANA       1.00       X       X       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.       0.         (15) ANDERS TOMSON       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.         (16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(14) MICHAEL CASTELLANA       1.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (15) ANDERS TOMSON       1.00       X       X       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.         (16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.	(13) KAREN TORREJON	1.00									
CHAIR         X         X         X         X         0. </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(15) ANDERS TOMSON       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.         (16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.	(14) MICHAEL CASTELLANA	1.00									
VICE CHAIR         X         X         X         0. <t< td=""><td>CHAIR</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	CHAIR		Х		Х				0.	0.	0.
(16) JOHN HARRIS, ESQ.       1.00       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (17) JOHN VERO, ESQ.       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.	(15) ANDERS TOMSON	1.00									
TREASURER         X         X         X         0. <th< td=""><td>VICE CHAIR</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	VICE CHAIR		Х		Х				0.	0.	0.
(17) JOHN VERO, ESQ. SECRETARY X X 0. 0. 0.	(16) JOHN HARRIS, ESQ.	1.00									
SECRETARY X X 0. 0. 0.			Х		Х				0.	0.	0.
	(17) JOHN VERO, ESQ.	1.00									
	SECRETARY		Х		X				0.	0.	

	990 (2023) CAPITALIZ									22-23	3539	905	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,	— <b>т</b>			
	(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl , unles	ss per	ition more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations	ndividual trustee or director	nal trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	s	comp fro orga anc	oensa om the anizati I relate	e ion ed
		below line)	Individu	In stitutional t	Officer	Key employee	Highest employe	Former				orga	nizatio	ons
	Subtotal								550,324.		0.	137	7,18	
	Total from continuation sheets to Part VII								0. 550,324.		0.	135	7,18	<u>0.</u> 88
2	Total (add lines 1b and 1c) Total number of individuals (including but no									l 000 of reportable		<u>т</u> у 1	, _ (	50.
_	compensation from the organization		000	lioto	u us		,	010						3
													Yes	No
3	Did the organization list any former officer,	-			•	-		•						
	line 1a? If "Yes," complete Schedule J for su											3		<u> </u>
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a	,		•										
_	rendered to the organization? If "Yes." com	-				-			-			5		Х
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest con the organization. Report compensation for t		•							•	ensat	ion fro	m	
	(A) Name and business	address							<b>(B)</b> Description of s	ervices	C	(C omper		1
TW8	A CONSTRUCTION MANAGEM								CONSTRUCTION					
30	JAY STREET, SCHENECTAD	Y, NY 1	23	05				_	MANAGEMENT			143	3,91	19.
	C & CO CPAS LLC BRITISH AMERICAN BLVD,	т.атнам		NV	1	21	10		OUTSOURCED ACCOUNTING S	ERVICES		133	3,8'	70.
<u> </u>	DATION AMERICAN DEVD,		<u>, .</u>		<u> </u>		<u> </u>	ľ	ACCOUNTING D			<u> </u>	,0	/ • •
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	to t	thos 2		ted	above) who received m	ore than				

