Annual Report for Homeless Housing Assistance Corporation **Run Date: 03/10/2015**
Fiscal Year Ending:03/31/2014 **Status: CERTIFIED**

Governance Information (Authority-Related)

Question	Response	URL (if applicable)
1. Has the Authority prepared its annual report on operations and accomplishments for the reporting period as required by section 2800 of PAL?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
3. Has the Authority named an internal control officer in accordance with section 2931 of PAL?	Yes	N/A
4. Please enter the number of staff assigned the internal control function.	1	N/A
5. Has the lead audit partner for the independent audit firm changed in the last five years in accordance with section 2802(4) of PAL?	Yes	N/A
6. Does the independent auditor provide non-audit services to the Authority?	No	N/A
7. Does the Authority have an organization chart?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
8. Are any Authority staff also employed by another government agency?	No	
9. Has the Authority posted their mission statement to their website?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
10 Has the Authority's mission statement been revised and adopted during the reporting period?	No	N/A
11 Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL.		http://otda.ny.gov/programs/housing/hhac.asp
12 Has the Authority adopted a lobbying policy in accordance with section 2987 of PAL?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
Lobbying officer name	Dana Greenberg Brenda McAteer	N/A
13 Has the Authority maintained a record of all lobbying contacts during the reporting period, as required by section 2987 of PAL?	Yes	N/A

Annual Report for Homeless Housing Assistance Corporation **Run Date: 03/10/2015**
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Governance Information (Board-Related)

Question	Response	URL
1. Has the Board established a Governance Committee in accordance with Section 2824(7) of PAL?	Yes	N/A
2. Has the Board established an Audit Committee in accordance with Section 2824(4) of PAL?	Yes	N/A
3. Has the Board established Finance Committee in accordance with Section 2824(8) of PAL?	Yes	N/A
4. Provide a URL link where a list of Board committees can be found (including the name of the committee and the date established):		http://otda.ny.gov/programs/housing/hhac.asp
5. Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL?	Yes	N/A
6. Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year		http://otda.ny.gov/programs/housing/hhac.asp
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
9. Does the Board review and monitor the Authority's implementation of financial and management controls?	Yes	N/A
10. Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of PAL?	Yes	N/A
11. Has the Board adopted policies for the following in accordance with Section 2824(1) of PAL?		
Salary and Compensation	No	N/A
Time and Attendance	No	N/A
Whistleblower Protection	Yes	N/A
Defense and Indemnification of Board Members	Yes	N/A
12. Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance with Section 2824(5) of PAL?	No	N/A
13. Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in accordance with Section 2825(3) of PAL?	Yes	N/A
14. Was a performance evaluation of the board completed?	Yes	N/A
15. Was compensation paid by the Authority made in accordance with employee or union contracts?	No	N/A
16. Has the board adopted a conditional/additional compensation policy governing all employees?	No	

Board of Directors Listing

Name	Mulrow, William J	**Name**	Sullivan, Ann Marie T
Chair of the Board	No	**Chair of the Board**	No
If yes, Chairman Designated by.		**If yes, Chairman Designated by.**	
Term Start Date	06/12/2012	**Term Start Date**	01/08/2014
Term Expiration Date	Pleasure of Authority	**Term Expiration Date**	Pleasure of Authority
Title		**Title**	
Has the Board member appointed a designee?		**Has the Board member appointed a designee?**	
Designee Name		**Designee Name**	
Ex-officio	No	**Ex-officio**	No
Nominated By	Other	**Nominated By**	Other
Appointed By	Other	**Appointed By**	Other
Confirmed by Senate?	No	**Confirmed by Senate?**	No
Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes	**Has the Board member/designee signed the acknowledgement of fiduciary duty?**	Yes
Complied with training requirement of Section 2824?	Yes	**Complied with training requirement of Section 2824?**	Yes
Does the Board member/designee also hold an elected or appointed State gove	Yes	**Does the Board member/designee also hold an elected or appointed State gove**	Yes
Does the Board member/designee also hold an elected or appointed municipal government position?	No	**Does the Board member/designee also hold an elected or appointed municipal government position?**	No

Board of Directors Listing

Name	Proud, Kristin M
Chair of the Board	Yes
If yes, Chairman Designated by.	By Virtue of Position
Term Start Date	01/05/2013
Term Expiration Date	Pleasure of Authority
Title	
Has the Board member appointed a designee?	
Designee Name	
Ex-officio	No
Nominated By	Other
Appointed By	Other
Confirmed by Senate?	No
Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove	Yes
Does the Board member/designee also hold an elected or appointed municipal government position?	No

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Staff Listing

Name	Title	Group	Department / Subsidiary	Union Name	Barga-ining Unit	Full Time/ Part Time	Exempt	Base Annualized Salary	Actual salary paid to the Individual	Over time paid by Authority	Performance Bonus	Extra Pay	Other Compensation/Allowances/Adjustments	Total Compens-ation	Individual also paid by another entity to perform the work of the Authority	If yes, Is the payment made by State or local government
This authority has indicated that it has no staff during the reporting period.																

Benefit Information

During the fiscal year, did the authority continue to pay for any of the above mentioned benefits for No

Board Members

Name	Title	Severance Package	Payment for Unused Leave	Club Member-ships	Use of Corporate Credit Cards	Personal Loans	Auto	Transpo-rtation	Housing Allow-ance	Spousal / Dependent Life Insurance	Tuition Assist-ance	Multi-Year Employ-ment	None of These Benefits	Other
Proud, Kristin M	Board of Directors												X	
Mulrow, William J	Board of Directors												X	
Sullivan, Ann Marie T	Board of Directors												X	

Staff

Name	Title	Severance Package	Payment for Unused Leave	Club Member-ships	Use of Corporate Credit Cards	Personal Loans	Auto	Transpo-rtation	Housing Allow-ance	Spousal / Dependent Life Insurance	Tuition Assist-ance	Multi-Year Employ-ment	None of These Benefits	Other

No Data has been entered by the Authority for this section in PARIS

Subsidiary/Component Unit Verification

Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct?	Yes
Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this Authority and not independently filing reports in PARIS?	No

Name of Subsidiary/Component Unit	Status	Requested Changes

Subsidiary/Component Unit Creation

Name of Subsidiary/Component Unit	Establishment Date	Entity Purpose

Subsidiary/Component Unit Termination

Name of Subsidiary/Component Unit	Termination Date	Termination Reason	Proof of Termination

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Assets	
Current Assets	
Cash and cash equivalents	$16,578,084
Investments	$0
Receivables, net	$0
Other assets	$0
Total Current Assets	$16,578,084
Noncurrent Assets	
Restricted cash and investments	$0
Long-term receivables, net	$372,501
Other assets	$0
Capital Assets	
Land and other nondepreciable property	$0
Buildings and equipment	$0
Infrastructure	$0
Accumulated depreciation	$0
Net Capital Assets	$0
Total Noncurrent Assets	$372,501
Total Assets	$16,950,585

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Liabilities	
Current Liabilities	
Accounts payable	$8,487
Pension contribution payable	$0
Other post-employment benefits	$0
Accrued liabilities	$0
Deferred revenues	$0
Bonds and notes payable	$0
Other long-term obligations due within one year	$0
Total Current Liabilities	$8,487
Noncurrent Liabilities	
Pension contribution payable	$0
Other post-employment benefits	$0
Bonds and notes payable	$0
Long Term Leases	$0
Other long-term obligations	$15,971,311
Total Noncurrent Liabilities	$15,971,311
Total Liabilities	$15,979,798
Net Asset (Deficit)	
Net Asset	
Invested in capital assets, net of related debt	$0
Restricted	$0
Unrestricted	$970,787
Total Net Assets	$970,787

Summary Financial Information

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS

Operating Revenues	
Charges for services	$0
Rental & financing income	$0
Other operating revenues	$44,243,986
Total Operating Revenue	$44,243,986
Operating Expenses	
Salaries and wages	$0
Other employee benefits	$0
Professional services contracts	$0
Supplies and materials	$0
Depreciation & amortization	$0
Other operating expenses	$44,274,064
Total Operating Expenses	$44,274,064
Operating Income (Loss)	($30,078)
Nonoperating Revenues	
Investment earnings	$0
State subsidies/grants	$0
Federal subsidies/grants	$0
Municipal subsidies/grants	$0
Public authority subsidies	$0
Other nonoperating revenues	$0
Total Nonoperating Revenue	$0

Summary Financial Information

SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS

Nonoperating Expenses	
Interest and other financing charges	$0
Subsidies to other public authorities	$0
Grants and donations	$0
Other nonoperating expenses	$0
Total Nonoperating Expenses	$0
Income (Loss) Before Contributions	($30,078)
Capital Contributions	$0
Change in net assets	($30,078)
Net assets (deficit) beginning of year	$1,000,865
Other net assets changes	$0
Net assets (deficit) at end of year	$970,787

Current Debt

Question	Response
1. Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period?	No
2. If yes, has the Authority issued any debt during the reporting period?	

New Debt Issuances List by Type of Debt and Program

No Data has been entered by the Authority for this section in PARIS

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Schedule of Authority Debt

Type of Debt	Statutory Authorization ($)	Outstanding Start of Fiscal Year ($)	New Debt Issuances ($)	Debt Retired ($)	Outstanding End of Fiscal Year ($)
State Obligation					
State Guaranteed					
State Supported					
State Contingent Obligation					
State Moral Obligation					
Other State Funded					
Authority Obligation					
General Obligation					
Revenue					
Other Non-State Funded					
Conduit					
Conduit Debt					
Conduit Debt - Pilot Increment Financing					

Real Property Acquisition/Disposal List

1.

Address Line1: 8 Main street
Address Line2:
City: MOUNT MORRIS
State: NY
Postal Code: 14510
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: $180,000
How was the Fair Market Value Determined?: Appraisal
Transaction Type: DISPOSITION OTHER
If Other, Explain: Property was transferred to another not for profit to continue the project as a resource for homeles

Transaction Date: 04/17/2013
Purchase Sale Price: $0.00
Lease Data (If applicable)
Market Rate($/square foot):
Lease Rate($/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Pathstone Corp
Last Name:
First Name:

Address Line1: 400 East Avenue
Address Line2:
City: ROCHESTER
State: NY
Postal Code: 14617
Plus4:
Province/Region:
Country: USA
Relation With Board member/senior authority management? No

2.

Address Line1: 1344 Lyman
Address Line2:
City: BRONX
State: NY
Postal Code: 10451
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: $1,250,000
How was the Fair Market Value Determined?: Appraisal
Transaction Type: DISPOSITION OTHER
If Other, Explain: Property was transferred to a not for profit agency to continue the project as homeless housing.

Transaction Date: 01/15/2014
Purchase Sale Price: $0.00
Lease Data (If applicable)
Market Rate($/square foot):
Lease Rate($/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Housing Works Inc.
Last Name:
First Name:

Address Line1: 57 Willoughby Street
Address Line2:
City: BROOKLYN
State: NY
Postal Code: 11201
Plus4:
Province/Region:
Country: USA
Relation With Board member/senior authority management? No

Real Property Acquisition/Disposal List

3.

Address Line1:	1412 Prospect
Address Line2:	
City:	BRONX
State:	NY
Postal Code:	10451
Plus4:	
Province/Region:	
Country:	USA
Property Description:	Residential Building
Estimated Fair Market Value:	$1,000,000
How was the Fair Market Value Determined?:	Appraisal
Transaction Type:	DISPOSITION OTHER
If Other, Explain:	This property was transferred to a not for profit to continue the project as a resource for homeless
Transaction Date:	01/15/2014
Purchase Sale Price:	$0.00
Lease Data (If applicable)	
Market Rate($/square foot):	
Lease Rate($/square foot):	
Lease Period (months):	
Seller/Purchaser/Tenant Data:	
Organization:	Housing Works Inc.
Last Name:	
First Name:	
Address Line1:	57 Willoughby Street
Address Line2:	
City:	BROOKLYN
State:	NY
Postal Code:	11201
Plus4:	
Province/Region:	
Country:	USA
Relation With Board member/senior authority management?	No

Personal Property

This Authority has indicated that it had no personal property disposals during the reporting period.

Property Documents

Question	Response	URL (if applicable)
1. In accordance with Section 2896(3) of PAL, the Authority is required to prepare a report at least annually of all real property of the Authority. Has this report been prepared?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
2. Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, and reporting of contracts for the acquisition and disposal of property?	Yes	http://otda.ny.gov/programs/housing/hhac.asp
3. In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be responsible for the Authority's compliance with and enforcement of such guidelines?	Yes	

Additional Comments: