

Albany County Business Development Corporation

Board of Directors Meeting

111 Washington Ave, Albany NY May 18, 2023 8:30 AM – 10:00 AM

AGENDA

1. Review of April 20, 2023, Meeting Minutes Pg 2	Allen Maikels
2. Review of April 2023 Financials Pg 3-5 a. 990 Pg 6- 24	Allen Maikels, Amy Thompson
3. Renewal:a. Davenport Real Estate – Schuyler Bakery Pg 25-27	Kevin Catalano
4. Modification:a. CB25 Industrial Pg 28	Kevin Catalano
 Loan Write-Off Jeff Ryan Family Medicine Pg 29 	Kevin Catalano
6. Opportunity:a. State Small Business Credit Initiative Pg 30-33	Kevin Catalano
7. Alliance CEO Report	Kevin O'Connor
8. Other Business	
9. Adjournment	Allen Maikels

Board of Directors Meeting Minutes April 20, 2023

DIRECTORS PRESENT Alan Alexander, Al Maikels, Caitlin O'Brien, Diana Ostroff. Marcus

Pryor, and Jeff Stone

DIRECTORS ABSENT George Penn, Sean Ward, and Dan Lynch

COUNSEL PRESENT Madeline Kauffman

AACA STAFF PRESENT Kevin O'Connor, Amy Thompson, Kevin Catalano, Rosemary

McHugh, and Antionette Hedge

GUEST PRESENT Lucas Rogers, Albany County

Mr. Maikels called the meeting to order at 8:31 a.m.

Mr. Maikels presented the Minutes from the March 16, 2023 meeting. Mr. Stone made a motion to approve the March 16, 2023 Minutes, Mr. Alexander seconded; all were in favor.

Mr. Stone made a motion to ratify the votes taken at the March 16 meeting. Ms. Ostroff seconded; all were in favor.

Ms. Thompson presented the March 2023 Financial Statements. Ms. Thompson also presented the Alliance Agency Voucher. Mr. Pryor made a motion to approve the Financial Statements and the Alliance Voucher, Mr. Stone seconded; all were in favor.

Mr. Catalano presented the updated loan application of Faith Creative Names, which included the presentation of the sales strategy Faith Creative Names intends to implement to increase t sales to existing and new customers.

Upon due consideration of the loan application of Faith Creative Names, a motion to approve the loan application on the following proposed loan terms was made by Mr. Alexander and seconded by Ms. Ostroff, and all those voting on such motion were in favor:

Borrower: Faith Creative Names

Principal Amount: \$135,000.00

Interest Rate: 4%

Term: 5-year term, 20-year amortization

Collateral: First mortgage on commercial real estate located at 257 Central Ave,

Albany

Once all conditions precedent to closing have been satisfied, the ACBDC is authorized to fund and close the loan transaction, including the execution by the Advance Albany County Alliance, as agent of ACBDC, of all documents required to be executed in connection therewith.

Mr. O'Connor presented the Alliance CEO Report, including an update as on development opportunities in the County and the remediation of the Al Tech Specialty Steel site.

The Alliance will be hosting a Grand Opening event for the One Stop Shop on May 11 from 11:00 a.m. – 2:00 p.m. to which the ACBDC Board and others will be invited to attend.

Mr. Stone made a motion to move to adjourn the meeting at 9:01 a.m., Mr. Pryor seconded; all were in favor.

Respectfully submitted,

Allen Maikels, Secretary/Treasurer

Date:

Albany County Business Development Corporation Statement of Net Position

As of April 30, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
Restricted Cash	
10220 - M&T MM 3324 ALTECH ACBDC	7,418,342.40
10250 - M&T 4113 Al Tech Operating	897,374.45
Total Restricted Cash	\$ 8,315,716.85
Unrestricted Cash	
10210 - M&T ACBDC Corp Checking 4105	23,438.11
10255 - M&T 3994 CRAF Operating	3.00
Total Unrestricted Cash	\$ 23,441.11
Total Bank Accounts	\$ 8,339,157.96
Accounts Receivable	
14615 - Loans Receivable-Al Tech LT	11,361,619.41
14620 - Bad Debt Allowance	-84,193.00
15150 - Accrued Loan Interest	32,262.00
Total Accounts Receivable	\$ 11,309,688.41
Total Current Assets	\$ 19,648,846.37
Fixed Assets	
16000 - Furniture & Fixtures	6,588.00
16999 - Accumulated Depreciation	-6,588.00
Total Fixed Assets	\$ 0.00
TOTAL ASSETS	\$ 19,648,846.37
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20051 - Due to Advance Albany Co Alliance	16,813.19
Total Accounts Payable	\$ 16,813.19
Total Current Liabilities	\$ 16,813.19
Total Liabilities	\$ 16,813.19
Net Position	
28615 - Trust Assets	15,650,961.00
30000 - Net Assets	6,176,905.00
Retained Earnings	-2,254,907.40
Net Operating Revenues	59,074.58
Total Net Position	\$ 19,632,033.18
TOTAL LIABILITIES & NET POSITION	\$ 19,648,846.37

Albany County Business Development Corporation Statement of Revenue, Expenses and Changes in Net Position YTD April 2023

Total Operating Revenues 41000 - Application Fees 500.00 44000 - Bank Interest 46,525.93 44050 - Loan Interest Earned 115,888.26 **Total Operating Revenues** 162,914.19 Operating Expenses 50035 - Agency Fee 103,839.61 **Total Operating Expenses** 59,074.58 Change in Net Position 59,074.58

^{***}These financial statements omit the statement of cash flow and substantially all disclosures required by US GAAP.

They have not been subjected to an audit, review or compilation agreement, and therefore no assurance is provided on them.***

Albany County Business Development Corporation Budget vs. Actuals: 2022 Budget - FY22 P&L YTD April 2023

	Actual	Budget		Budget Variance	% of Budget
Operating Revenues					
41000 - Application Fees	500.00	1,250.00		-750.00	40.00%
44000 - Bank Interest	46,525.93	426.64		46,099.29	10905.20%
44050 - Loan Interest Earned	115,888.26	130,820.64		-14,932.38	88.59%
Total Operating Revenues	\$ 162,914.19	\$ 132,497.28	\$	30,416.91	122.96%
Operating Expenses					
50015 - Bank Fees		125.00		-125.00	0.00%
50035 - Agency Fee	103,839.61	77,000.00		26,839.61	134.86%
Bad Debt Writeoff		30,000.00		-30,000.00	0.00%
Total Operating Expenses	\$ 103,839.61	\$ 107,125.00	-\$	3,285.39	96.93%
Change in Net Position	\$ 59,074.58	\$ 25,372.28	\$	33,702.30	232.83%

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20)
or carefrada year meetar year beginning	, 2022, and onlining		_

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN ALBANY COUNTY BUSINESS DEVELOPMENT CORP 16-1530930 Name and title of officer or person subject to tax AL MAIKELS SECRETARY AND TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BONADIO & CO., LLP 11219 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 14227212205 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. KEVIN TESTO 05/17/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Do not enter social security numbers on this form as it may be made public.

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

2022
Open to Public

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning and ending		
B c	heck if oplicable	C Name of organization	D Employer identific	cation number
X	Addre	ALBANY COUNTY BUSINESS DEVELOPMENT CORP		
	Name chang		16-15309	30
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone number	r
	Final return/	111 WASHINGTON AVENUE 100	518-431-	
	termin ated	, j	G Gross receipts \$	383,334.
	Ameno	ALBANI, NI 12210	H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: AL MAIKELS	for subordinates	
		112 STATE STREET, ALBANY, NY 12207	H(b) Are all subordinates in	
				list. See instructions
	Vebsit		H(c) Group exemptio	
	orm of I rt I	organization: X Corporation Trust Association Other L Y Summary	ear of formation: 1994 N	M State of legal domicile: NY
1 6		Briefly describe the organization's mission or most significant activities: TO SUPPOI	סיד א זיד א ביד. בי	CIICUA TNA DI E
e		ECONOMIC ECO-SYSTEM IN THE COUNTY OF ALBANY B		
ıай		Check this box if the organization discontinued its operations or disposed of m		
Veri			1	7
Ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		7
ø v		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0
itie		Total number of volunteers (estimate if necessary)		0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	1,900,875.	0.
ju	9	Program service revenue (Part VIII, line 2g)	554,561.	355,716.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,332.	17,937.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	9,681.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,457,768.	383,334.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)	352,509.	200,693.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	352,509.	200,693.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,105,259.	182,641.
_ s	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)	19,525,961.	19,622,363.
Asse Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	135,643.	49,404.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	19,390,318.	19,572,959.
Pa	rt II	Signature Block	, ,	, _ , ,
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	
Sign	1	Signature of officer	Date	
Her	Э	AL MAIKELS, SECRETARY AND TREASURER		
		Type or print name and title	Ta. =	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		KEVIN TESTO KEVIN TESTO	05/17/23 self-employ	
Prep		Firm's name BONADIO & CO., LLP	Firm's EIN 1	6-1131146
Use	Unly	Firm's address 6 WEMBLEY CT		10\ 464 4000
		ALBANY, NY 12205	Phone no. (5	
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

232002 12-13-22

Form **990** (2022)

200,693.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

Part IV 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," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	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		x
e	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	<u> </u>		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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 and XII 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
14a	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

232003 12-13-22

Form **990** (2022)

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23		х
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			i
	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? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
6 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, 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		
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		<u> </u>
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		. 55	.,,
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U		1c		
22200	(gambling) winnings to prize winners?		990	(2022)
202UU2	7 10-10-22	i OHI		(_U_L)

10

022) ALBANY COUNTY BUSINESS DEVELOPMENT CORP Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		<u> </u>
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		<u> </u>
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		<u> X</u>
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?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	-	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,
	to file Form 8282?	7c	:	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. —		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· —		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	•		_
h	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. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Organ respirate included on Form 200 Part VIII line 10 for public use of old to facilities.	-		
b	, , , , , , , , , , , , , , , , , , , ,	\dashv		
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
D				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13	,	
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14:	a	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	441		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	\perp	
	If "Yes," complete Form 6069.			

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Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AMY THOMPSON - 5189375254

Form **990** (2022)

111

WASHINGTON AVENUE, SUITE 100, ALBANY.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization		Juga	ııı∠d			iipel	isalt			(F)
(A)	(B)			Pos	C) itior	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	, unie cer ar	ss pei id a d	rson irecto	is botl or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Iltrus	nal tr		loyee	d woo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	lust	ij,	Ke	e Fig	For			
(1) SEAN WARD	1.00									_
DIRECTOR		Х						0.	0.	0.
(2) DAN MCCOY	1.00									
EX-OFFICIO		Х						0.	0.	0.
(3) MARCUS Q. PRYOR	1.00									
DIRECTOR		Х						0.	0.	0.
(4) ALLEN MAIKELS	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(5) ANDREW JOYCE	1.00									
EX-OFFICIO		Х						0.	0.	0.
(6) PAMELA SMITH LANSING	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JEFFERY STONE	1.00									
DIRECTOR		Х						0.	0.	0.
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		-								

Form 990 (2022)

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	n	ar	nount	of
		week		Cerar	ia a a	recto	r/trus	iee)	from	from related	- 1		other	
		(list any	recto						the	organizations			pensa	
		hours for related	or di	98			ated		organization	(W-2/1099-MIS	·C/		rom th	
		organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			janizat d relat	
		below	dual tr	tional	١.	yoldı	st con	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				0.9	amean	0110
			_	_		×	1 0							
			-											
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1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	!			^
	compensation from the organization													0
											1		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х
5	Did any person listed on line 1a receive or a	•				•			•					
	rendered to the organization? If "Yes, " com	plete Schedule	e J f	or st	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con										ensat	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)		_		C)	
	Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
								J						
								T						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization					(•					

Form **990** (2022)

16-1530930 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenue excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** 353,716. 2 a LOAN INTEREST INCOME 900999 353,716. Program Service b LOAN APPLICATION FEES 900999 2,000. 2,000. f All other program service revenue 355,716. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 17,937. 17,937. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 9,681. 11 a OTHER REVENUE 900999 9,681 d All other revenue

232009 12-13-22

17,937. Form **990** (2022) 15

9,681.

383,334.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

365,397.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	36.	36.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	AGENCY FEES	200,657.	200,657.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	200,693.	200,693.	0.	0.
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)			 	

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Form 990 (2022) Part X Balance Sheet

Part	t X	Balance Sneet				
		Check if Schedule O contains a response or r	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		21,357.	1	22,855
	2	Savings and temporary cash investments		7,037,889.	2	8,008,790
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		12,466,715.	7	11,590,718
Assets	8	Inventories for sale or use			8	
ĕ	9	5			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	e 11		12	
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed		19,525,961.	16	19,622,363
	17	Accounts payable and accrued expenses		135,643.	17	49,404
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or fo				
┋		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of the			22	
- │	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D		135,643.	25	49,404
+	26	<u> </u>	heck here X	133,043.	26	49,404
ပ္ပ		Organizations that follow FASB ASC 958, c	neck nere A			
ا <u>د</u>	07	and complete lines 27, 28, 32, and 33.		23,919.	27	35,600
<u>a</u>	27			19,366,399.	28	19,537,359
8 8	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		17,300,377.	20	17,337,337
들		and complete lines 29 through 33.	956, Check here			
ō	20	Capital stock or trust principal, or current fund	de.		29	
ets	29 30	Paid-in or capital surplus, or land, building, or			30	
\SS	30 31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	31 32			19,390,318.	32	19,572,959
Ž		Total liabilities and not assets/fund balances		19,525,961.	33	19,622,363
	33	Total liabilities and net assets/fund balances		17,343,3010	აა	Form 990 (20)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,39	0,3	<u> 18.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,57	2,9	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2022)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ALBANY COUNTY BUSINESS DEVELOPMENT CORP

Employer identification number 16-1530930

Par	t I Organizations Maintaining Donor Advised Funds or	Other Similar Funds	or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.		·	
	(a) Dor	nor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's exclusive legal $% \left\{ 1,2,\ldots,4,3,4,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	control?	Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing	ng that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor or donor advisor	, or for any other purpose	conferring	
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization answ	vered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all the			
	Preservation of land for public use (for example, recreation or education	on) Preservation o	of a historically important land area	
	Protection of natural habitat	Preservation o	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form		
	day of the tax year.		Held at the End of the Tax Year	
_	Total number of conservation easements			
b				
C	Number of conservation easements on a certified historic structure included	()	2c	
d	Number of conservation easements included in (c) acquired after July 25,200			
•	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, released, extingui	sned, or terminated by the	e organization during the tax	
	year	1		
4	Number of states where property subject to conservation easement is located.			
5	Does the organization have a written policy regarding the periodic monitorin	-		
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of viol	lations, and onforcing con		
U	Stan and volunteer hours devoted to monitoring, inspecting, narraining or viol	ations, and emoroning con	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	s and enforcing conserva	ation easements during the year	
•	, amount of expenses mounted in morning, inspecting, nariding of violation	is, and emorning conserve	ation dustricines during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the rec	quirements of section 170)(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easements in			
	balance sheet, and include, if applicable, the text of the footnote to the orga	•		
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art, Histori	ical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report	in its revenue statement	and balance sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, e	education, or research in f	urtherance of public	
	service, provide in Part XIII the text of the footnote to its financial statements	s that describes these iter	ns.	
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of			
	art, historical treasures, or other similar assets held for public exhibition, edu	ucation, or research in furt	herance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other			
	the following amounts required to be reported under FASB ASC 958 relating	g to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2022	

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Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ALBANY COUNTY BUSINESS DEVELOPMENT CORP

Employer identification number 16-1530930

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEREST RATE COMMERCIAL LOANS THROUGH THE AL TECH LOAN FUND AND THE CAPITAL REGION ADVANCEMENT FUND TO SMALL AND MEDIUM SIZE BUSINESSES THAT ARE EXPECTED TO CREATE EMPLOYMENT OPPORTUNITIES AND/OR EXPAND THE COMMERCIAL REAL ESTATE TAX BASE. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, EXPAND THE COMMERCIAL REAL ESTATE TAX BASE. FORM 990, PART VI, SECTION A, LINE 3: THE CAPITAL REGION CHAMBER OF COMMERCE INC. PROVIDED THE ADMINISTRATIVE SERVICES FOR THE LOAN FUND THROUGH JUNE 30, 2021. EFFECTIVE JULY 1, ADMINISTRATIVE SERVICES TRANSFERRED TO THE ADVANCE ALBANY COUNTY ALLIANCE LOCAL DEVELOPMENT CORPORATION. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990. UPON APPROVAL ENTIRE BOARD IS MADE AWARE THAT THE 990 IS AVAILABLE FOR REVIEW AND A COPY IS PROVIDED AS REQUESTED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE REVIEWED ON AN ANNUAL BASIS. NEW MEMBERS AFFIRM POLICY, WHILE CONTINUING MEMBERS REAFFIRM POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization ALBANY COUNTY BUSINESS DEVELOPMENT C	Employer identification number ORP 16-1530930
PART XII, LINE 2C	
NO CHANGES FROM PRIOR YEAR.	

AL TECH LOAN FUND - MATURITY EXTENSION REQUEST

Company:	Davenport Realty Company	
Operating Company:	Schuyler Bakery	Account #: ALT615154

Address:	637 3 rd Ave	Disbursed:	\$102,000.00
	Watervliet, NY	Amount:	\$75,658.44
Phone:		Maturity:	April 1, 2022
Contact Name:	Cyndy Davenport	Interest Rate:	3.13%
		Repayment Terms:	\$741.77

Principal Balance for Renewal:	\$75,658.44 or balance after 8.1.23 payment	
Proposed Renewal Terms:	60-month term based on a 10-year amortization	
Proposed Interest Rate (75% of WSJ Prime):	4.00%	
Proposed Renewal Repayment:		

Collateral:

A second position mortgage interest in the property located at 637 Third Avenue, Watervliet, NY 12189, subordinate only to a first position mortgage interest held by Community Bank.

A second position UCC filing against all business interests of both the operating and real estate holding companies (to be formed), subordinate only to a first position UCC filing by Community Bank. Any security interest required for the seller-held note will be subordinate to the above.

Life insurance assignment of both Scott Davenport and Cynthia Davenport, each in the amount of \$102,000 (the full loan amount).

Business Description: Schuyler Bakery is a tree nut and peanut free bakery serving the Capital District of Albany, New York. The bakery has been doing business in the area for over 50 years. They make and sell donuts, cakes, cookies, breads and other baked goods. All baked goods are made on the premises to ensure the highest quality and freshest products. The business successfully sells these goods not just to the residents of Watervliet but to schools in the Albany area as well. Not only is the bakery profitable every year but revenues have been consistently over 450K for the last 20 years.

The bakery is the only peanut and tree nut free bakery within 100 miles. With allergies on the rise this provides an ever-increasing market. Much of the bakery's order sales are for schools or businesses which are concerned with the allergens in their food.

Scott Davenport has experience with food companies going back to childhood. After running a food manufacturing business, he decided to go back to school to get a full time MBA. On completion of the MBA he bought a successful peanut and tree nut free granola manufacturing business in Rochester, New York. The similarities of the two businesses and the experience of owning a similar bakery will be a great asset with Schuyler Bakery. In addition to helping with the business administration of the bakery there is also a crossover

in suppliers of ingredients and economies of scale which will potentially reduce the bakery's cost of goods sold. Mountain Rise Organics has relocated to the capital region.

Cyndy Davenport has over a decade of experience managing people. Starting out as a teller at a small theater, she worked her way up to general manager and managed several different theaters with over 50 employees. She eventually made her way to the Living Room Theater in Oregon where she was in charge of every aspect of the theater and adjacent restaurant. This restaurant cooked and baked many different items; it is essentially a small bakery itself. Cyndy has a good deal of experience in scheduling, operations, and overall customer service. Cyndy and Scott (siblings) lived together from 2007 to 2012 and have gotten along great ever since.

Since the pandemic revenues have been stable in the \$430K range annually. Profitability has been struggle, one issue the siblings face is employees. They are cautious to advertise wedding cakes which can run several hundred dollars to over \$1,000 depending on the size and features.

Use of Loan Proceeds:

purchased the business and real estate of Schuyler Bakery, a 50+ year old retail shop providing tree nut-free and peanut-free bakery products to the City of Watervliet and surrounding areas.

2023 Site Review Info:

Conducted By:	Kevin Catalano	Visit Date:	May 9, 2023
Principal Balance as of Date of Review:	\$75,658.44	Repayment Experience:	Paid as agreed.
Violations:	None		

Financial Information: Borrower provided 2020, 2021 and 2022 accountant prepared tax returns. Schedule E for RE holding company wasn't provided in time for this report.

Narrative & Financial Analysis:

Condition of Physical Collateral:

(Staff Observation): Property appears to be in average condition, the building is over 100 years old and home to the bakery for decades.

Employment:

FTEs. 2 Ft, 8 Pt employees

Employment goals met: why/why not:

Finding employees has been a struggle since the COVID 19 pandemic began. They would hire cake decorators if they could find them.

Notes: Speaking with one of the owners, Schuyler Bakery is under contract to be sold, one of the prospective buyers is a baker and cake decorator which will provide a more stable footing for the overall operations as the current ownership always struggles to find quality, experienced bakers and especially cake decorators. It is the owner's position that they could have grown the business if they had more experienced cake decorators. Property is listed with Chris Schmid with Coldwell Banker Commercial for \$315,000 (Building and Business)

Schuyer Bakery - 1120-s	2022	2021	2020
Sales	438,888	418,602	433,454
COGS	234,627	123,135	137,092
Gross Profit	204,621	295,467	296,362
Net Gain from 4797	·	,	·
Total Income	204,621	295,467	296,362
Operating Expenses			
Officer Comp	52,000	52,000	52,000
Salaries and Wages	126,947	135,997	128,793
Repairs and Maintenance	1,836	3,771	11,922
Auto and Truck Exp			
Bad Debts			
Rents	21,767	21,025	21,767
Insurance			
Taxes / Licenses	18,344	18,195	15,481
Interest	7,249	3,164	7,422
Depreciation	5,454	5,454	7,636
Advertising	5,000	8,656	4,805
Pension			
Employee Benefits	00.000	64.700	05.454
Other Deductions	90,923	64,709	85,454
Total Operating Expenses	329,520	312,971	335,280
Total Income	-124,899	-17,504	-38,918
Other Deductions:			
Insurance	16,281	19,059	20,104
Professional Fees	19,603	6,350	17,960
Linens		0	2646
Utilities	37,066	20,716	22,401
Phone / Internet	34	25	391
Supplies	680	1,333	742
Misc	1,592	1,559	5,519
Amortization	15,667	15,667	15,667
Bank Charges		0	24
Total Other Deductions	90,923	64,709	85,454

²² COGS is approximately \$104K higher then the avg of the previous two years

²² Professional Fees, increase due to ERTC Credit Refund application and funding of \$165,607

²² Utilities are approximmately \$15,500 higher then the average of the two previous years.

MEMORANDUM

To: Albany County Business Development Corp - Board of Directors

From: Kevin Catalano - Director of Commercial Lending

Re: CB25 Industrial Park Rd, LLC - Change of Co-Borrower and Change of Corporate

Guarantor

Date: May 18, 2023

Balance on the Loan: \$657,093. Mrs. Crisafulli has been a borrower since 4.20.2016, all payments have been made as agreed. Current employment is 210, job growth has exceeded expectations.

Mrs. Andrea Crisafulli from Crisafulli Bros Plumbing and Heating Contractors, Inc., is requesting a modification to her loan documents. She is requesting the following changes:

Co-Borrowers on Loan Documents currently reads:

CB 25 Industrial Park Rd, LLC and Crisafulli Bros Plumbing and Heating Contractors, Inc.

Requested Change:

CB 25 Industrial Park Rd, LLC and Crisafulli Mechanical, Inc

Additionally, Ms. Crisafulli requested a change in Corporate Guarantors, currently:

Crisafulli Bros Plumbing and Heating Contractors, Inc.

Requested Change:

Crisafulli Mechanical, Inc

ACBDC will require the continuation of an Assignment of Leases and Rents from both Crisafulli Mechanical, Inc and Crisafulli Brothers Plumbing and Heating Contractors, Inc.

ACBDC will continue to require the unlimited personal guarantee of Mrs. Andrea Crisafulli.

Writer recommending ACBDC Board approve the stated changes. Writer additionally recommending that the ACBDC Board provide Counsel, John Hartzell with flexibility to assist with the modification of loan documents to secure ACBDC position in terms of collateral position, both corporate and personal guarantees and any other documents that may be required or recommended.

MEMORANDUM

To: ACBDC Board of Directors

From: Kevin Catalano – Director of Commercial Lending

Re: Loan Write-Off – Jeff Ryan Family Medicine

Date: May 18, 2023

A loan to **Jeff Ryan Integrative Medicine**, ALT615044 in the amount of \$29,704.34 was placed into collections on 9.14.2019. On March 24, 2021, ACBDC collected \$5,000 from the sale of the real estate held as collateral for the loan as a settlement to release the second mortgage on the property.

Writer recommending the current balance of the loan, in the amount of \$25,979.32 to written-off. The attorney representing ACBDC suggested Dr. Ryan is unable to work due to illness and that there are no additional funds available to pay down the loan.

MEMORANDUM

To: ACBDC Board of Directors

From: Kevin Catalano – Director of Commercial Lending

RE: NYS – State Small Business Credit Initiative (SSBCI)

Date: May 18, 2023

Kevin O'Connor, CEO of the Alliance and Kevin Catalano met with Morgan Clark from Empire State Development who administers the program to better understand the terms and conditions.

The State Small Business Credit Initiative (SSBCI) is expanding the New York State Capital Access Program (CAP) with \$29.4 million to provide matching funds to financial institutions for loan loss reserves as an incentive to increase small business lending.

New York State's CAP is a loan loss portfolio insurance program designed to increase financing opportunities for New York State's small businesses, socially and economically disadvantaged individual (SEDI) business owner* and very small businesses (VSB)**. Through CAP, Empire State Development (ESD) provides funding to a dedicated loan loss reserve account which can be utilized if a loan defaults. The reserve account begins with the borrower and lender making a shared contribution of 3 to 7 percent of the loan amount, which is then matched by Empire State Development. The reserve account balance increases with each loan enrolled and can provide 100 percent reimbursement to a lender for any enrolled loan that defaults.

Benefits of CAP participation:

- Expands the small to middle market business customer base.
- Limits exposure to losses through a reserve fund.
- Enhances Community Reinvestment Act (CRA) efforts.
- All loan decisions are in the hands of the Lender, without any approval required by ESD or any other entity.
- Provides credit enhancement to all types of loans.

SEDI shall have the meaning of:

^{*}Socially and Economically Disadvantaged Individual-Owned Business (SEDI):

- A business enterprise that certifies that they are owned and controlled by individuals
 who have had their access to credit on reasonable terms diminished as compared to
 others in comparable economic circumstances, due to their:
- 1. Membership of a group that has been subjected to racial or ethnic prejudice or cultural bias within American society;
- 2. Gender;
- 3. Veteran status;
- 4. Limited English proficiency;
- 5. Physical handicap;
- 6. Long-term residence in an environment isolated from the mainstream of American society;
- 7. Membership of a federally or state recognized Indian tribe;
- 8. Long-term residence in a rural community;
- 9. Residence in a U.S. territory;
- 10. Residence in a community undergoing economic transitions (including communities impacted by the shift towards a net-zero economy or deindustrialization);
- 11. Membership of another "underserved community" as defined in Executive Order 13985.
- A business enterprise that certified that they are owned and controlled by individuals whose residences are in CDFI Investment Areas; as defined in 12 C.F.R. § 1805.201(b)(3)(ii);
- A business enterprise that certifies that they will operate a location in a CDFI Investment Area, as defined in 12 C.F.R. § 1805.201(b)(3)(ii);
- A business enterprise that is located in a CDFI Investment Area, as defined in 12 C.F.R. § 1805.201(b)(3)(ii).

**Very Small Business (VSB):

VSB shall be a business with fewer than 10 employees at the time of the loan, investment, or other credit/equity support and includes independent contractors and sole proprietors.

Eligibility

Qualified lenders include any bank, trust company, savings bank, savings and loan association or cooperative bank chartered by the State or any national banking association, federal savings and loan association or federal savings bank or any community-based lending organization, provided, however, that such entity has its principal office located in the State.

A community-based lending organization includes community development financial institutions, small business lending consortia, certified development companies, United States Small Business Administration loan providers, and community development credit unions, provided however, that such entity has an office for the transaction of business located in the State.

A community development financial institution is further defined as one that meets the following criteria:

- (i) has a primary mission of promoting community development;
- (ii) serves an investment area or targeted population;
- (iii) provides development services in conjunction with equity investments or loans, directly or through a subsidiary or affiliate;
- (iv) maintains, through representation on its governing board or otherwise, accountability to residents of its investment area or targeted population; and
- (v) is not an agency or instrumentality of the United States, or of any State or political subdivision of a State.

The way the program works is outlined in the table below:

Borrower	Borrower	ACBDC	ESD	Total
	Contribution	Contribution	Contribution	Contribution
				into Loan Loss
				reserve
Borrower 1	\$50	\$6,250	\$6,300	\$12,600
Loan Amount				
\$90,000				
Borrower 2	50	9,400	9,450	18,900
Loan Amount				
\$135,000				
Borrower 3	50	13,950	14,000	28,000
Loan Amount				
\$200,000				
	·	Total Segregated	Loan Loss Reserve	\$59,500

If Borrower 1, 2, or 3 fails to pay their loan as agreed during the first 5 years of the loan term, the Fund would have \$59,500 in a segregated loan loss reserve account to offset any write-offs.

ACBDC can add from 3% - 7% into the loan loss reserve, Borrower does need to participate, recommendation would be \$50, ACBDC segregate the remainder of the 7% and ESD to Match.

Community Loan Fund participated in the first round of the program. Based on their average size loans to small business are under \$50,000, they are not sure if they will participate in round 2. The Deputy Executive Director Walt Brady felt with our average loan in the \$250,000 - \$300,000 range the program would be a better fit for ACBDC.

During the discussion with Morgan Clark, she mentioned that the first round is ending, the State is entertaining the idea of allowing participating lenders to keep 75% to 100% of the balance of segregated loan loss reserve.

Mr. Brady suggested there is additional paperwork at the time of the closing and that our CFO will have to submit additional quarterly and annual paperwork to ESD on the loans entered in the program.

A new account would need to be set up to segregate the funds.