### 1. General Information

#### A. For the organization's fiscal year beginning (mm/dd/yyyy) 01/01/2016 and ending (mm/dd/yyyy) 12/31/2016

#### B. Check all that apply:
- [ ] Final Filing
- [ ] Amended Filing
- [ ] Fiscal Year Change
- [x] None of the Above

#### C. Name of Organization (as on file with the IRS)
Reinvent Albany

#### D. Fed. Employer ID No. (EIN) (###-#######)
27-1624621

#### E. Attorney General's Charity Bureau's Registration No. (###-##-##)
42-68-08

#### F. Telephone Number (###-###-####)
917-388-9087

#### G. Email Address
info@reinventalbany.org

#### H. Web Address
www.reinventalbany.org

#### I. Choose the New York Registration Category
- [x] EPTL
- [ ] 7A
- [x] Dual
- [ ] Exempt

#### J. Is the registrant incorporated under Section 1411 of the NY Not-for-Profit Corporation Law?
[✔] Yes  [ ] No

### 2. Revenue and Assets

#### A. During the fiscal year, did the organization raise more than $25,000 from New York State residents or entities located in New York (including foundations, corporations, or government agencies or legislative bodies)?
[✔] Yes  [ ] No

#### B. During the fiscal year, did the organization's gross receipts exceed $25,000 OR did the organization's assets (market value) exceed $25,000 at any time during this fiscal year? (Assets include land, buildings, funds, equipment, vehicles and other personal and real property.)
[✔] Yes  [ ] No

#### C. During the fiscal year, did the organization engage a fundraising professional in connection with fundraising activities in New York State? These terms are defined at www.charitiesnys.com.
[ ] Yes  [✔] No

If the answer to ANY of these questions is "Yes", please continue completing this form, beginning with Section 3.

If the answer to ALL of these questions is "No", please go directly to Section 8 of this form (Certification) to complete this form.
### 3. Fundraising Professionals

If the organization engaged a fundraising professional, complete Schedule 3.

NOTE - A separate Schedule 3 must be completed for each fundraising professional engaged during the fiscal year.

If the organization did not use a fundraising professional, continue to Section 4.

#### Schedule 3. Fundraising Professionals
Includes Professional Fundraisers, Fundraising Counsels, and Commercial Co-Venturers

Complete this schedule for each fundraising professional that the organization engaged during fiscal year for fundraising activity in New York State. Please use a separate page for each fundraising professional.

1.a Name of fundraising professional

1.b Fundraising professional's Charities Bureau ID#

2. Type of fundraising professional

- Professional Fundraiser
- Fundraising Counsel
- Commercial Co-Venturer

3. Contact Information for the fundraising professional

<table>
<thead>
<tr>
<th>Number and Street (or P.O. Box if mail not delivered to street address)</th>
<th>Room/Suite</th>
</tr>
</thead>
<tbody>
<tr>
<td>City or Town, State or Country and Zip + 4</td>
<td></td>
</tr>
</tbody>
</table>

Telephone Number

4. Dates of Contract: [ ] through [ ]

   (mm/dd/yyyy)       (mm/dd/yyyy)

5. Describe the type and scope of the services provided by the fundraising professional:

6. Describe the financial terms of the contract, including the compensation paid to the fundraising professional:

7. Enter the amount paid to the fundraising professional

8. For a commercial co-venturer,
   (a) enter the amount received by the organization from the commercial co-venturer [__________], and
   (b) whether the charity has received an accounting from the commercial co-venturer during the fiscal year  □ Yes □ No
4. Government Contributions/Grants

Did the organization receive a contribution/grant from any federal, state or local governmental entity, including any legislative body?  [ ] Yes  [x] No

If "Yes", list each government contribution/grant on Schedule 4.

If "No", please go to Section 5.