Ра	ιτι	VIII	Statement of Re	even	ue						
			Check if Schedule O	conta	ains a res	ponse	or note to any line		(B)	(C)	
								<b>(A)</b> Total revenue	Related or exempt	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
t t	1	а	Federated campaigns		1:	a					
ran		b	Membership dues		11	5	23,000.				
۵ ق ۵		с	Fundraising events		10	;					
ar /			<b>–</b>			1					
s, o		е	Government grants (contr	ributio	ons) <b>1</b> e	•	2,393,815.				
rion Sig		f	All other contributions, gifts,	grant	s, and						
ibut			similar amounts not included	d abov	re 11	-	74,275.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	a-1f <b>1</b>	3 \$					
<u>0</u> 6		h	Total. Add lines 1a-1f	<u></u>		<u></u>		2,491,090.			
							Business Code				
ce	2	a	PROGRAM SERVICE INT	ERES	Т		532000	36,065.	36,065.		
le vi		b									
n S		С									
Bey		d									
Program Service Revenue		e									
ш.			All other program service					36,065.			
	3	g	Total. Add lines 2a-2f					50,005.			
	3	)	Investment income (inclue other similar amounts)	•				248,599.			248,599.
	4	L	Income from investment of					220,000.			
	5		Royalties				ł				
	ľ				(i) R		(ii) Personal				
	6	a	Gross rents	6a		,860.					
		b	Less: rental expenses	6b	175	,000.					
		с	Rental income or (loss)	6c	237	,860.					
		d	Net rental income or (loss	s)				237,860.	237,860.		
	7	a	Gross amount from sales of		(i) Secı	urities	(ii) Other				
		а	assets other than inventory	7a	5,384	,034.					
		b	Less: cost or other basis								
ne			and sales expenses			,110.					
Revenue		с	Gain or (loss)	7c	184	,924.					
Be			Net gain or (loss)					184,924.			184,924.
her	8	a	Gross income from fundraisi	ing eve	ents (not						
oth			including \$		0	F					
			contributions reported on	line '	1c). See						
			Part IV, line 18								
							<u>'</u>				
			Net income or (loss) from Gross income from gamir		0						
	9	d	-	-							
		h	Part IV, line 19 Less: direct expenses								
			Net income or (loss) from			·· –	'I				
	10		Gross sales of inventory,	0	0						
			and allowances			10	a				
		b	Less: cost of goods sold								
			Net income or (loss) from								
			<b>*</b>				Business Code				
sno	11	а	AIDA MANAGEMENT FEE				561000	632,228.	632,228.		
ane		b	SPONSORSHIP FEES				561000	9,500.	9,500.		
eve		с	MISCELLANEOUS FEES				900099	3.	3.		
Miscellaneous Revenue	1	d	All other revenue								
_			Total. Add lines 11a-11d					641,731.			
	12		Total revenue. See instruction	ons				3,840,269.	915,656.	0.	433,523.

CAPITALIZE ALBANY CORPORATION

Form 990 (2023)

22-2353905

Page **9** 

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Page 10

	1 990 (2023) CAPITALIZE A	ALBANY CORPOR	RATION	22-23	53905 Page
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
<u></u>	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	271,482.	271,482.		
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,				
	trustees, and key employees	687,512.	343,756.	343,756.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)		105 100	100 100	
7	Other salaries and wages	313,500.	125,400.	188,100.	
8	Pension plan accruals and contributions (include	0.5. 0.04			
	section 401(k) and 403(b) employer contributions)	35,081.	14,032.	21,049.	
9	Other employee benefits	25,766.	10,306.	15,460.	
10	Payroll taxes	61,773.	24,709.	37,064.	
11	Fees for services (nonemployees):				
	Management	60.400	60,400		
	Legal	60,438.	60,438.	185 005	
	Accounting	175,895.		175,895.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	12 504	12 504		
f	<b>č</b>	13,584.	13,584.		
g		22 042	2 000	10 040	
	column (A), amount, list line 11g expenses on Sch O.)	22,942. 1,500.	3,000. 1,500.	19,942.	
12	Advertising and promotion	16,722.	16,722.		
13	Office expenses		45,765.		
14	Information technology	45,765.	45,705.		
15	Royalties	154,453.	152,689.	1,764.	
16		808.	808.	1,704.	
17		000.	000.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	5,609.	5,609.		
19 20	Conferences, conventions, and meetings	11,881.	11,881.		
20 21	Interest Payments to affiliates	11,001.	11,001.		
21	Depreciation, depletion, and amortization	16,558.		16,558.	
22		34,320.		34,320.	
24	Other expenses. Itemize expenses not covered				
2.	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 EXPENSE	45,321.	45,321.		
b	MEMBERSHIPS	18,009.	18,009.		
с		15,869.	15,869.		
d	MISCELLANEOUS EXPENSE	2,172.	2,172.		
е	All other expenses SEE_SCH_O	250.	250.		
25	Total functional expenses. Add lines 1 through 24e	2,037,210.	1,183,302.	853,908.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	aducational compaign and fundraising coligitation				

0.

