

**CHAR500
Online**For new annual filings,
and amendments**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**Open to Public
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2019**General Information**

Current Organization Name: Reinvent Albany Updated Name: N/A
 NY Registration Number: 42-68-08 Registration Category: DUAL
 Organization Type: Corporation EIN: 271624621
 Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A
 Organization Email: info@reinventalbany.org Organization's Phone: 917-388-9087
 Tax Exempt Status: 501(c)(3) Website: www.reinventalbany.org

Organization Address

Mailing Address	Principal Address	NY State Address
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: _____
 Firm Name: 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 N/A
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? <u>IRS990</u>	Organization's total revenue: <u>\$427,367.00</u>
Organization's total contributions: <u>\$427,367.00</u>	Organization's total assets: <u>N/A</u>
Organization's net assets: <u>\$398,909.00</u>	Organization's total revenue and contributions: <u>N/A</u>
Organization's total liabilities: <u>N/A</u>	Organization's total assets/worth: <u>N/A</u>
Organization's total income: <u>N/A</u>	

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

Filing Information

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

Yes No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

Did the organization receive government grants during this fiscal year?

Yes No

Government Grant Agency	Grant Amount
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- IRS document
- Certified Public Accountant's Audit Report
- Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- Schedule B
- 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.

Role	First Name	Last Name	Email
Executive Director	John	Kaehny	jkaehny@reinventalbany.org
Treasurer	Aaron	Naparstek	aaron@naparstek.com

Signature of  DocuSigned by:
9D331D13FEDB4D5... Date: 12/15/2020
Executive Director

Signature of  DocuSigned by:
D584C997DD04440... Date: 12/16/2020
Treasurer