<table>
<thead>
<tr>
<th>Enter name of Government Entity</th>
<th>Purpose of Grant/Contribution</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Total Government Contributions/Grants: $0
5. Type of IRS Report Filed

Which version of the IRS Form 990 is being filed electronically with the IRS?

- [ ] IRS form 990
- [ ] IRS form 990EZ
- [ ] IRS form 990PF

6. Filing Fee Calculator

<table>
<thead>
<tr>
<th>Total Support &amp; Revenue amount :</th>
<th>$305,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets/Net Worth at End of Year amount :</td>
<td>$562,118</td>
</tr>
</tbody>
</table>

These amounts are from the IRS Form being filed electronically with the IRS.

The annual filing fee(s) you owe are indicated below.

You must pay the following fee under New York State's Executive Law Article 7A:

- 7A and DUAL filers, not exempt $25 ✔
- 7A exempt or EPTL only filers $0

You must pay the following under New York's Estates, Powers and Trusts Law (EPTL)

<table>
<thead>
<tr>
<th>Assets/Net Worth at End of Year</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>$25</td>
</tr>
<tr>
<td>$50,000 or more, but less than $250,000</td>
<td>$50</td>
</tr>
</tbody>
</table>
| $250,000 or more, but less than $1,000,000 | $100 ✔
| $1,000,000 or more, but less than $10,000,000 | $250 ✔
| $10,000,000 or more, but less than $50,000,000 | $750 ✔
| $50,000,000 or more             | $1500 ✔
| Not Applicable                  | $0  

Your Total Fee: $125

7. Attachments

7A. Independent Certified Public Accountant's Report (For Executive Law Article 7-A and Dual Filers Only)

Please check the box below indicating that you are attaching an Accountant's Report, if applicable

- [ ] Certified Public Accountant's Audit Report - Total support and revenue was more than $750,000 during the fiscal year.
- [ ] Certified Public Accountant's Review Report - Total support and revenue was between $250,001 and $750,000 during the fiscal year.
- [ ] No Accountant's Report is required.
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or other Authorized Officer

Printed Name

Title

Date

Chief Financial Officer or Treasurer

Printed Name

Title

Date

Submitter (if not one of those above)

Printed Name

Title

Date

John Kaehny

09/25/2017

Exec Director

Treasurer

09/26/2017

Jadah Carroll

Managing Member

09/25/2017

Aaron Naparstek

09/26/2017

President or other Authorized Officer

Printed Name

Title

Date

Chief Financial Officer or Treasurer

Printed Name

Title

Date

Submitter (if not one of those above)

Printed Name

Title

Date
**Filing Detail**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization ID</td>
<td>42-68-08</td>
</tr>
<tr>
<td>EIN</td>
<td>27-1624621</td>
</tr>
<tr>
<td>Registration Category</td>
<td>Dual</td>
</tr>
<tr>
<td>Raised more than $25,000 from New York State residents</td>
<td>Yes</td>
</tr>
<tr>
<td>Gross receipts exceeded $25,000 or assets exceeded $25,000</td>
<td>Yes</td>
</tr>
<tr>
<td>Fundraiser</td>
<td>No</td>
</tr>
<tr>
<td>Grants</td>
<td>No</td>
</tr>
</tbody>
</table>

**IRS Form Submitted**

- IRS Form Attached: Yes
- IRS Form Type: Form 990
- Schedule B Attached: Yes

**Revenue**

- Government Grants (Contributions): $0
- Total Contributions: $305,000
- Total Program Service Revenue: $0
- Total Revenue: $305,000

**Expenses**

- Total Program Service Expenses: $231,481
- Salaries, Other Compensation, and Employee Benefits: $259,853
- Total Expenses: $283,333

**Net Assets**

- Total Net Assets or Fund Balances at the End of the Year: $562,118

**CPA Audit or Review**

- CPA Review or CPA Report Attached: Yes

**FeeDue**

- 7A Fee: $25
- EPTL Fee: $100
- Total Fee Due: $125