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Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)

Charities Burgery, Registration Section

2011

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	ricke 7-A, EPTL and dual filers (replaces forms CHAR 497, New York, NY 10271									
1. General Information	<u> </u>						·			
a. For the fiscal year beginning (mm/dd/yyyy) / 2 0 1 1 and ending (mm/dd/yyyy)										
b. Check if applicable for N		. Name of orga							•	IN) (##-######
Address change REINVENT ALBANY 27-1624621 e. NY State registration no. (## ## ##)										
Name change										
1 ! *	Number and street (or P.O. box if mail not delivered to street address) Room/suite f Telephone number									
149 IAPAVEMME CMDEET DENMINOIDE (017) 399_0097			087							
Amended filing NY registration pe	andina			ntry and zip + 4			<u> </u>	g. Email		
	inuing	NEW YOR	RK, NY, 1	10013						
2. Certification - Two S	Signatures	s Required		•				•	·	
We certify under penalties	·		wed this re	aport, includin	a all attachments	s, and to t	the best of our	r knowledge a	and belief, th	ev are true.
correct and complete in ac	cordance v	with the laws	of the Stat	te of New York	applicable to this	report.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a. President or Authorized	Officer		olen	Kary	JOHN	KA	EHMY	Excut	ie Dire	der 5/
b. Chief Financial Officer o	r Treas.		nature hudin nature	Yhundrul	Printed Name Claudi Printed Name	a Ha	ssbach	Account	tant	5/14/ Date
<u>. </u>				<u>v</u>						
. Annual Report Exemp	ption Info	ormation								
a. Article 7-A annual repo	ort exemptio	ion (Article 7-	A registran	its and dual reg	ilstrants)					
				-	s, foundations, c	-	-	_	•	exceed
		_		gage a profess	ional fund raiser (PFR) or f	lund raising c	ounsel (FRC)	to solicit	
		ing this fiscal	•	DED or EDC	on used and olthou	e. 41 il eo	ashiad an all	a a àtlan fram	n fodovalod	f d
NOTE: An organizati United Way or incor	•					•				runa, ·
substantially all of it	•		·					— <i>'</i>		rticle 7-A.
b. EPTL annual report exe	· · · · · · · · · · · · · · · · · · ·							The to that t	oquiros by 71	111010 1 711
Check ▶ if gross	s receipts d	dld not exceed	d \$25,000 <u>£</u>	and assets (m	arket value) did r	not excee	d \$25,000 at	l any time dui	ing this fisca	at year.
For EPTL or Article-7A registi	ranta claimin	no the annual r	enort evem	ation under the o	ne law under which i	hev are re	nistered and for	dual registrani	te claiming the	anniel recort
exemptions under both		-						-	-	•
•			•		es and <u>do not</u> subn		•			
Article 7-A Schedules										
If you did not check the Article								•		
a. Did the organization use a	•		ınd raising co	ounsel or comme	ercial co-venturer for	fund raisin	g activity in NY	State?	Yes*	No
* If "Yes", complete Schedule 4a.										
b. Did the organization receive government contributions (grants)?										
n 103 , complete co	ilicadio 40.	•								
Fee Submitted: See las	st page for s	summary of t	fee require	ments.						
ndicate the filing fee(s) yo										
a. Article 7-A filing fee b. EPTL filing fee					. \$ 50. . \$ 50.		it only one fee, payabl		•	
Attachments - For orga	anizations t	that are not o	dalming an	nual report e	remptions under	both laws	s, see last pag	e for required	i altachmeni	s → → →

CHAR500 - 2011

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. Article 7-A **EPTL** Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fée

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$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

6. Attachments - Document Attachment Check-List

For All Filers					
Filing Fee X Single check or money order payab	le to "NYS Department of Law"				
Copies of Internal Revenue Service Forms					
X IRS Form 990 All required schedules (including Schedule B) IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-PF IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T					
Additional Article 7-A Document Attachment Re	quirement				
Independent Accountant's Report					
Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) X No Accountant's Report Required (total support & revenue not more than \$100,000)					

CHAR500 - 2011

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	FOT	the 2011 calendar year, or tax year beginning , 2011,	, and ending		, 20
ь		C Name of organization		D Employer ident	ification number
В	Check i	fappHomble: REINVENT ALBANY		27-16246	521
Γ	Ad	Idress Ange Doing Business As			
-			Room/suite	E Telephone num	ber
-	\dashv	148 LAFAYETTE STREET, PENTHOUSE		(917) 388-	
<u> </u>	\dashv	compated City or town, state or country, and ZIP + 4		(3277 300	
- 1-	_	nended NEW YORK, NY 10013		C Common amoninto	1 526
-	ret	um NEW TORRY WI TOOLS		G Gross receipts : H(a) Is this a group re	
L	pei	nding Olim Idinative		affiliales?	
_		148 LAFAYETTE STREET, PENTHOUSE NEW YORK, N	IX 10013	H(b) Are all affiliales	
1_		exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(e)(1) o	or 527	If "No," attach a	list. (see instructions)
J		site: ▶ WWW.REINVENTALBANY.ORG		H(c) Group exemption	
K	Form	of organization: X Corporation Trust Association Other	L Year of	formation: 2010 M Sta	te of legal domicile: NY
P	art l	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
4	J	PROMOTES OPEN, ACCOUNTABLE NEW YORK STATE GOVERN	NMENT		
ž					
E					
Activities & Governance	2	Check this box ▶ if the organization discontinued its operations or disposed	of more than	25% of its not assots	
Ğ	3] 3.
χ •ο	1 4		· · · · · · ·		3.
ij	4	Number of independent voting members of the governing body (Part VI, line 1b)	· · · · · ·		1.
ş	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
ĕ		Total number of volunteers (estimate if necessary)	· • • • • •	6	10.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0
	b	Net unrelated business taxable income from Form 990-T, line 34		<u>,</u> 7b	0
	1		<u> </u>	Prior Year	Current Year
<u>ە</u>	8	Contributions and grants (Part VIII, line 1h)		624,925.	0
Revenue	9	Program service revenue (Part VIII, line 2g)		C) 0
ě	10	investment income (Part VIII, column (A), lines 3, 4, and 7d).	[347.	1,536.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		C	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		625,272.	1,536.
	13	Grants and similar amounts pald (Part IX, column (A), lines 1-3)		35,000.	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	ň
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	⊦	119,452.	103,693.
Expenses				110,402.	
Den	1 0a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> ⊢		
Ex	, D	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u> </u>	05 102	70 554
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · · ·	95,103.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		249,555.	
	19	Revenue less expenses. Subtract line 18 from line 12		375,717.	-181,711.
2 2		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	E	Seginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	<u>[</u>	383 , 773.	213,654.
종	21	Total liabilities (Part X, line 26)	L	8,056.	19,648.
Tet	22	Net assets or fund balances. Subtract line 21 from line 20,	<u> [</u>	375,717.	194,006.
Pa	rt II	Signature Block			
Und	er per	nalties of perjury, I declare that I have examined this return, including accompanying schedules an	d statements, a	and to the best of my knowl	edge and belief, it is true,
COTT	ect, ar	nd complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any kr	owledge.	
		Mu 19444			
Sig	n	Signature of officer		, Date	
Her	е	IN TOHN KAFHNY Executive	Dire	chor t	5/14 /7617
		Type or print name and title	0 (10	9101	SI I I COIL
		Print/Type preparer's name Preparer's signature	Date	Aberral India	PTIN
Paid		BHARTI GUPTA Bharh Gult	5/14/	Check if '	P00943421
Prep	arer	MATTER MARKET A THORESO TAR	1 4/14/	12	
Use	Only			01.4	3539062
	45	Firm's address 222 BLOOMINGDALE ROAD, STE 400 WHITE PLAINS, NY 10605	· · · · · · · · · · · · · · · · · · ·	Phone no. 914	-644-9200
мay	tne IF	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · ·		X Yes No

PAGE 2

REINVENT ALBANY 27-1624621

For	n 990 (2011) Pa	age Z
Pa	Itt III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: ATTACHMENT 1	
	ATTACHEM T	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses\$including grants of \$0_) (Revenue \$0_)	
	ATTACHMENT 2	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	· · · · · · · · · · · · · · · · · · ·	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 155,489.	

1E1020 1.000

	90 (2011)			Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	110
•	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	_ 5		<u> </u>
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	6		х
7	"Yes,"complete Schedule D, Part I	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			*
_	VII, VIII, IX, or X as applicable.		•	·s
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	х	
h	Schedule D, Part VI	110		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	v	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		v
40	organization or entity located outside the United States? 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 assistance	16		х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	"		
.,	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24 a	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		!	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2011)

	REINVENT ALBANY 27-1624	621		
orm !	990 (2011)		ı	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	**			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	X	A430+ A0530
۰.	reportable gaming (gambling) winnings to prize winners?	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	otatements, med for the calendar year ending with or within the year covered by this retain.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	A000000		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	statement.	water dans	~m a.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		Х
b	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?	5с		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ł
	organization, have excess business holdings at any time during the year?	8		~~~~~
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
0	Section 501(c)(7) organizations. Enter:			
	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			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			İ
	against amounts due or received from them.)			ĺ
2 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·w=======	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			l
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
ม	the organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand			

JSA 1E1040 1.000

14a

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) REINVENT ALBANY 27-1624621 Page **6**

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 in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
	1 -		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year, If there are 1a 3			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in 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 approval by			
-	independent 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 in Schedule O (see instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	(3)s or	nly)	
	available for public inspection. Indicate how you made these available. Check all that apply.	(-,5 5)	,,,	
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est n	olicy
	and financial statements available to the public during the tax year.		JU. P	J .
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ►CLAUDIA HASSBACH 148 LAFAYETTE STREET, PENTHOUSE NEW YORK, NY 10013 917-388-9072			
JSA		Form	990	(2011)

Form 990 (2011)	REINVENT ALBANY	27-1624621 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	, Highest Compensated Employees, and
	Independent Contractors	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JOHN KAEHNY SECRETARY & EXECUTIVE DIRECTOR	40.00	х		х				95,254.	0	108.
(2) MARK GORTON PRESIDENT	1.00	х		х				C	0	
(3) AARON NAPARSTEK TREASURER	1.00	х		Х				C	0	0
(5)										
(6)										
(7)										
(9)										
(10)			i .							
(11)			_							
				_	_					
			_	_						
(14)	-									

Page	8
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)												
(A) Name and title	(B) Average hours per week (describe	box,	unles r and	Pos eck ss pe l a di	rson recto	than or	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Est am	(F) limated ount of other pensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-f	MISC)	orga and	m the nization related nizations
			_			8.						
	<u>-</u>		_				_					
			_	_			_					
			_									
	-											
	-											
1b Sub-total	ction A .	· · ·	• •	• •		 				0 0 0		108. 0 108.
reportable compensation from the organization	n ▶	()									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	- X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	ortab \$15	le 0	com 00?	pen <i>If</i>	sation	n aı s,"	nd other compens	ation from	the such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											5	,
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i compensation	ndepe on for	ende the	ent e ca	con	tracto lar ye	rs t	that received more ending with or with	than \$100 nin the orga	,000 c nization	of n's tax	
(A) Name and business address							(B) Description of se	rvices	(C) Compensation			
							1					
2 Total number of independent contractors (in				nited	d to	_	se I	isted above) who	received			,
more than \$100,000 in compensation from the	o uyanızal	1011				0					Form	990 (2011)

Par	t VIII	Statement of Revenue				
A. A			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants,				,
ad Oth	g	and similar amounts not included above . 1f				1,
Σ'n	h	Total. Add lines 1a-1f	0			
- Pi		Business Co				4.25
Program Service Revenue	2a					
8	ь					
jč	c					
ē	ď					
E						
Jrai	e	All other program service revenue				
Š.	f	Total. Add lines 2a-2f	. • 0			1
-	g		0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	1,536.			1,536.
	4	Income from investment of tax-exempt bond proceeds				<u> </u>
	5	Royalties	0			
		(i) Real (ii) Persona	al			1
	6a	Gross rents				ì
	b	Less: rental expenses				1
		Rental income or (loss)				3
	4	Net rental income or (loss)	0			
	d	(i) Securities (ii) Other				1
	7a	Gross amount from sales of				1
		assets other than inventory				1
	b	Less: cost or other basis				
		and sales expenses				1
	С	Gain or (loss)				
	d	Net gain or (loss)	. ▶ 0			
a	8a	Gross income from fundraising				
핕	""	events (not including \$				
evenue		• •				3
		of contributions reported on line 1c).]	
F		See Part IV, line 18 a				
Other R		Less: direct expenses b				***************************************
0	l		0			
	9a	Gross income from gaming activities.				
	ł	See Part IV, line 19	_			1
	b	Less: direct expenses b				
	C	Net income or (loss) from gaming activities	. 🕨 0			
	10a	Gross sales of inventory, less]
		returns and allowances				1
	ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	. ▶			
	一	Miscellaneous Revenue Business Co				1
	 					
	11a					
	ь					-
	C			-	 	-
	d	All other revenue			<u> </u>	
	е	Total. Add lines 11a-11d	. ▶			-
	12	Total revenue. See instructions	1,536.			1,536.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0										
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0										
4		0										
4 5	Benefits paid to or for members	95,362.	80,830.	14,532.								
6	Compensation not included above, to disqualified	337302.	30,030.	21,002.	•••							
-	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0										
7	Other salaries and wages	0										
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0		**								
9	Other employee benefits		7 001	1 050								
10	Payroll taxes	8,331.	7,081.	1,250.								
11	Fees for services (non-employees):											
	Management	100		100.								
	Legal	100. 6,542.		6,542.								
	Accounting	0,342.		0, 542.								
	Lobbying	0										
	Professional fundraising services. See Part IV, line 17 Investment management fees	0										
	=	40,673.	39,602.	1,071.								
9 12	Other	0	03,0021	=, -, -, -,								
13	Office expenses	707.	70.	637.	****							
14	Information technology	0										
15	Royalties	0										
16	Occupancy	o										
17	Travel	1,076.	868.	208.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0										
19	Conferences, conventions, and meetings	217.	217.									
20	Interest	0										
21	Payments to affiliates	0										
22	Depreciation, depletion, and amortization	27,720.	25,641.	2,079.								
23	Insurance	0										
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
	PAYROLL CHARGES	1,052.	894.	158.								
	COMPUTER & TELEPHONE EXPENSE	874.		874.								
	FILING FEES	175.		175.								
	BANK & WIRE FEES	81.	200	81.								
	All other expenses	337.	286.	51.								
	Total functional expenses. Add lines 1 through 24e	183,247.	155,489.	27,758.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if											
	following SOP 98-2 (ASC 958-720)	o										

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Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	237,354.	1	34,071.
	2	Savings and temporary cash investments	75,334.	2	116,870.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0		0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
_	9	Prepaid expenses and deferred charges ATCH 3	652.	9	0
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 101,327.			
	b	Less: accumulated depreciation	70,433.	10c	62,713.
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	q	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	383,773.		213,654.
	17	Accounts payable and accrued expenses	8,056.		19,648.
	18	Grants payable	0	18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
≣	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	8,056.	26	19,648.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	375,717.	27	194,006.
3a	28	Temporarily restricted net assets	q	28	0
듈	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.	\$		
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ÌÀ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	375,717.	33	194,006.
	34	Total liabilities and net assets/fund balances	383,773.	34	213,654.

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Form	990 (2011)				Pa	ge 12
$\overline{}$	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,5	536.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	83,2	247.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	81,	711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	75 ,	717.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
0	column (B))	6		1	94,(006.
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question 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," ex Schedule O.	plain	in			
2a	The state of the s			2a		X
b	Were the experience financial statements audited by an independent accountant?	• •	· · · · -	2b	Х	T
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent accountar		<u> </u>	2c	Х	ļ
	If the organization changed either its oversight process or selection process during the tax year, e.		n in			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar w	ere			
	issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı in			
	the Single Audit Act and OMB Circular A-133?		🚶	3a		↓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u></u>
				Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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. ➤ See separate instructions.

Open to Public Inspection

REINVE	NT ALBANY								27	-1624621			
Part I	Reason for Pub	lic Charity Statu	s (All organizations mus	st com	plete	this pa	rt.) Se	e instru	ictions.	•			
The orga	nization is not a priva	ite foundation beca	use it is: (For lines 1 throu	gh 11,	check	only one	e box.)						
1 🔲	A church, convention	n of churches, or a	ssociation of churches des	scribed	in s	ection 1	170(b)(ʻ	I)(A)(i).					
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule	e E.)									
3			rvice organization describe										
4 📙	A medical researc	h organization op	erated in conjunction wi	th a h	ospital	descri	bed in	sectio	n 170(b)(1)(A)(iii). Enter the			
	hospital's name, cit												
5			nefit of a college or univer	ersity	owned	or ope	rated t	y a go	vernme	ntal unit described in			
	section 170(b)(1)(A	., , , ,	•										
6			r governmental unit describ										
7 X	_	•	es a substantial part of it	s supp	ort tro	m a go	vernme	ntai un	it or iro	om the general public			
• —	described in sectio			minto F) II 4								
$^{\circ}H$			on 170(b)(1)(A)(vi). (Com				contrib	utions	mamba	archin food and gross			
9 🗀	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
			ne 30, 1975. See section				-			tax, nom bacmoccoc			
10			ed exclusively to test for pu										
11		•	rated exclusively for the		-					or to carry out the			
			pported organizations de										
			es the type of supporting										
	a Type I	b Type	II c Type	III - Fu	nction	ally integ	grated		d	Type III - Other			
e			the organization is not										
	persons other than	foundation mana	gers and other than one	or mo	re pub	licly su	pported	organi	zations	described in section			
	509(a)(1) or section	, ,, ,											
f			n determination from the	e IRS	that it	is a Ty	/pe I, 1	ype II,	or Typ	e III supporting			
	organization, check						• • • • •			ـــا			
g		106, has the organi	zation accepted any gift or	contri	oution 1	rom an	or the						
	following persons?	directly or indire	ctly controls, either alon	o or t	oaetha	r with	norcon	e deec	ihad in	(ii) Yes No			
	••	•	ly of the supported organ			ı wını	person	3 4636	IDEO III	11g(i)			
	(ii) A family memb			12011011	• • •					11g(ii)			
		•	n described in (i) or (ii) abo	ove?	• • •					11g(iii)			
h	• •		t the supported organization							• • •			
(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of			
• •	organization		(described on lines 1-9 above or IRC section		ation in listed in	the orga in col.		organiz col. (i) o	ation in	support			
			(see instructions))	your go docui	verning ment?	your su			U.S.?				
				Yes	No	Yes	No	Yes	No				
(A)													
 			,										
(B)													
(C)													
(D)													
(D)													
(E)													
·-/				<u> </u>									
Total													

Page 2

Par	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
Sec	tion A. Public Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				624,925.		624,925.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3				624,925.		624,925.				
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)		-				612,389.				
6	Public support. Subtract line 5 from line 4.	L	<u> </u>	<u> </u>			12,536.				
	tion B. Total Support	() 0007	1 41.0000	(-) 2000	T (4) 2040	(-) 2014	(D Total				
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
7	Amounts from line 4				624,925.		624,925.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				347.	1,536.	1,883.				
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 IV.)										
11	Total support. Add lines 7 through 10			<u> </u>			626,808.				
12	Gross receipts from related activities, etc. (s	ee instructions) .				12					
13	First five years. If the Form 990 is f organization, check this box and stop here										
Sec	tion C. Computation of Public Sup										
14	Public support percentage for 2011 (line				• • • • • • •	14	%				
15	Public support percentage from 2010 S	chedule A, Part	II, line 14			20 %	<u>%</u>				
16a	33 1/3 % support test - 2011. If the c										
	this box and stop here. The organization										
b	33 1/3 % support test - 2010. If the						1 1				
47-	check this box and stop here. The org 10%-facts-and-circumstances test -:										
17a	10%-racts-and-circumstances test - 10% or more, and if the organization										
	Part IV how the organization meets						·				
	organization			_	•						
h	10%-facts-and-circumstances test										
D	15 is 10% or more, and if the organization		-								
	Explain in Part IV how the organization										
	supported organization				-	•					
18	Private foundation. If the organization										
	instructions						▶ □				
						chedule A (Form 99					

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	· ····=				·					
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees										
	received. (Do not include any "unusual grants.")										
2	Gross receipts from admissions, merchandise										
	sold or services performed, or facilities										
	furnished in any activity that is related to the										
	organization's tax-exempt purpose										
3	Gross receipts from activities that are not an										
3	· ·										
	unrelated trade or business under section 513						 				
4	Tax revenues levied for the										
	organization's benefit and either paid										
_	to or expended on its behalf						 				
5	The value of services or facilities										
	furnished by a governmental unit to the						İ				
	organization without charge										
6	Total. Add lines 1 through 5										
7 a	Amounts included on lines 1, 2, and 3										
	received from disqualified persons						ļ				
b	Amounts included on lines 2 and 3 received from other than disqualified										
	persons that exceed the greater of \$5,000										
	or 1% of the amount on line 13 for the year										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from										
	line 6.)										
Sec	tion B. Total Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
9	Amounts from line 6										
10 a	Gross income from interest, dividends,										
	payments received on securities loans, rents, royalties and income from similar										
	sources										
b	Unrelated business taxable income (less					ĺ					
	section 511 taxes) from businesses										
	acquired after June 30, 1975										
c	Add lines 10a and 10b					ĺ					
11	Net income from unrelated business										
••	activities not included in line 10b,										
	whether or not the business is regularly										
	carried on										
12	Other income. Do not include gain or										
	loss from the sale of capital assets										
12	(Explain in Part IV.)						 				
13	Total support. (Add lines 9, 10c, 11,				•						
	and 12.)										
14	First five years. If the Form 990 is for	-			•						
<u> </u>	organization, check this box and stop here			· · · · · · · · · · · ·		· · · · · · · · · · · ·					
	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·		403		T T					
15	Public support percentage for 2011 (line 8, co		-			15	<u>%</u>				
16	Public support percentage from 2010 Schedu			<u> </u>		16	<u>%_</u>				
	tion D. Computation of Investmen					I I					
17	Investment income percentage for 2011 (lin					17	<u> %</u>				
18	Investment income percentage from 2010	Schedule A, Part	III, line 17			18	<u></u>				
19 a	33 1/3 % support tests - 2011. If the org	ganization did no	ot check the box	on line 14, and	d line 15 is mor	e than 331/3 %,	and line				
	17 is not more than 331/3 %, check th	is box and sto j	here. The orga	anization qualifies	s as a publicly	supported organ	ization 🕨 💹				
b	b 33 1/3 % support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and										
	line 18 is not more than 331/3 %, check	this box and st	t op here. The or	ganization qualifie	es as a publicly	supported organ	ization 🕨 💹				
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instr	uctions ►				

1E1221 1.00

Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

RE:	INVENT ALBANY			27-1624621
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 9	vised Funds or Othe 990, Part IV, line 6.	r Similar Funds o	or AccountsComplete if the
		(a) Donor adv	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing the	t the assets held in	donor advised
•	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
•	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization ans	wered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (e.g., recre	•		of an historically important land area
	Protection of natural habitat	,	4 I	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservati	on contribution in the	e 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	Total acreage restricted by conservation easements	3		2b
С	Number of conservation easements on a certified hi	istoric structure included	l in (a)	2c
ď	Number of conservation easements included in (c) a	acquired after 8/17/06, a	ind not on a	
	historic structure listed in the National Register			
3	Number of conservation easements modified, transf	ferred, released, extingu	iished, or terminated	l by the organization during the
	tax year >			
4	Number of states where property subject to conserv			
5	Does the organization have a written policy regarding			
	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing	conservation easem	ents during the year
	>			
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing cons	ervation easements	during the year
	S	0/-1/		470/h\/4\/D\
8	Does each conservation easement reported on line			
9	(i) and section 170(h)(4)(B)(ii)?		in its revenue and a	
9	balance sheet, and include, if applicable, the text of			· ·
	organization's accounting for conservation easemer		mzation s imanciai s	maternerits that describes the
Pa	rt III Organizations Maintaining Collection		reasures, or Oth	er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, I	Part IV, line 8.	_
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958).	not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIV, the text of the	lar assets held for pu	blic exhibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under works of art, historical treasures, or other simil	(ASC 958) SHAS 116 (ASC 958	, to report in its i	revenue statement and balance sneet reation, or research in furtherance of
	public service, provide the following amounts relati		one extribition, eut	course, or recourse in farmeration of
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
	following amounts required to be reported under \$			
а	Revenues included in Form 990, Part VIII, line 1 .			
	Assets included in Form 990, Part X			> \$

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Par	Organizations Maintaining Coll	ections of A	Art, Histo	rical Tre	easures,	or Othe	r Similar Assets(continued))
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and of	ther recor	ds, check	any of	the follow	ing that are a sign	nificant use	e of its
-	Public exhibition		d [ا [n or eych	ange prog	rams		
a	 		· -	4		ange prog	iaiiis		
b	Scholarly research		e] Oth	er 				
C	Preservation for future generations			da barre d	L 6	41	:		in Dort
4	Provide a description of the organization's XIV.							t purpose	m Pan
5	During the year, did the organization solicit							_ ,	
	assets to be sold to raise funds rather than							Yes	No_
Par	Escrow and Custodial Arrangel line 9, or reported an amount on				ization a	nswered	"Yes" to Form 99	0, Part IV	
		P			L-11				
па	Is the organization an agent, trustee, custo of						f		—
	included on Form 990, Part X?					• • • • •	[Yes [No
þ	If "Yes," explain the arrangement in Part XI \	and comple	te the follo	wing table	9:	 			
					_	_	Amount		
	Beginning balance					C			
d	Additions during the year					ld			
е	Distributions during the year				· · · · <u> 1</u>	e			
f	Ending balance				1	f			
2a	Did the organization include an amount on	Form 990, Pa	art X, line 2	21?			[Yes	No
b	If "Yes," explain the arrangement in Part XI \	<i>1</i> .							
Par	V Endowment Funds. Complete if	the organiz	ation ans	wered "\	Yes" to F	orm 990	, Part IV, line 10.		
		ırrent year	(b) Prio			ears back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses	1						1	
d	Grants or scholarships								
	Other expenditures for facilities .							-	
·	and programs	i							
_	• •								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c u	rrent year en	d balance	(line 1g, c	olumn (a)) neid as:			
a	Board designated or quasi-endowment		- %						
þ	Permanent endowment								
С	Temporarily restricted endowment ▶	%							
_	The percentages in lines 2a, 2b, and 2c sh								
3a	Are there endowment funds not in the pos	session of the	e organizat	ion that a	re held ar	nd adminis	tered for the	_	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(ii), are the related organizati or	ns listed as re	equired on	Schedule	R?			3b	
4	Describe in Part XIV the intended uses of t	e organizatio	n's endow	ment fund	ds.				
Par	VI Land, Buildings, and Equipmer	tSee Form	990, Par	t X, line	10.				
	Description of property	(a) Cost or o	other basis	(b) Cost o	r other basis ther)		cumulated (eciation	d) Book value	
	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment		6,136.				2,600.	3	,536.
е	Other	9	95,191.				36,014.	59	,177.
	. Add lines 1a through 1e. (Column (d) must	equal Form	990, Part 2	X, column	(B), line	10(c).)	▶		, 713.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: ket value
(1) Financia	al derivatives			
	held equity interests			
(A)				
<u>(B)</u>				
(C)				
(D)				 -
<u>(E)</u>				
(F)				
<u>(G)</u>				
<u>(H)</u> 				
	n (b) must equal Form 990, Part X, col. (B) line 12.)		-	
Part VIII	Investments - Program Related. See F		ne 13.	
arton	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	1		
) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				1
(8)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book val	ue	
(1) Feder	ral income taxes			
(2)				;
(3)				,
_(4)				***************************************
(5)				
(6)				4
<u>(7)</u>				*
(8)				
<u>(9)</u>				;
<u>(10)</u> (11)				;
	mn (b) must equal Form 990. Part X. col. (B) line 25.	1 🕨		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA
1E1270 1.000

CAONES METRO E (11 / 2012) - 2 118 202 PM - W 11 - 4 5

27-1624621 REINVENT ALBANY

Schedule D (Form 990) 2011 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 1,536 Total expenses (Form 990, Part IX, column (A), line 25) 183,247. 2 2 Excess or (deficit) for the year. Subtract line 2 from line 1 -181,711.3 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities 5 5 Investment expenses 6 7 7 Other (Describe in Part XIV.) 8 8 Total adjustments (net). Add lines 4 through 8 a Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 -181,711. 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 15,936. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments Donated services and use of facilities 14,400. Other (Describe in Part XIV.) Add lines 2a through 2d 14,400. 2e 1,536. 3 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 Other (Describe in Part XIV.) Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . 1,536. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 197,647. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 14,400. 2b c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 14,400. 2e Subtract line 2e from line 1 3 183,247. 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 _4b Other (Describe in Part XIV.) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 183,247. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD CODIFICATION

TOPIC 740, ACCOUNTING FOR INCOME TAXES, ENTITIES ARE REQUIRED TO DISCLOSE
IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX

POSITION. FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS

DEEMED TO BE AN UNCERTAINTY IN THEIR TAX POSITION, SINCE EVENTS COULD

POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX EXEMPT STATUS. THE

ORGANIZATION'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS
IS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUTING PRINCIPLES. THE

ORGANIZATION HAS NOT RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS
IN 2011 AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS

REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS

WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT

OF FINANCIAL POSITION DATE.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

REINVENT ALBANY

Employer identification number 27-1624621

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

PROCESS TO REVIEW FORM 990

THE EXECUTIVE DIRECTOR EMAILS THE FORM 990, PREPARED BY THE INDEPENDENT TAX PREPARER, TO THE OTHER TWO BOARD MEMBERS FOR REVIEW. ONCE THE WHOLE BOARD CONFIRMS IN WRITING THE FORM'S ACCURACY, THE EXTERNAL TAX PREPARER ELECTRONICALLY FILES IT WITH THE IRS.

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

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE EXECUTIVE DIRECTOR MONITORS THE COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY AND REPORTS TO THE BOARD ON AN ONGOING BASIS.

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

PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR

COMPARABILITY DATA WAS USED TO DETERMINE THE COMPENSATION OF THE

EXECUTIVE DIRECTOR, WHOSE SALARY IS IN LINE WITH THE AVERAGE COMPENSATION

OF A NON-PROFIT EXECUTIVE DIRECTOR WORKING IN NEW YORK CITY (AS SHOWN BY

THE ANNUAL SALARY SURVEY OF NEW YORK CITY NONPROFITS).

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

PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES

THE EXECUTIVE DIRECTOR IS THE ONLY OFFICER AND KEY EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19

PROCESS BY WHICH THE ORG. MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC
ALL FINANCIAL FORMS ARE POSTED ON GUIDESTAR.ORG. THE ORGANIZATION ALSO
HAS A LINK TO GUIDESTAR.ORG ON ITS WEBSITE THAT WILL LEAD TO THE
FINANCIAL STATEMENTS. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY ARE POSTED ON THE ORGANIZATIONS WEBSITE.

FORM 990, PART XII, LINE 2C

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT
REINVENT ALBANY HAS AN AUDIT AND FINANCIAL OVERSIGHT COMMITTEE CHARGED
WITH OVERSEEING THE ORGANIZATION'S FUNDS AND FINDING AN AUDITOR AS WELL
AS AN OUTSIDE ACCOUNTANT/BOOKKEEPER. THIS COMMITTEE IS COMPOSED OF JOHN
KAEHNY (EXECUTIVE DIRECTOR AND SECRETARY) AND AARON NAPARSTEK (TREASURER)
WITH CONSULTATION FROM REINVENT ALBANY'S ATTORNEY, WHO SPECIALIZES IN
CHARITY LAW.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REINVENT ALBANY PROMOTES OPEN, ACCOUNTABLE NEW YORK STATE GOVERNMENT.

WE SEEK A STATE GOVERNMENT THAT IT IS CLEAR AND HONEST ABOUT ITS

GOALS AND ACTIVITIES, KEEPS ITS PROMISES, AND BENEFITS FROM THE

COLLECTIVE GENIUS AND PARTICIPATION OF THE PUBLIC IT IS INTENDED TO

SERVE. OUR INTEREST IN GOVERNMENT TRANSPARENCY AND PUBLIC

PARTICIPATION ARE BOTH PRACTICAL AND IDEALISTIC. AROUND THE WORLD,

THE GOVERNMENTS THAT ARE THE MOST EFFECTIVE AND AND LEAST CORRUPT,

ARE ALSO THE MOST TRANSPARENT AND ACCOUNTABLE.

ATTACHMENT 2

Name of the organization REINVENT ALBANY

Employer identification number 27-1624621

ATTACHMENT 2 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OUR WORK IS CURRENTLY FOCUSED ON WINNING:

A STATE GOVERNMENT WHICH ACTIVELY USES ADVANCES IN INFORMATION TECHNOLOGY TO BECOME MORE RESPONSIVE, OPEN, EFFECTIVE AND INNOVATIVE

AN OPEN NEW YORK WHICH PUTS THE STATE'S VAST WEALTH OF STATE

DIGITAL INFORMATION ONLINE IN A USABLE FORMAT, AND CREATES NEW

OPPORTUNITIES FOR PUBLIC PARTICIPATION.

AGENCY AND AUTHORITY ACCOUNTABILITY, INCLUDING CLEAR PUBLIC GOALS,
PRIORITIES AND PERFORMANCE MEASURES FOR STATE AGENCIES AND
AUTHORITIES DISPLAYED ON THE INTERNET.

FISCAL HONESTY AND TRANSPARENCY, STARTING WITH AN END TO THE
DIVERSION OF DEDICATED TAXES AND FEES. WE SEEK A FULL AND CLEAR
ACCOUNTING OF ALL FORMS OF STATE SPENDING, SUBSIDIES AND
BORROWING, ORGANIZED COHERENTLY, AND ONLINE.
BETTER BASIC DEMOCRACY AND CLEAN GOVERNMENT INCLUDING ETHICS

BETTER BASIC DEMOCRACY AND CLEAN GOVERNMENT INCLUDING ETHICS
REFORM, REDUCED BARRIERS TO VOTING, AND FAIR ELECTION DISTRICTS.

	ATTACHMENT 3
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	
TOTALS	The state of the s

Audited Financial Statements

Reinvent Albany, Inc.

December 31, 2011

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Notes to Financial Statements	5



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Reinvent Albany, Inc.

We have audited the accompanying statement of financial position of Reinvent Albany, Inc. (a New York not-for-profit organization) as of December 31, 2011 and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Reinvent Albany, Inc. as of December 31, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

V Gustic LLP

White Plains, New York

REINVENT ALBANY, INC. STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2011

ASSETS

Cash and cash equivalents Fixed assets, net of accumulated depreciation	\$ 150,941 62,713
Total assets	\$ 213,654
LIABILITIES	
Accounts payable and accrued expenses	\$ 19,648
Total liabilities	 19,648
NET ASSETS	
Unrestricted	194,006
Total net assets	194,006
Total liabilities and net assets	\$ 213,654

REINVENT ALBANY, INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2011

SUPPORT AND REVENUE	
In-kind revenue	\$ 14,400
Interest income	1,536
Total support and revenue	15,936
EXPENSES	
Salaries, taxes & benefits	104,030
Consultants	40,673
Depreciation	27,720
In-kind expense	14,400
Professional fees	6,642
Bank and payroll charges	1,133
Travel & entertainment	1,076
Office expenses	882
Computer and telephone expenses	874
Conference expense	217_
Total expenses	197,647
DECREASE IN NET ASSETS	(181,711)
NET ASSETS AT BEGINNING OF YEAR	375,717
NET ASSETS AT END OF YEAR	\$ 194,006

REINVENT ALBANY, INC. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES:	
Decrease in net assets	\$ (181,711)
Adjustments to reconcile change in net assets to net	
cash used by operating activities:	27 722
Depreciation	27,720
(Increase) decrease in:	-
Prepaid expenses	652
Increase in:	
Accounts payable and accrued expenses	11,592
Net cash used by operating activities	(141,747)
CASH FLOWS FROM INVESTING ACTIVITIES:	
Purchases of fixed assets	(20,000)
Net cash used by investing activities	(20,000)
Net decrease in cash and cash equivalents	(161,747)
Cash and cash equivalents at beginning of year	312,688
Cash and cash equivalents at end of year	\$ 150,941

Note 1 - Nature of business and summary of significant accounting policies

Organization and tax exempt status

Reinvent Albany, Inc. (the "Organization") is an advocacy group promoting fair, accountable and effective government for New York State. The Organization advocates transparency in government and strives to cease the diversion of dedicated government funds.

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization was incorporated in January 2010.

Uncertain tax positions

In accordance with Financial Accounting Standards Board Codification Topic 740, Accounting for Income Taxes, entities are required to disclose in their financial statements the nature of any uncertainty in their tax position. For tax-exempt entities, their tax-exempt status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their tax exempt status. The Organization's accounting policy for evaluating uncertain tax positions is in accordance with generally accepted accounting principles. The Organization has not recognized any benefits from uncertain tax positions in 2011 and believes it has no uncertain tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease within 12 months of the statement of financial position date.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Equipment and depreciation

Equipment is stated at cost. Depreciation is provided using the straight line method over the estimated useful lives of the assets.

Maintenance and repairs of equipment are charged to operations, and major improvements are capitalized.

Functional allocation of expenses

The costs of program and supporting services have been summarized on a functional basis in Note 3 of the financial statements. Expenses are charged to program services and general and administration based on specific classification of expenditures and allocations.

Contributions

In accordance with ASC 958-605 Not-for-profit Entities, Revenue Recognition, contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Note 1 – Nature of business and summary of significant accounting policies (continued)

Contributions (continued)

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Cash and cash equivalents

For the purpose of the statements of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Classification of net assets

The net assets of the Organization and changes therein are classified as follows:

<u>Unrestricted net assets</u> – All funds not restricted by a donor or grantor.

<u>Temporarily restricted net assets</u> – Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as a net asset released from restrictions. The Organization currently has no temporarily restricted net assets.

<u>Permanently restricted net assets</u> – Permanently restricted net assets are those assets which have a donor imposed restriction stipulating that resources be maintained in perpetuity. In certain instances permanent restrictions extend to the appreciation of the market value of the contributed assets. Temporary restrictions may be placed on the use of income derived from these assets. The Organization currently has no permanently restricted net assets.

Note 2 – Fixed assets

Fixed assets consists of the following at December 31, 2011:

Website development	\$ 95,191
Computer hardware	2,588
Equipment	 3,548
	101,327
Less: accumulated depreciation	 (38,614)
	\$ 62,713

Depreciation expense for the year ended December 31, 2011 was \$27,720, and is included in the statement of activities.

Note 3 – Functional expenses

The costs of providing the Organization's programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The Organization provides financial support to public advocacy groups. Expenses related to providing these services are:

Program services	\$ 155,489
Management and general	42,158
	\$ 197,647

Note 4 – Concentrations

The Organization maintains its cash and cash equivalents in accounts that are insured by the U.S Federal Deposit Insurance Corporation ("FDIC"). Throughout the year the bank balances may exceed the limit insured by the FDIC. The Organization has not experienced any losses to date resulting from this policy.

The Organization received all of its public support from one particular fund.

Note 5 – Donated services

The Organization recognizes services donated to the Organization as income at fair value in the period in which they are received. The Organization also records an offsetting expense at the same time to record the use of the gift. During 2011, the Organization received \$14,400 of in-kind support, which appears on the statement of activities. Donated services include free occupancy and information technology support.

Certain board members of Reinvent Albany are also board members of the organization that provides the in-kind support to Reinvent Albany.

Note 6 – Subsequent events

Management has evaluated all subsequent events or transactions for potential recognition or disclosure through April 9, 2012, the date these financial statements were available to be issued.

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