### X . . . .

CAPITALIZE A	LBANY	CORPORATION
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22-2353905 Page 11

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
		· ·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			241,392.	1	155,617.
	2	Savings and temporary cash investments			5,565,483.	2	4,748,801.
	3	Pledges and grants receivable, net			303,216.	3	850,930.
	4	Accounts receivable, net			165,275.	4	198,583.
	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		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net	1,134,245.	7	490,977.		
Assets	8	Inventories for sale or use				8	
As	9	<b>_</b>			38,283.	9	63,800.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,335,741.			
	b	Less: accumulated depreciation	10b	4,194,904.	1,617,287.	10c	4,140,837.
	11	Investments - publicly traded securities			5,900,266.	11	5,851,566.
	12	Investments - other securities. See Part IV, line 1	147,727.	12	533,113.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		7,477,240.	15	7,716,864.	
	16	Total assets. Add lines 1 through 15 (must equa			22,590,414.	16	24,751,088.
	17	Accounts payable and accrued expenses	122,973.	17	497,317.		
	18	Grants payable				18	
	19	Deferred revenue		4,066,044.	19	4,268,512.	
	20				495,000.	20	255,000.
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			718,187.	25	735,451.
	26	Total liabilities. Add lines 17 through 25			5,402,204.	26	5,756,280.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	17,073,103.	27	18,879,488.		
Ba	28	Net assets with donor restrictions	115,107.	28	115,320.		
pur		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ę		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			17,188,210.	32	18,994,808.
	33	Total liabilities and net assets/fund balances			22,590,414.	33	24,751,088.

Form **990** (2023)

# Part X | Balance Sheet

Form	990	(2023)	۱
	000	12020	Į

Form	1990 (2023) CAPITALIZE ALBANY CORPORATION	22-	23539	905	Pag	<sub>ge</sub> 12	
	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	3	,840	),2	69.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,037	7,2	10.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,803	3,0	59.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,188	3,2	10.	
5	Net unrealized gains (losses) on investments	5			3,5	39.	
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							
	column (B)) 10   18 ,						
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 on Schedule O.						
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	Х	L	
	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						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<b> </b>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form 990 (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2023
Open to Public Inspection

Name of the organizat	ion
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Nam	e of t	he organization						Employer	identification number		
				ANY CORPORATI					2-2353905		
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	)(iii). Enter	the hospital's name,		
r	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
r	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 [		A federal, state, or local gov	-								
7 [	X	An organization that normal	-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne 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	rant college of agrici	uiture (see instructions).	Enter the r	name, city	, and state of	the college	or		
10		university: An organization that normal	lly reacives (1) more	than 22 1/20/ of its supp	ort from o	ontribution	n momborob	in food on	d aroog regginte from		
10 [		activities related to its exem									
		income and unrelated busin		•	.,				•		
		See section 509(a)(2). (Cor				SCS acqui	ica by the org				
11 [		An organization organized a		vely to test for public sat	etv See	section 50	)9(a)(4).				
12		An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	-	-				•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must c	omplete Part IV, Se	ctions A and B.							
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manaç	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		<b>Type III functionally inte</b>	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 F	Part IV, Se	ctions A,	D, and E.				
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally inte	•	• •	•		-	an attentiv	reness		
		requirement (see instructi		-							
е		Check this box if the orga					Type I, Type I	II, Type III			
	<b>-</b>	functionally integrated, or							[]		
		r the number of supported or ride the following information	• • • • • • • • • • • • • • • • • • • •	d organization(s)							
<u> </u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	-	organization		(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	ng document? No	support (see in	structions)	support (see instructions)		
				above (see instructions))	100	110					
Total											

#### Schedule A (Form 990) 2023

#### CAPITALIZE ALBANY CORPORATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4818709.	1116607.	1303218.	3806238.	2491090.	13535862.
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	4818709.	1116607.	1303218.	3806238.	2491090.	13535862.
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.						13535862.
	tion B. Total Support						1000000
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4818709.	1116607.	1303218.	3806238.	2491090	13535862.
		4010705.	1110007.	1303210.	5000250.	2491090.	133330021
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	120 011	115 746	71 202	70 100	248 500	652 602
	and income from similar sources	138,844.	115,746.	71,392.	79,102.	248,599.	653,683.
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						14189545.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	<u>,695,078.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>95.39 %</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	96.00 %
<b>16</b> a	33 1/3% support test - 2023. If the of	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	•					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-			-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization				••••		
10		and not offern a l		a, 100, 170, 01 170	, oncon this box di		<u> </u>

Schedule A (Form 990) 2023

#### 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		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	023	(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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2	023	(f) Total
	Amounts from line 6		(2) = 0 = 0	(0) = 0 = 1	(4) = = = =			(1) 1010
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	, , , , , , , , , , , , , , , , , , ,							
	• • • • • • • • • • • • • • • • • • • •							
	Add lines 10a and 10b Net income from unrelated business							
••	activities not included on line 10b,							
	whether or not the business is							
10	regularly carried on Other income. Do not include gain							
12	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	-			-		-	·
<u> </u>	check this box and stop here	o Cumport Do					<u></u>	
	ction C. Computation of Publi					I I		
	Public support percentage for 2023 (I					15		%
	Public support percentage from 2022 ction D. Computation of Invest					16		%
	•							
	Investment income percentage for 20					17		%
	Investment income percentage from							%
198	<b>33 1/3% support tests - 2023.</b> If the							
-	more than 33 1/3%, check this box ar							
k	<b>33 1/3% support tests - 2022.</b> 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	his box and see ins	tructions	<u></u>	

#### CAPITALIZE ALBANY CORPORATION

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023	CAPITALIZE	ALBANY	CORPORATION
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Pa	rt IV   Supp	orting Organizations (continued)			
				Yes	No
11	Has the organ	ization 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 on lines 11b and			
	11c below, the	e governing body of a supported organization?	11a		
b	A family mem	per of a person described on line 11a above?	11b		
с	A 35% control	led entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part V		11c	ľ	
Sec	tion B. Type	e I Supporting Organizations			
				Yes	No
1	more supporte directors, or tr effectively ope	hing body, members of the governing body, officers acting in their official capacity, or membership of one or ed organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) rated, supervised, or controlled the organization's activities. If the organization had more than one supported describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	<b>o</b> ,		1		

	supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	1. or controlled the supporting organiza	ation.
Section C. Ty	ype II Supporting Organization	ons

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D. All Type III Supporting Organizations					

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

2a 2b 3a 3b

Yes No

Schedule A (	(Form 990	) 202
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Schedule A	(Form 990)	) 2023	CAPITALIZE	ALBANY	CORPORATION	
Part V	Type II	Non-Functio	onally Integrated	509(a)(3) S	upporting Organizations	S

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	n Nov. 20, 1970 ( <i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

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22-2353905 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

# CAPITALIZE ALBANY CORPORATION

Schedule A (Form 990) 2023
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	(Form 990) 2023			CORPORATION		Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a, ( lines 2 and 3; Part IV, 5	6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 11c; Part IV, Se 5 1c, 2a, 2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section V, line 1; Part V, Section B, line 1e; Par for any additional information.	C, t V,
	(See instructions.)					

#### \*\* PUBLIC DISCLOSURE COPY \*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule	В
(Form 990)	

la a de da 🗖

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CAPITALIZE	ALBANY	CORPORATION
····		

22-2353905

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Part I

(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$       250,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$205,071.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>531,561.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>51,700.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,100,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$264,074.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CAPITALIZE ALBANY CORPORATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Employer identification number

22-2353905

323452 12-26-23

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

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

CAPITALIZE ALBANY CORPORATION

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

**Date received** 

22-2353905

(c)

FMV (or estimate)

(See instructions.)

Schedule E	B (Form 990) (2023)			Page <b>4</b>		
Name of or	rganization		Employer identification	number		
CAPITZ	ALIZE ALBANY CORPORATION	N	22-2353905			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or le</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for	r the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	ł		
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d 		
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	t		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	b		
-		e) Transfer of gift	1			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE I	C
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(Form	990)
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### **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.

2023 Open to Public Inspection

Employer identification number

22-2353905

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

#### CAPITALIZE ALBANY CORPORATION

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Accounts. Complete if the
	organization answered Tes of Form 990, Fart IV, in	(a) Donor advised funds	(b) Funds and other accounts
	Tabel much such and a factors		(b) Funds and other accounts
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 Did the organization inform all donors and donor advisors in	Luviting that the second hold in dense advised fi	undo
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Other	Similar Assats
Fai	Complete if the organization answered "Yes" on Form		Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 95	-	
	of art, historical treasures, or other similar assets held for pul	, ,	france of public
h	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95		aco shoot works of
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		ice of public service,
			¢
	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>		
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023
	09-28-23		

Sche		IZE ALBANY				22	2-23	5390	5 Ра	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Ti	reasures, oi	r Other	Similar A	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that	make sig	gnificant use	e of its			
	collection items (check all that apply).									
а	Public exhibition	d	I 🗌 Loan or ex	kchange progra	am					
b	b Scholarly research e Other									
с	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizatio	n's exem	pt purpose	in Part 3	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered "`	Yes" on F	orm 990, P	art IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contribution	ons or other as	sets not i	ncluded		-		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F					:y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds Complete if	(a) Current year				( <b>d)</b> Three yea	ra haak	(e) Fou	wooro	baak
4.	De sinsis e fas estados e	(a) Current year	<b>(b)</b> Prior year	(c) Two year	S DACK	( <b>d)</b> Three yea	IS DACK	(e) Four	years	Dauk
1a	Beginning of year balance			_						
D	Contributions									
c	Net investment earnings, gains, and losses			_						
	Grants or scholarships			_						
е	Other expenditures for facilities									
	and programs			-						
	Administrative expenses			-						
g	End of year balance		//:	(-))    -						
2	Provide the estimated percentage of the curr	•		(a)) held as:						
a	Board designated or quasi-endowment		_%							
D	Permanent endowment	% %								
С		- · -								
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are hold	and administer	ad for the					
Ja	Are there endowment funds not in the posse	ssion of the organiza		and administer		5		1	Yes	No
	organization by:							3a(i)		
	<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations?	tions listed as requir						3b		
4	Describe in Part XIII the intended uses of the			•				00		
Par	t VI Land, Buildings, and Equipm		witherit fullus.							
	Complete if the organization answere		). Part IV. line 11a.	See Form 990	. Part X. I	ine 10.				
	Description of property	(a) Cost or o		st or other		cumulated		(d) Boo	k valu	
	Description of property	basis (investr	• • •	is (other)	• •	reciation		<b>(4)</b> 500	valut	-
1a	Land		,	49,300.				3,10	6,6	31.
	Buildings	4 594		85,035.	4,0	23,885			5,34	
	Leasehold improvements				-,•				, -	
	Equipment		2	09,876.	1	71,019	€.	3	8,8	57.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X line 10c colum	n (B))				4,14	0,83	37.
		guari onn 330, i all.					·· ·	, = =	,	

Schedule D (Form 990) 2023

chedule D (Form 990) 2023 CAPITALIZE ALBANY CORPORATION	
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art VII	Investn	nents	- Other	Securities	

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LIBERTY PARK PROPERTIES	7,368,187.
(2) LEASE RECEIVABLES	348,677.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,716,864.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value

1.		
(1) Federal inc	ome taxes	
(2) REVOLV	ING LOAN FUND LIABILITY	735,451.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) (	nust equal Form 990. Part X, line 25, col. (B))	735,451.

Iotal. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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 ....

thedule D (Form 990) 2023 CAPITALIZE ALBANY CORPORATION			22-2353905 Page		
Part XI Reconciliation of Revenue per Audited Financial Sta	ntements With F	Revenue per Re	turn		
Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.				
1 Total revenue, gains, and other support per audited financial statements			1	4,018,808.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a	3,539.			
b Donated services and use of facilities	2b				
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d	175,000.			
e Add lines 2a through 2d			2e	178,539.	
3 Subtract line 2e from line 1			3	3,840,269.	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b			4c	0.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	<u>)</u>		5	3,840,269.	
Part XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Returi	n	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1 Total expenses and losses per audited financial statements			1	2,212,210.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a				
b Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d	175,000.			
e Add lines 2a through 2d			2e	175,000.	
3 Subtract line 2e from line 1			3	2,037,210.	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b			4c	0.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	2,037,210.	
Part XIII Supplemental Information					
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	and 2b; Part V, line 4	; Part )	K, line 2; Part XI,	
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	nation.			

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE, NET AGAINST RENTAL INCOME

175,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### RENT EXPENSE, NET AGAINST RENTAL INCOME

175,000.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047
Department of the Treasury				Attach to Form				Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	CAPITALIZ	E ALBANY C	CORPORATION					Employer identification number 22-2353905
	ation on Grants a						1	
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 selection	on
criteria used to award								
2 Describe in Part IV the		cedures for monito	oring the use of grant	funds in the United	States.			
		-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
·		· · · · · · · · · · · · · · · · · · ·	be duplicated if addition			(f) Method of	1	1
<b>1 (a)</b> Name and address or governme	0	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIDENS BREWING COMPANY 897 BROADWAY ALBANY, NY 12207	/ LLC	83-0794496		25,000.	0.			BIG GRANT
FAITH CREATIVE NAMES 257 CENTRAL AVENUE ALBANY, NY 12206		80-0625241		22,452.	0.			BIG GRANT
NOR JEWELERS LLC 303 CENTRAL AVENUE ALBANY, NY 12206		83-2731596		21,971.	0.			BIG GRANT
IRIE VYBEZ LLC 313 CENTRAL AVENUE ALBANY, NY 12206		46-3827433		6,300.	0.			BIG GRANT
ARE EVENTS PRODUCTIONS 1028 BROADWAY ALBANY, NY 12204	5	27-1298905		25,000.	0.			BIG GRANT
MAC EQUIPMENT 120 WATERVLIET AVENUE ALBANY, NY 12206		14-1833949		25,000.	0.			BIG GRANT
2 Enter total number of s	section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table				

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

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(b) EIN (c) IRC section if applicable		<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGM74 LLC							
76 NORTH PEARL STREET							
ALBANY, NY 12207	84-3106881		11,430.	0.			BIG GRANT
LARK HALL PRODUCTIONS							
351 HUDSON AVENUE							
ALBANY, NY 12110	83-1411348		25,000.	0.			BIG GRANT
DINO'S PIZZA							
620 MADISON AVENUE							
ALBANY, NY 12210	46-3848049		10,000.	0.			FACADE IMPROVEMENT
THE YARD							
1971 WESTERN AVENUE							
ALBANY, NY 12203	83-0979876		9,243.	0.			FACADE IMPROVEMENT
VIETQUEUE INC							
74 NORTH PEARL STREET	02 2020616		7 000	0			
ALBANY, NY 12207	83-3828616		7,000.	0.			FACADE IMPROVEMENT
CASTLE ISLAND BILINGUAL							
602 BROADWAY							
ALBANY, NY 12207	45-4816781		6,800.	0.			FACADE IMPROVEMENT
,							
VANDEHEYDEN HALL							
614 COOPER HILL ROAD							
WYNANTSKILL, NY 12207	14-1338575		15,558.	0.			DOWNTOWN RETAIL
,			, , ,				

Schedule I (Form 990)

#### Schedule I (Form 990) 2023 CAPITALIZE ALBANY CORPORATION

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

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

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

PART I, LINE 2:

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

COMPREHENSIVE EVALUATION PROCEDURE AND COMPLIANCE CHECKLIST TO ENSURE

CONFORMITY WITH THE CORPORATION'S EXEMPT PURPOSE OBJECTIVES.

Page 2

SCH	IEDULE J	<b>Compensation Information</b>	0	VIB No. 15	45-004	7
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		202	22	,
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		204	20	)
Depart	ment of the Treasury	Attach to Form 990.	0	pen to		с
Interna	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspec		
Nam	e of the organizatior		Employer ident			nber
Pa		CAPITALIZE ALBANY CORPORATION s Regarding Compensation	22-235	3905		
Га		s negarating compensation			Vaa	N
10	Chack the oppropri	ate hex(ex) if the exception provided any of the following to or for a person listed on Form	000		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c					
	Travel for com					
		ation and gross-up payments				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	i			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee X Written employment contract				
	X Independent c	ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	•	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					v
		·····		5a		X
		ation?		5b		<u>X</u>
		r 5b, describe in Part III.	_			
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n			60		х
				6a		X
		ation?		6b		Δ
		r 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		х
		ies 5 and 6? If "Yes," describe in Part III		<b>                                     </b>		- 23
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х
		d the organization also follow the rebuttable presumption procedure described in		•		
J	Regulations section			9		
For		on Act Notice, see the Instructions for Form 990.	Schedule J		9001	2023
1 01 1	aportion neudoli		Concure u		550)	-020

Schedule J (Form 990) 2023

#### 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH REGINELLI	(i)	199,667.	0.	0.	21,963.	30,448.	252,078.	0.
PRESIDENT (UNTIL 11/17/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ASHLEY MOHL	(i)	147,165.	0.	0.	16,188.	30,461.	193,814.	0.
INTERIM PRES/DIR ECON DEVEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

Schedule J (Form 990) 2023

LHA 332131 11-06-23

SCHEDULE L

(Form 990)

		28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.									
Department of the Treasury Internal Revenue Service	Go t	o www.irs.g						est information.			
Name of the organizatio	n								Emp	plo	
	CAPITA	LIZE AL	BANY	COF	RPOF	RATI	ION		22	-2	
Part I Excess	Benefit Trans	actions (s	ection 501	1(c)(3)	, secti	on 50 <sup>-</sup>	1(c)(4), and se	ction 501(c)(29) orgar	nizatio	ns	
Complete i	f the organization	answered "	Yes" on Fo	orm 99	90, Pa	rt IV, li	ine 25a or 25b	; or Form 990-EZ, Pa	urt V, li	ine	
1 (a) Name of disqua	ualified person (b) Relationship between disqualified person and organization					(4	c) Description of trans	sactio	n		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
2 Enter the amount of section 4958	of tax incurred by	the organiza	tion mana	gers c	or disq	ualifie	d persons dur	ing the year under			
3 Enter the amount of	of tax, if any, on lii	ne 2, above,	reimburse	d by t	he org	janizat	ion				
Part II Loans to	o and/or From	n Intereste	ed Perso	ons							
Complete i	if the organizatior	answered "	Yes" on Fo	orm 99	90-EZ,	Part \	/, line 38a, or	Form 990, Part IV, lin	e 26;	or	
reported a	n amount on Form	n 990, Part X	(, line 5, 6,	or 22							
(a) Name of interested person	<b>(b)</b> Relation with organi		loan	( <b>d)</b> Loa from organiz	the	•	e) Original cipal amount	(f) Balance due	<b>(g)</b> defa		
				То	From				Yes	Ν	
(1)											
(2)											
(0)										1	

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

# over identification number

2353905

# only)

1		ne of disgualified person (b) Relationship between disgualified (c) Description of transaction			(d) Corre		
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No	
(1)	l.						
(2							
(3	1						
(4)	1						
(5							
(6							
2	Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under				
	section 4958			\$			
3	3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\$						

if the organization

reported an amo	built on Form 990					-										
(a) Name of interested person	(b) Relationship with organization		(d) Loan to or from the organization?		from the		from the		<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In default?		(h) Approved by board or committee?		i) Written agreement	
			То	From			Yes	No	Yes	No	Yes	No				
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
Total					\$											
Part III Grants or As	ssistance Ben															

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

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

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

Schedule L (Form 990) 2023

2023	
Open to Public Inspection	

#### 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 between interested person and the organization			(c) Amount of transaction	(d) Description of transaction		(e) Sha organiz rever			
										Yes	No
(1)ALBANY	PARKING	AUTHORITY	DIRECTOR	М.	PETER	M	7,500.	EASEMENT	PR		Х
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
	nnlomontol	Information									

#### Part V Supplemental Information

Schedule L (Form 990) 2023

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 PARKING AUTHORITY

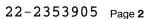
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR M. PETER WAS THE EXECUTIVE DIRECTOR OF ALBANY PARKING AUTHORITY.

(D) DESCRIPTION OF TRANSACTION: EASEMENT PROVIDES APA INGRESS AND EGRESS

FROM QUACKENBUSH PARKING LOT. DIRECTOR M. PETER PASSED AWAY DECEMBER 14,

<u>2023.</u>



SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

CAPITALIZE ALBANY CORPORATION

Employer identification number 22-2353905

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.

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

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

Schedule O (F	orm 990) 2	2023
---------------	------------	------

Name of the organization

CAPITALIZE ALBANY CORPORATION

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 STAFF SALARIES.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

OTHER PROFESSIONAL SERVICES:PROGRAM SERVICE EXPENSES3,000.MANAGEMENT AND GENERAL EXPENSES15,099.FUNDRAISING EXPENSES0.TOTAL EXPENSES18,099.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A22,942.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

#### PROJECT EXPENSES:

0.

0.

4,843.

4,843.

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization CAPITALIZE ALBANY CORPORATION	Employer identification number 22-2353905
PROGRAM SERVICE EXPENSES	250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	250.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	250.

#### 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

Open to Public Inspection

Employer identification number 22 - 2353905

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### CAPITALIZE ALBANY CORPORATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity	
CITYWIDE PROPERTY HOLDINGS - 32-0249311	TO ASSIST CAC IN THE					
21 LODGE STREET	FURTHERANCE OF CAC'S				CAPITALIZE ALBANY	
ALBANY, NY 12207	MISSION	NEW YORK	0.	540,767.	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	164,253.	7,399,684.	COPRORATION	
	-					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
	]						

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

Schedule R (Form 990) 2023

#### CAPITALIZE ALBANY CORPORATION Schedule R (Form 990) 2023

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	h)	(i)	(j)	(k)									
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	olling Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?		General or managing partner?	or Percentage ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10									
	-																			
	-																			
										+										
	-																			
	1																			
	1																			
	4																			

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

#### CAPITALIZE ALBANY CORPORATION Schedule R (Form 990) 2023

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	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.			

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

\_

#### Schedule R (Form 990) 2023 CAPITALIZE ALBANY CORPORATION

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

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

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

Schedule R (Form 990) 2023

#### CAPITALIZE ALBANY CORPORATION

Schedule R (Form 990) 2023 CAPI
Part VII Supplemental Information

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