Run Date: 10/05/2015
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?	No	
2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	Yes	http://www.albanycounty.com/landbank
3. 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
4. Does the independent auditor provide non-audit services to the Authority?	No	N/A
5. Does the Authority have an organization chart?	Yes	http://www.albanycounty.com/landbank
6. Are any Authority staff also employed by another government agency?	No	
7. Has the Authority posted their mission statement to their website?	Yes	http://www.albanycounty.com/landbank
8. Has the Authority's mission statement been revised and adopted during the reporting period?	Yes	N/A
9. Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL.		http://www.albanycounty.com/landbank

Run Date: 10/05/2015

Status: CERTIFIED

# 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://www.albanycounty.com/landbank
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://www.albanycounty.com/landbank
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	http://www.albanycounty.com/landbank
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	http://www.albanycounty.com/landbank
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	Yes	N/A
Time and Attendance	Yes	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?	Yes	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	

me	Chris, Spencer	Name	Todd , Curley
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	12/16/2014	Term Start Date	08/19/2014
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?	No	Complied with training requirement of Section 2824?	No
Does the Board member/designee also hold an elected or appointed State gove	No	Does the Board member/designee also hold an elected or appointed State gove	No
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

Tame	Touhey, Charles	Name	Mike , Jacobson
Chair of Board	Yes	Chair of Board	No
If yes, Chair designated By.	Other	If yes, Chair designated By.	
Term Start Date	06/17/2014	Term Start Date	06/17/2014
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	No	Does the Board member/designee also hold an elected or appointed State gove	No
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

Name	Pamela , Harper	Name	Corey , Ellis
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	06/17/2014	Term Start Date	08/19/2014
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?	No
Does the Board member/designee also hold an elected or appointed State gove	No	Does the Board member/designee also hold an elected or appointed State gove	No
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

ame	Michael, Keegan	Name	Phil, Calderone
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	06/17/2014	Term Start Date	06/17/2014
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?	No	Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove	No	Does the Board member/designee also hold an elected or appointed State gove	No
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

Run Date: 10/05/2015

Status: CERTIFIED

Board of Directors Listing	
Name	Ralph, Pascale
Chair of Board	No
If yes, Chair designated By.	
Term Start Date	12/16/2014
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	No
Does the Board member/designee also hold an elected or appointed municipal government position?	No

Run Date: 10/05/2015

Status: CERTIFIED

## Staff Listing

Name	Title	Group	Department	Union	Barga-	Full	Exempt	Base	Actual	Over	Performance	Extra Pay	Other	Total	Individual	If yes, Is
			/	Name	ining	Time/		Annualized	salary	time	Bonus		Compensa	Compens	also paid by	the payment
			Subsidiary		Unit	Part		Salary	paid to	paid by			tion/Allo	-ation	another	made by a
						Time			the	Authority			wances/Ad		entity to	State or
									Individua				justments		perform the	local
									1						work of the	government
															Authority	
Bronson,	Executive	Executive				FT	Yes	75,000.00	75,000	0	0	0	0	75,000	No	
Kathleen	Director															
R																
Wiley,	Executive	Administrative				FT	No	40,000.00	7,692.06	0	0	0	0	7,692.06	No	
Christina	Assistant	and Clerical														
Wyckoff,	Property	Managerial				FT	Yes	65,000.00	27,500	0	0	0	0	27,500	No	
Amanda	and												ļ			
	Developmen															
	t Manager															

Run Date: 10/05/2015

No

Status: CERTIFIED

#### Benefit Information

During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for

#### Board Members

Name	Title	Severance	Payment	Club	Use of	Personal	Auto	Transpo-	Housing	Spousal /	Tuition	Multi-	None	Other
		Package	for	Member-	Corporate	Loans		rtation	Allow-	Dependent	Assist-	Year	of	
			Unused	ships	Credit				ance	Life	ance	Employ-	These	
			Leave		Cards					Insurance		ment	Benefits	
Touhey,	Board of												Х	
Charles	Directors													
Pamela ,	Board of												Х	
Harper	Directors													
Mike ,	Board of												Х	
Jacobson	Directors													
Ralph,	Board of												Х	
Pascale	Directors													
Phil,	Board of												Х	
Calderone	Directors													
Todd ,	Board of												Х	
Curley	Directors													
Corey ,	Board of												Х	
Ellis	Directors													
Michael,	Board of												Х	
Keegan	Directors													
Chris,	Board of												Х	
Spencer	Directors													

## Staff

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

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

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Fiscal Year Ending:06/30/2015 Status: CERTIFIED

#### 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 Aut

No

Name of Subsidiary/Component Unit	Status	Requested Changes

#### Subsidiary/Component Unit Creation

Name of Subsidiary/Component Unit	Establishment	Entity Purpose
	Date	

#### Subsidiary/Component Unit Termination

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

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

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Run Date: 10/05/2015

Status: CERTIFIED

## Summary Financial Information

#### SUMMARY STATEMENT OF NET ASSETS

#### <u>Assets</u>

Current	Accete
Current	ADDELD

	Cash and cash equivalents	\$703,123	
	Investments	\$0	
	Receivables, net	\$0	
	Other assets	\$36,028	
	Total Current Assets	\$739,151	
	Noncurrent Assets		
	Restricted cash and investments	\$0	
	Long-term receivables, net	\$0	
	Other assets	\$0	
	Capital Assets		
	Land and other nondepreciable property	\$1,337,702	
	Buildings and equipment	\$0	
	Infrastructure	\$0	
	Accumulated depreciation	\$0	
	Net Capital Assets	\$1,337,702	
	Total Noncurrent Assets	\$1,337,702	
	Total Assets	\$2,076,853	

Run Date: 10/05/2015
Status: CERTIFIED

# Summary Financial Information

#### SUMMARY STATEMENT OF NET ASSETS

#### <u>Liabilities</u>

#### Current Liabilities

\$498,157
\$0
\$0
\$0
\$0
\$0
\$0
\$498,157
\$0
\$0
\$0
\$0
\$0
\$0
\$498,157
\$4,804
\$0
\$1,573,892
\$1,578,696

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

## Summary Financial Information

## SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETS

Operating	Revenues

Opera	ating Income (Loss)	\$1,578,096
	Total Operating Expenses	\$304,638
	Other operating expenses	\$155,053
	Depreciation & amortization	\$961
	Supplies and materials	\$11,380
	Professional services contracts	\$31,416
	Other employee benefits	\$0
	Salaries and wages	\$105,828
Opera	ating Expenses	
	Total Operating Revenue	\$1,882,734
	Other operating revenues	\$1,212,100
	Rental & financing income	\$0
	Charges for services	\$670,634

#### Nonoperating Revenues

Investment earnings	\$0
State subsidies/grants	\$0
Federal subsidies/grants	\$0
Municipal subsidies/grants	\$0
Public authority subsidies	\$0
Other nonoperating revenues	\$600
Total Nonoperating Revenue	\$600

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

## Summary Financial Information

## SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE 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	\$1,578,696
Capita	l Contributions	\$0
Change	in net assets	\$1,578,696
Net as	sets (deficit) beginning of year	\$0
Other :	net assets changes	\$0
Net as	sets (deficit) at end of year	\$1,578,696

Run Date: 10/05/2015

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#### 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

Run Date: 10/05/2015

Status: CERTIFIED

# Schedule of Authority Debt

Type of Debt	Statutory	Outstanding Start	New Debt	Debt Retired	Outstanding
	Authorization	of Fiscal Year	Issuances	(\$)	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					

management? Yes

Real Property Acquisition/Disposal List 1. Address Line1: 138 Clinton Street 2. Address Line1: 139 Broad St Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12202 Postal Code: 12202 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$78,100 Estimated Fair Market Value: \$78,700 How was the Fair Market Other How was the Fair Market Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority

management?

