Annual Filing for Charitable Organizations
New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com

Filing Type:  ☑ New Filing  ☐ Amendment  Filing Year: 2019

General Information
Current Organization Name: Reinvent Albany
NY Registration Number: 42-68-08
Organization Type: Corporation
Current Fiscal Year End: 12/31
Organization Email: info@reinventalbany.org
Tax Exempt Status: 501(c)(3)

Updated Name: N/A
Registration Category: DUAL
EIN: 271624621
Updated Fiscal Year End: N/A
Organization's Phone: 917-388-9087
Website: www.reinventalbany.org

Organization Address
<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Principal Address</th>
<th>NY State Address</th>
</tr>
</thead>
</table>
| 148 Lafayette Street
New York
NY
10013
United States | 148 Lafayette Street
New York
NY
10013
United States | NA |

Primary Contact Information
First Name: John
Last Name: Kaehny
Title: Executive Director
Phone: 917-388-9087
Email: jkaehny@reinventalbany.org

Third Party Preparer Information
First Name: Jacob
Last Name: Shurin
Title: Jadah Carroll Associates LLC
Phone: 212-966-3692
Email: jacob@jadahcarroll.com

Third Party Address
Street: 365 Rugby Road
City: Cedarhurst
State: NY
Zip: 11516
Country: United States
### Registration Category

1. Does the organization conduct activity in New York State (other than soliciting)? This may include, but is not limited to, maintaining an office, having employees or running a program.
   - ☐ Yes  ☐ No

2. Does the organization have assets in New York State?
   - ☐ Yes  ☐ No

3. Is the organization incorporated or formed in New York State?
   - ☐ Yes  ☐ No

4. Does the organization solicit or receive more than $25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
   - ☐ Yes  ☐ No

5. Does the organization use a professional fundraiser or fundraising counsel?
   - ☐ Yes  ☐ No

Based on your responses to the above questions, this organization's registration category remains as **DUAL**.

### Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under $25,000 during the fiscal year?
   - ☐ Yes  ☐ No

2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
   - ☐ Yes  ☐ No

3. Were the organization’s gross receipts under $25,000 and the market value of its assets under $25,000 during the fiscal year?
   - ☐ Yes  ☐ No

Based on your responses to annual exemption questions, this organization is required to file under **DUAL** during this fiscal year.

### Financial Information

- **Which IRS form does your organization use?**  IRS990
- **Organization’s total revenue:** $427,367.00
- **Organization’s total assets:** N/A
- **Organization’s total contributions:** $427,367.00
- **Organization’s total net assets:** $398,909.00
- **Organization’s total liabilities:** N/A
- **Organization’s total income:** N/A
- **Organization's total revenue and contributions:** N/A
- **Organization's total assets/worth:** N/A

Is the organization required to file form Schedule B - Schedule of contributors - with the IRS?
   - ☐ Yes  ☐ No

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?
   - ☐ Closing  ☐ Withdrawing  ☐ Dissolving  ☐ None

Is this your final filing with New York State?
   - ☐ Yes  ☐ No  N/A

Based on the responses, the organization's registration category remains as **DUAL**.
**Filing Information**

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>General Information</th>
<th>Description of Services</th>
<th>Description of Compensation</th>
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</thead>
<tbody>
<tr>
<td>Name of Firm: N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Type: N/A</td>
<td>Registration ID: N/A</td>
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</tr>
<tr>
<td>Contract Start: N/A</td>
<td>Contract End: N/A</td>
<td></td>
</tr>
<tr>
<td>Amount Paid: N/A</td>
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<tr>
<td>Mailing Address: N/A</td>
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</tbody>
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| Contract Start: N/A | Contract End: N/A | |
| Amount Paid: N/A | Phone: N/A | |
| Mailing Address: N/A | | |

Did the organization receive government grants during this fiscal year?

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Government Grant Agency</th>
<th>Grant Amount</th>
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<tbody>
<tr>
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Attached organization's required documents:

- [x] IRS document
- [ ] Certified Public Accountant's Audit Report
- [x] Certified Public Accountant's Review Report
- [ ] Complete Certificate of Amendment or other document amending the name
- [ ] Schedule B
- [x] Other documents

Signatures

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.

<table>
<thead>
<tr>
<th>Role</th>
<th>First Name</th>
<th>Last Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>John</td>
<td>Kaehny</td>
<td><a href="mailto:jkaehny@reinventalbany.org">jkaehny@reinventalbany.org</a></td>
</tr>
<tr>
<td>Treasurer</td>
<td>Aaron</td>
<td>Naparstek</td>
<td><a href="mailto:aaron@naparstek.com">aaron@naparstek.com</a></td>
</tr>
</tbody>
</table>

Signature of Executive Director: [Signature]

Date: 12/15/2020

Signature of Treasurer: [Signature]

Date: 12/16/2020