Run Date: 10/05/2015

Status: CERTIFIED

Real Property Acquisition/Disposal List з. Address Line1: 146 Broad St 4. Address Linel: 150 4th Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12202 Postal Code: 12202 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$15,000 Estimated Fair Market Value: \$15,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?:

Transaction Type: ACQUISITION If Other, Explain: Assesed Value

Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Lease Data (If applicable)

Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Seller/Purchaser/Tenant Data:

Organization: Albany County

Last Name: First Name:

Address Linel: 112 State Street

Address Line2:

City: ALBANY State: NY

Postal Code: 12207

Plus4:

Province/Region:

Country: USA

Relation With Board member/senior authority

management? Yes

Transaction Date: 02/20/2015

Transaction Type: ACQUISITION

If Other, Explain: Assesed Value

Purchase Sale Price: \$1.00

Lease Data (If applicable) Market Rate(\$/square foot): Lease Rate(\$/square foot):

Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization: Albany County

Last Name: First Name:

Address Linel: 112 State Street

Address Line2:

City: ALBANY State: NY

Postal Code: 12207

Plus4:

Province/Region:

Country: IJSA

Relation With Board member/senior authority

management?

Run Date: 10/05/2015

Status: CERTIFIED

Status: CERTIFIED

member/senior authority

management?

member/senior authority

management? Yes

Real Property Acquisition/Disposal List 5. Address Linel: 164 Lark Street 6. Address Line1: 202 Clinton Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12210 Postal Code: 12210 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$50,000 Estimated Fair Market Value: \$60,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board

Status: CERTIFIED

#### Real Property Acquisition/Disposal List

member/senior authority

management? Yes

7. Address Line1: 250 Clinton Avenue 8. Address Linel: 274 Sheridan Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12210 Postal Code: 12210 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Office Building Property Description: Residential Building Estimated Fair Market Value: \$112,400 Estimated Fair Market Value: \$15,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board

member/senior authority

management?

Run Date: 10/05/2015 Status: CERTIFIED

#### Real Property Acquisition/Disposal List

9. Address Line1: 290 Orange Street 10. Address Line1: 309 Clinton Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12210 Postal Code: 12210 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Vacant Lot/Undeveloped Land Property Description: Residential Building Estimated Fair Market Value: \$15,000 Estimated Fair Market Value: \$25,000 How was the Fair Market Other How was the Fair Market Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority management? Yes management?

management? Yes

Run Date: 10/05/2015 Status: CERTIFIED

#### Real Property Acquisition/Disposal List

11. Address Linel: 309 Orange Street 12. Address Line1: 315 Orange Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12210 Postal Code: 12210 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$45,000 Estimated Fair Market Value: \$25,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority

management?

management? Yes

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

#### Real Property Acquisition/Disposal List

13. Address Line1: 523 Clinton Avenue 14. Address Line1: 525 Clinton Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12206 Postal Code: 12206 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$40,000 Estimated Fair Market Value: \$40,000 How was the Fair Market Other How was the Fair Market Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority

management?

management? Yes

Run Date: 10/05/2015

Status: CERTIFIED

Real Property Acquisition/Disposal List 15. Address Line1: 531 Clinton Avenue 16. Address Line1: 533 Clinton Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12206 Postal Code: 12206 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$20,000 Estimated Fair Market Value: \$20,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority

management?

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

Real Property Acquisition/Disposal List 17. Address Line1: 543 Clinton Avenue 18. Address Line1: 55 2nd Avenue Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12206 Postal Code: 12202 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$50,000 Estimated Fair Market Value: \$25,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name:

First Name:

Address Linel: 112 State Street

Address Line2:

City: ALBANY

State: NY

Postal Code: 12207

Plus4:

Province/Region:

Country: USA

Relation With Board

member/senior authority

management? Yes

First Name:

Address Linel: 112 State Street

Address Line2:

City: ALBANY

State: NY

Postal Code: 12207

Plus4:

Province/Region:

Country: IJSA

Relation With Board

member/senior authority

management?

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Run Date: 10/05/2015

Status: CERTIFIED

#### Real Property Acquisition/Disposal List

19. Address Line1: 569 Clinton Avenue 20. Address Line1: 60 Broad St Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12206 Postal Code: 12202 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$25,000 Estimated Fair Market Value: \$17,000 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority management? Yes

management?

management? Yes

Run Date: 10/05/2015 Status: CERTIFIED

Real Property Acquisition/Disposal List 21. Address Linel: 95 Elizabeth Street 22. Address Linel: 45 Main Street Address Line2: Address Line2: City: ALBANY City: COHOES State: NY State: NY Postal Code: 12202 Postal Code: 12047 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: USA Property Description: Residential Building Property Description: Residential Building Estimated Fair Market Value: \$19,000 Estimated Fair Market Value: \$48,200 How was the Fair Market How was the Fair Market Other Other Value Determined?: Value Determined?: Transaction Type: ACQUISITION Transaction Type: ACQUISITION If Other, Explain: Assesed Value If Other, Explain: Assesed Value Transaction Date: 02/20/2015 Transaction Date: 02/20/2015 Purchase Sale Price: \$1.00 Purchase Sale Price: \$1.00 Lease Data (If applicable) Lease Data (If applicable) Market Rate(\$/square foot): Market Rate(\$/square foot): Lease Rate(\$/square foot): Lease Rate(\$/square foot): Lease Period (months): Lease Period (months): Seller/Purchaser/Tenant Data: Seller/Purchaser/Tenant Data: Organization: Albany County Organization: Albany County Last Name: Last Name: First Name: First Name: Address Linel: 112 State Street Address Linel: 112 State Street Address Line2: Address Line2: City: ALBANY City: ALBANY State: NY State: NY Postal Code: 12207 Postal Code: 12207 Plus4: Plus4: Province/Region: Province/Region: Country: USA Country: IJSA Relation With Board Relation With Board member/senior authority member/senior authority

management?

Run Date: 10/05/2015
Status: CERTIFIED

Personal Property

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

Run Date: 10/05/2015

Status: CERTIFIED

## Property Documents

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

Run Date: 10/05/2015

Status: CERTIFIED

#### Grant Information

Source of Grant Funds: State 1. 2. Name of Grant Recipient: Albany County Land Bank Address Line1: 255 Orange Street, Suite 104 Address Line2: City: ALBANY

> State: NY Zip - Plus4: 12210 Province/Region:

Country: USA

Amount of Grant Award Provided

During Reporting Year: \$585,000 Date Grant Awarded: 10/12/2015

Purpose of Grant: Residential Property

Construction/Acquisition/Rehabilitation/Im

provement

Was the grant expected to result in new jobs being created? No

If yes, how many jobs were planned

to be created?

If yes, how many jobs have been

created to date?

Source of Grant Funds: Municipal

Name of Grant Recipient: Albany County Land Bank

Address Linel: 255 Orange Street, Suite 104

Address Line2:

City: ALBANY

State: NY Zip - Plus4: 12210

Province/Region:

Country: USA

Amount of Grant Award Provided

During Reporting Year: \$500,000 Date Grant Awarded: 09/26/2014

Purpose of Grant: Business Expansion/Startup

Was the grant expected to result

in new jobs being created? Yes

If yes, how many jobs were planned

to be created? 3

If yes, how many jobs have been

created to date? 3

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

## Loan Information

This Authority has indicated that it did not award any loans during the reporting period.

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

# Bond Information

This Authority has indicated that it did not have any outstanding bonds during the reporting period.

Fiscal Year Ending:06/30/2015 Status: CERTIFIED

# Additional Comments: